

Patient Information

Last Name _____ First Name _____
 Sex M F
 Address _____
 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)- L0637

Back brace is a Lumbar Sacral Orthosis (LSO) that provides direct support to the lower back and targets a wide variety of diagnoses. It produces intracavitary pressure to reduce load on intervertebral discs. LSO extends support from sacrococcygeal junction to 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: L0637 Lumbar sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized.

TYPICAL INDICATIONS:

- Spinal Stenosis • Lumbago • Osteoarthritis • Spondylosis • Spondylolisthesis • Muscle weakness • Herniated Discs • Chronic low back pain

GROUP 1 (symptom diagnosis)

THORACIC (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"/> 724.4 Thoracic neuritis or radiculitis, with visceral pain
<input type="checkbox"/> 724.1 Thoracic spine pain (specify level T9 or lower)	<input type="checkbox"/> 724.5 Backache, unspecified (vertebrogenic (pain) syndrome NOS)
	<input type="checkbox"/>

GROUP 2 (causative diagnosis) (For all diagnoses, specify T9 or lower)

<input type="checkbox"/> V54.17 After care for healing traumatic fracture of vertebrae	<input type="checkbox"/> 737.12 Kyphosis, postlaminectomy	<input type="checkbox"/> T7-T12 with central cord syndrome
<input type="checkbox"/> V54.27 After care for healing pathologic fracture of vertebrae	<input type="checkbox"/> 737.19 Kyphosis due to other causes (i.e. fracture)	<input type="checkbox"/> 952.19 Spinal Cord Injury without evidence of spinal bone injury,
<input type="checkbox"/> 926.11 Crushing injury to the back	<input type="checkbox"/> 905.1 Late effect of fractured spine	<input type="checkbox"/> T7-T12 with other specified spinal cord injury (i.e. incomplete spinal cord lesion NOS or with posterior cord syndrome)
<input type="checkbox"/> 738.5 Deformity of back or spine NOS	<input type="checkbox"/> 905.7 Late effect of sprain/strain	<input type="checkbox"/> 724.01 Spinal Stenosis, thoracic
<input type="checkbox"/> 722.51 Disc degeneration, thoracic or thoraco-lumbar	<input type="checkbox"/> 733.0 Osteoporosis (use with one of the following if applicable:	<input type="checkbox"/> 721.2 Spondylosis, thoracic, without myelopathy
<input type="checkbox"/> 722.11 Disc displacement, thoracic, without myelopathy	<input type="checkbox"/> 731.3 Major osseous defect	<input type="checkbox"/> 721.41 Spondylosis, thoracic, with myelopathy
<input type="checkbox"/> 722.72 Disc disorder, thoracic, with myelopathy	<input type="checkbox"/> V13.51 Personal history of pathologic (healed) fracture	<input type="checkbox"/> E878.1 Surgical operation with implant of artificial internal device (i.e. plate, screw, rod, joint) as the cause of abnormal reaction of patient (i.e. pain, or of later complications)
<input type="checkbox"/> 733.13 Fracture, pathologic, due to a disease or disorder (i.e. osteoporosis)	<input type="checkbox"/> 733.00 Osteoporosis, unspecified (resulting in wedging of vertebra NOS)	<input type="checkbox"/> 721.7 Traumatic spondylopathy
<input type="checkbox"/> 806.25 Fracture, traumatic, T7-T12, w/ unspecified spinal cord injury	<input type="checkbox"/> 996.7 Pain due to presence of any bone graft, screw or plate implant failed surgery syndrome)	<input type="checkbox"/>
<input type="checkbox"/> 806.27 Fracture, traumatic, T7-T12, w/ anterior cord syndrome	<input type="checkbox"/> 722.82 Postlaminectomy syndrome, thoracic	<input type="checkbox"/>
<input type="checkbox"/> 806.28 Fracture, traumatic, T7-T12, w/ central cord syndrome	<input type="checkbox"/> 754.2 Scoliosis, congenital	<input type="checkbox"/>
<input type="checkbox"/> 806.29 Fracture, traumatic, T7-T12, w/ other specified spinal cord injury (i.e. incomplete spinal cord lesion or posterior spinal cord syndrome)	<input type="checkbox"/> 737.34 Scoliosis, thoracogenic	<input type="checkbox"/>
<input type="checkbox"/> 756.14 Hemivertebrae	<input type="checkbox"/> 741.2 Spina Bida, thoracic	<input type="checkbox"/>
<input type="checkbox"/> 728.5 Hypermobility syndrome	<input type="checkbox"/> 952.15 Spinal Cord Injury without evidence of spinal bone injury, T7-T12 with unspecified spinal cord injury	<input type="checkbox"/>
<input type="checkbox"/> 721.5 Kissing spine (Baastrup's Syndrome/overgrowth of spinous processes)	<input type="checkbox"/> 952.17 Spinal Cord Injury without evidence of spinal bone injury, T7-T12 with anterior cord syndrome	<input type="checkbox"/>
<input type="checkbox"/> 737.10 Kyphosis, acquired, postural	<input type="checkbox"/> 952.18 Spinal Cord Injury without evidence of spinal bone injury,	<input type="checkbox"/>
<input type="checkbox"/> 737.11 Kyphosis due to radiation		<input type="checkbox"/>

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

XS 23-26" S 27-30" M 31-35" L 36-40" XL 41-44" XXL 45-48" XXXL 49-53" XXXXL 54-59" XXXXXL 60-65"

Date: _____ Physician Signature: _____ NPI: _____