

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)- L0631

Back brace was designed to provide spinal support to relieve lower back pain and maximize immobilization without sacrificing comfort. The newly designed closure system works with the compression straps in conjunction with rigid posterior and anterior panels to provide sagittal Balance. Lumbar Sacral Orthosis (LSO) that provides support from the sacrum up through the T-9 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: L0631 Lumbar sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal Junction To T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated , off the shelf.

INDICATIONS FOR USE:

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"/> 721.3 Spondylosis, lumbosacral, without myelopathy
<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"/> 721.42 Spondylosis, lumbar with myelopathy
<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"/> 721.7 Traumatic spondylopathy
<input type="checkbox"/> 722.10 Disc disease or displacement, lumbar, without myelopathy	<input type="checkbox"/> 728.85 Myospasm	<input type="checkbox"/> 721.90 Spondylosis, unspecified site, without mention of myelopathy (i.e. L1-L4)
<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"/> 724.02 Spinal Stenosis, lumbar
<input type="checkbox"/> 724.8 Facet joint syndrome	<input type="checkbox"/> 731.3 Major osseous defect	<input type="checkbox"/> 738.4 Spondylolisthesis, acquired (i.e. through traumatic injury or degeneration)
<input type="checkbox"/> 806.4 Fracture of spine, lumbar, closed	<input type="checkbox"/> V13.51 Personal history of pathologic (healed) fracture	<input type="checkbox"/> 756.11 Spondylolysis, lumbo-sacral
<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"/> 756.12 Spondylolisthesis, congenital
<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 26-30" S 31-35" M 36-40" L 41-44" XL 45-48" XXL 49-53" XXXL 54-59" XXXXL 60-65" XXXXXL 66-70"

Date: _____ Physician Signature: _____ NPI: _____