LIFE HEALTH DME

1809 E Indian Wells Lane
Draper, UT 84020-8301
801-450-6940
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DWO For L2795 and/or L2397

Patient: _____ Date: _____

Based on the patient's history, examination and diagnosis below I'm prescribing:

- ❑ L2795 Addition to lower extremity orthosis, knee control, full kneecap. The code for kneecap orthosis is payable when the provider documents that the base orthosis is medically reasonable and necessary.

- ❑ L2397 Lower extremity orthosis, suspension sleeve, A suspension sleeve suspends the orthosis from the leg, providing a way of attaching it to the patient's body. Suspension sleeves are airtight when worn on the skin by the patient. Proper positioning of the orthosis with the suspension sleeve helps to optimize the performance of the orthosis.

The code for kneecap orthosis is payable when the provider documents that the base orthosis is medically reasonable and necessary. The base orthoses codes are L1832 to L1834, L1840, and L1845 to L1848, Knee orthosis etc.

Medical Necessity for Knee Brace

- ❑ To reduce knee pain by offloading pressure from compartmental knee arthritis
- ❑ To provide stability to a weakened knee during exercise
- ❑ To provide stability to a knee with ligamentous damage
- ❑ To correct for Genu Valgus/ Varus deformity of knee
- ❑ To provide support during walking
- ❑ To provide support during activities of daily living
- ❑ To promote tracking of the patella

I, the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Prescriber's Signature: _____ Date: _____