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RX, Pre-Auth & Medical Necessity Certification for LSO Braces - L0627/L0642, L0631/L0648, L0637/L0650 & TLSO - L0456/L0457, L0464

Patient Name: _____ DOB: _____ Date: ____ / ____ / ____

Expected Benefits of/need for LSO/TLSO (check all appropriate)

- Reduce pain by restricting mobility of the trunk
- Facilitate healing following injury to the spine or related soft tissues
- Facilitate healing following a surgical procedure on the spine or related soft tissues
- Support weak spinal muscles and/or deformed spine

Diagnosis:

- M62.838 Other muscle spasm
- R29.3 Abnormal Posture
- M54.16 Radiculopathy, lumbar region
- M43.10 Spondylolisthesis, site unspecified
- M54.31 Sciatica right
- M54.32 Sciatica left
- M51.26 Other intervertebral disc displacement, lumbar region
- Other: _____
- M54.5 Low back pain
- M51.06 Intervertebral disc disorders with myelopathy, lumbar region
- M51.36 Other intervertebral disc degeneration, lumbar region
- S33.5XXA Sprain of ligaments of lumbar spine, initial encounter
- M40.00 Postural kyphosis, site unspecified
- M48.04 Spinal stenosis, thoracic region

Rx:

- _____ L0627, LO sagitt rigid panel prefab
- _____ L0642, LSO sag ri ant/pos pnl pre ots
- _____ L0631, LSO sag-coro rigid frame pre
- _____ L0648, LSO sag ri ant/pos pnl pre ots
- _____ L0637, LSO sag-coronal panel prefab
- _____ L0650, LSO sc ri ant/pos pnl pre ots
- _____ L0456, TLSO flex prefab
- _____ L0457, TLSO flex trnk sj-ss pre ots
- _____ L0464, TLSO 4mod sacro-scap pre

Need for Custom-fitting:

- Prefabricated OTS device delivered with minimal self-adjustment
- Prefabricated custom-fitted device requiring substantial modifications by an individual with expertise and specialized training

- waist to hip ratio/disparity
- multi-vertebral level injury/surgery
- spinal deformity
- pendulous abdomen
- accommodate post-surgical dressings
- compromised cognitive/physical ability
- obesity
- scoliosis
- hyper-kyphosis
- short stature/torso
- hyper/hypo-lordosis
- Other _____

Additional notes: _____

Duration of need:

- 12 Months
- Life
- PRN

Frequency of use:

- ___/times per day
- ___/hours
- ___/minutes
- ___/weeks
- ___/months

Prognosis:

- Fair
- Good
- Excellent

Utilizing accepted medical practice standards; the above-prescribed durable medical equipment is reasonable and essential in the continuous treatment of the patient.

Physician's Signature: _____ Printed: _____