MISSION MEDICAL SUPPLY

CERTIFICATE OF MEDICAL NECESSITY
HINGED KNEE BRACE ORDER FORM

SAN DIEGO: 4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594
HOUSTON: 10515 BELLAIRE BLVD STE. M - HOUSTON, TX. 77072 - TEL: 281-933-3902 - FAX: 281-933-3949

Today's Date:

Referring Physician Name: NPI NO.:

Referring Phone: Referring Fax:

Physician Address: City: State: Zip:

MEMBER INFORMATION

FIRST NAME: LAST NAME: INITIAL:

PHYSICAL ADDRESS: CITY: STATE: Zip:

HOME PHONE: CELL PHONE: ALT. PHONE:

DATE OF BIRTH: HEIGHT:(FT) WEIGHT:(LBS) MEDICARE MEDICAL

INSURANCE GROUP NAME POLICY NO.

ICD-10 CODE DIAGNOSIS — PLEASE CHECK ALL THAT APPLY

- ☐ M06.9 - Rheumatoid Arthritis
- ☐ M17.10 - Osteoarthritis
- ☐ M54.08 - Facet Syndrome- lumbar
- ☐ M23.50 - Knee Ligamentous Disruption
- ☐ M23.205 - Meniscal Cartilage Derangement
- ☐ M87.08 - Asceptic Necrosis of Tibia or Fibula
- ☐ M22.40 - Chrondromatacia of Patella
- ☐ M66.259 - Rupture of quadriceps tendon
- ☐ M843469A - Pathologic Fracture of Tibia / Fibula
- ☐ M84.369A - Stress fracture of Tibia / Fibula
- ☐ S72.409A - Fracture of Femur - Lower End
- ☐ S82-109A - Fracture of Tibia or Fibula - Upper
- ☐ S83-429A - Sprain & Strain of Knee
- ☐ S83.195S - Dislocation of Knee
- ☐ Other:_____

HCPCS ITEM PRESCRIBED — PLEASE CHECK ONE BOX

- ☐ L1832 - Hinged Knee Brace - Rigid support orthosis with adjustable joints — ☐ LEFT ☐ RIGHT ☐ BOTH
- ☐ L1820 - Sleeve Knee Brace - Elastic and condylar pads and joints — ☐ LEFT ☐ RIGHT ☐ BOTH

Describe why this patient requires the product prescribed above:

- ☐ To reduce pain by restricting mobility of the knee joint.
- ☐ To facilitate health following an injury to knee or related soft tissues.
- ☐ To facilitate health and reduce pain following a procedure on the knee or related soft tissue.
- ☐ To toherwise support weak upper or lower leg muscles/ joints and or a deformed knee joint.
- ☐ Other:_____
- ☐ LENGTH OF NEED _____ 99 MONTHS = LIFE TIME NEEDED

PHYSICIAN SIGNATURE DATE

Please fax the DME ORDER form to: SAN DIEGO FAX: 619-229-9594 or HOUSTON FAX: 281-933-3949