

Patient Information

Last Name _____ First Name _____

Address _____ Sex M F

City _____ Zip Code _____ DOB _____

(_____) _____ (_____) _____
Phone Emergency Phone

Insurance Company Name / Insurance ID _____

Prescriber Information

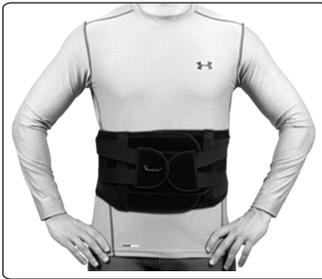
Doctor's Last Name _____ Doctor's First Name _____

Facility Name _____

Facility Address _____

(_____) _____ (_____) _____
Phone Fax

Doctor's License # _____ Doctor's NPI # _____



Lumbar Sacral Orthosis (LSO)- L0627

Back brace with removable abdominal and back support panels designed to provide spinal support and assist patients to relieve lower back pain and maximize immobilization without sacrificing comfort. The Lumbar Orthosis extends support from the L-1 to below the L-5 Vertebra.

PRODUCT FEATURES:

Relaxes muscle spasms, muscle cramps and helps relieve strain and pain - Decreases axial loading - Increases disc height - Advanced tubeless air cell design for narrow fit - Can be worn discreetly under clothing - Helps maintain proper posture - Assists individuals with strenuous jobs - Very lightweight and comfortable - Simple to use

ITEM DESCRIPTION: L0627 Lumbar Orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, Produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulderstraps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized.

TYPICAL INDICATIONS:

Chronic low back pain • Spinal Stenosis • Osteoarthritis • Spondylosis • Spondylolisthesis • Postural support • Herniated Discs

GROUP 1 (symptom diagnosis)

LUMBAR SPINE DIAGNOSES (Choose at least one Dx from each group)

<input type="checkbox"/> 782.0 Disturbance of skin sensation (Anesthesia, burning, hyperesthesia, hypoesthesia, numbness, paraesthesia, tingling)	<input type="checkbox"/> 724.3 Sciatica (neuralgia/neuritis of the sciatic nerve)
<input type="checkbox"/> 724.2 Lumbalgia/Lumbago (low back pain syndrome)	<input type="checkbox"/> 724.4 Radiculitis (neuralgia/neuritis of nerve other than the sciatic nerve)
	<input type="checkbox"/>

GROUP 2 (causative diagnosis)

<input type="checkbox"/> V54.17 After care for healing traumatic fracture of vertebrae	<input type="checkbox"/> 905.7 Late effect of sprain/strain	<input type="checkbox"/> 952.2 Spinal Cord Injury without evidence of spinal bone injury, lumbar
<input type="checkbox"/> V54.27 After care for healing pathologic fracture of vertebrae	<input type="checkbox"/> 737.20 Lordosis, acquired, postural	<input type="checkbox"/> 952.4 Spinal cord Injury without evidence of spinal bone injury, cauda equina
<input type="checkbox"/> 926.11 Crushing injury to the back	<input type="checkbox"/> 754.2 Lordosis or scoliosis, congenital	<input type="checkbox"/> 724.02 Spinal Stenosis, lumbar
<input type="checkbox"/> 738.5 Deformity of back or spine NOS (other than spondylosis or spondylolisthesis)	<input type="checkbox"/> 737.21 Lordosis, postlaminectomy	<input type="checkbox"/> 738.4 Spondylolisthesis, acquired (i.e. through traumatic injury or degeneration)
<input type="checkbox"/> 722.52 Degeneration of lumbar or lumbo-sacral disc	<input type="checkbox"/> 737.22 Lordosis, other causes including traumatic injury and postsurgical lordosis	<input type="checkbox"/> 756.11 Spondylolysis, lumbo-sacral
<input type="checkbox"/> 722.10 Disc disease or displacement, lumbar, without myelopathy	<input type="checkbox"/> 728.85 Myospasm	<input type="checkbox"/> 756.12 Spondylolisthesis, congenital
<input type="checkbox"/> 722.73 Disc disorder, lumbar, with myelopathy	<input type="checkbox"/> 733.0 Osteoporosis (use with one of the following if applicable:	<input type="checkbox"/> 721.3 Spondylosis, lumbosacral, without myelopathy
<input type="checkbox"/> 724.8 Facet joint syndrome	<input type="checkbox"/> 731.3 Major osseous defect	<input type="checkbox"/> 721.42 Spondylosis, lumbar with myelopathy
<input type="checkbox"/> 806.4 Fracture of spine, lumbar, closed	<input type="checkbox"/> V13.51 Personal history of pathologic (healed) fracture	<input type="checkbox"/> 721.7 Traumatic spondylopathy
<input type="checkbox"/> 733.13 Fracture, pathologic, due to a disease or disorder (i.e. osteoporosis)	<input type="checkbox"/> 996.7 Pain due to presence of any bone graft, screw or plate implant	<input type="checkbox"/> 721.90 Spondylosis, unspecified site, without mention of myelopathy (i.e. L1-L4)
<input type="checkbox"/> 756.14 Hemivertebrae	<input type="checkbox"/> 722.83 Postlaminectomy syndrome, lumbar	<input type="checkbox"/> E878.1 Surgical operation with implant of artificial internal device
<input type="checkbox"/> 728.5 Hypermobility syndrome	<input type="checkbox"/> 737.30 Scoliosis and kyphoscoliosis, idiopathic	
<input type="checkbox"/> 721.5 Kissing spine (Baastrup's Syndrome/overgrowth of spinous processes)	<input type="checkbox"/> 737.33 Scoliosis due to radiation	
<input type="checkbox"/> 905.1 Late effect of fractured spine	<input type="checkbox"/> 741.3 Spina Bida, lumbar spine	

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

XS 22-25" S 26-28" M 29-31" L 32-34" XL 35-37" XXL 38-40" XXXL 41-44" XXXXL 45-47" XXXXXL 48-50"

Date: _____ Physician Signature: _____ NPI: _____