

Patient Information

 Last Name First Name

 Address Sex M F

_____/_____/_____/_____
 City Zip Code DOB

(_____)_____
 Phone Emergency Phone

 Insurance Company Name / Insurance ID

Prescriber Information

 Doctor's Last Name Doctor's First Name

 Facility Name

 Facility Address

(_____)_____
 Phone Fax

 Doctor's License # Doctor's NPI #



Knee Brace L1820

This stabilizing brace allows for full flexion while protecting injured medial and lateral structures such as the MCL, PCL, medial meniscus and lateral meniscus via medial/lateral steel reinforcements. This stabilization prevents further stress which helps promote healing. Patellar malalignment is controlled by a superior horseshoe. The hinges also protect the ACL and PCL by preventing hyperextension.

Steel support hinges help prevent hyper-extension and provide side-to-side support. Sports neoprene for stabilizing compression and therapeutic warmth. Built-in superior horseshoe support controls patella alignment. Two adjustable straps.

ITEM DESCRIPTION: L1820 Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment.

INDICATIONS FOR USE: • ACL Sprains and Tears • Medial/Lateral Meniscal Tears
 • LCL Sprains/Tears • PCL Sprains and Tears • MCL Sprains and Tears

PRODUCT FEATURES: • Four way stretch for proper fit and comfort • Sports neoprene for therapeutic warmth • Superior horseshoe support • Metal medial/lateral hinges in neoprene covered pockets • Adjustable support straps • Easy slip-on style

COVERED FOR: Ambulatory beneficiary's who have weakness or deformity of the knee and require stabilization. ICD-9 diagnoses:

<input type="checkbox"/> 715.16 Osteoarthritis, localized, primary, lower leg	<input type="checkbox"/> 715.96 Osteoarthritis, unspecified whether generalized or localized, lower leg
<input type="checkbox"/> 715.26 Osteoarthritis, localized, secondary, lower leg	<input type="checkbox"/> 719.46 Knee pain
<input type="checkbox"/> 715.36 Osteoarthritis, localized, not specified whether primary or secondary, lower leg	<input type="checkbox"/>
	<input type="checkbox"/>

The reasonable useful lifetime of prefabricated L1820 knee orthosis : 1year

Replacement during the "The reasonable useful lifetime" is covered if the item is lost or irreparably damaged. Replacement for other reason, including but not limited to irreparable wear, during the period of reasonable useful lifetime is denied as non covered.

PLEASE SPECIFY KNEE FOR TREATMENT: RIGHT LEFT BILATERAL

Length of need is 99 months (unless specified) Other: Month(s)

XS 12-13" S 14-15" M 16-17" L 18-19" XL 20-21" XXL 22-23" XXXL 24-25"

Measure 4" above the center of the kneecap.