

Ph:

Fx:

RX, Pre-Auth & Medical Necessity Certification for Knee Braces – L1851/L1843, L1852/L1845, L1833/L1832, L1844 & L1846, L1820

Patient

Name: _____ DOB: _____ ID #: _____ Date: ____/____/____

Expected Benefits of/need for Knee Orthoses (check all appropriate)

- Knee instability, objective description of joint laxity (varus/valgus instability, anterior/posterior Drawer test)
- Recent injury to or Surgical Procedure on knee(s)
- Have weakness or deformity of the knee & require Stabilization (L1810, L1812, L1820 only)

Diagnosis:

- () M17.0 Bilateral primary Osteoarthritis, knee
- () M17.10 Unilateral primary Osteoarthritis, unspecified knee
- () M17.11 Unilateral primary Osteoarthritis, right knee
- () M17.12 Unilateral primary Osteoarthritis, left knee
- () M17.2 Bilateral post-traumatic Osteoarthritis, left knee
- () M17.30 Unilateral post-traumatic Osteoarthritis, unspecified knee
- () M17.31 Unilateral post-traumatic Osteoarthritis, right knee
- () M17.32 Unilateral post-traumatic Osteoarthritis, left knee
- () M17.4 Other bilateral secondary Osteoarthritis of knee
- () M17.5 Other unilateral secondary Osteoarthritis of knee
- () OTHER _____
- () OTHER _____
- () M17.9 Osteoarthritis of knee, unspecified
- () M23.51 Chronic instability, RT knee
- () M23.52 Chronic instability, LT knee
- () M23.611 Spontaneous disruption of ACL, RT knee
- () M23.612 Spontaneous disruption of ACL, LT knee
- () M23.601 Other spontaneous disruption, unspecified ligament RT knee
- () M23.602 Other spontaneous disruption, unspecified ligament LT knee
- () M23.621 Other spontaneous disruption, PCL, RT knee
- () M23.622 Other spontaneous disruption, PCL, LT knee
- () M23.631 Other spontaneous disruption, MCL, RT knee
- () M23.632 Other spontaneous disruption, MCL, LT knee

Rx:

Prefabricated "custom-fitted" device requiring substantial modifications by an individual with expertise and specialized training & custom molded

- _____ L1843, KO single upright, cust-fitted, pre ots
- _____ L1845, KO Dble upright, w/adj flex/ext cust-fitted,ots
- _____ L1844, KO, Single upright, adj flex/ext, cust molded
- _____ L1846, KO Dbl upright, adj flex/ext, cust molded
- _____ L1832, KO, adj knee joints/rigid, cust-fitted, ots

Prefabricated OTS device delivered with minimal self-adjustment

- _____ L1820, KO, Elastic, joints, condylar pads, ots
- _____ L1851, KO, Single upright, pre ots
- _____ L1852, KO Double upright, pre ots
- _____ L1833, KO, adj knee joints/rigid, pre ots

"PLACE PRODUCT STICKER HERE"
or write Product Name/serial #

Patient Has Need for Custom-fabricated Molded Orthosis: (L1844 - L1846)

- Deformity of the leg or knee
- Size of the thigh and calf
- Minimal muscle mass upon which to suspend orthosis
- Other _____

Documentation and additional notes required for custom and/or notes documenting knee instability and tests performed to determine joint laxity:

Duration of need: 12 Months Life PRN

Frequency of use: ___/times per day ___/weeks ___/months

Prognosis: Fair Good Excellent

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

Physician's Signature: _____ Printed: _____

NPI #: _____ Date: ____/____/____