

Ph:

Fx:

RX, Pre-Auth & Medical Necessity Certification for Shoulder, elbow, wrist, hand and finger orthoses

Patient

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

Expected Benefits of/need for orthoses (check all appropriate)

- Reduce pain by restricting mobility of affected body part
- Facilitate healing following surgery to the affect body part or related soft tissue
- Support weak muscles and/or deformity of the affected body part
- To facilitate healing following an injury to the affected body part or related soft tissue
- To increase range of motion

Diagnosis:

- | | |
|---|--|
| () S63.509A Unspecified sprain of unspecified wrist, initial encounter | () M25.50 Pain in unspecified joints |
| () S66.919A Strain of unsp musc/fasc/tend at wrs/hnd lv, unsp hand | () S59.809A Other specified injuries, elbow, init encounter |
| () M84.439A Path FX, unspecified ulna and radius, init for fx | () S59.819A Other specified injuries forearm, init encounter |
| () S42.209A Unspec fx of upper humerus, clsd fx | () S44.00XA Injury of ulnar nerve at upper arm level unsp arm init enctr |
| () S42.009P FX unspec part of clavicle, malunion | () S40.029A Contusion of unspec upper arm, initial encounter |
| () S52.90XP Unsp fracture of unspec forearm, clsd fx | () S50.00XA Contusion of unspecified elbow. Initial encounter |
| () S52.539A Colles fx, unspec radius, clsd fx | () G56.00 Carpal tunnel syndrome upper limb |
| () S52.549A Smith's fracture of unspec radius, clsd fx | () G56.01 Carpal tunnel syndrome, right upper limb |
| () S52.609A Unspec fx of lower end ulna, clsd fx | () G56.02 Carpal tunnel syndrome, left upper limb |
| () S44.00XA Elnjury of ulnar nerve, upper arm, init enctr | () S53.006A Dislocation elbow, unspec radial head, init encounter |
| () OTHER _____ | () S53.106A Dislocation elbow, unspec humeral head, init encounter |
| () OTHER _____ | () S53.016A Dislocation elbow, anterior, unspec radial head, init encounter |

Rx:

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

Prefabricated OTS device delivered with minimal self-adjustment

- _____ L3807 WHFO, without joint(s), OTS, customized to fit a specific patient by an individual with expertise
- _____ L3740 Elbow orthosis, cust-fabricated
- _____ L3960, Shoulder, airplane, prefab orthosis
- _____ Other _____

- _____ L3908, Wrist hand orthosis, cock-up OTS
- _____ L3809, WHFO, w/out joints, prefab, OTS
- _____ L3670 Shoulder orthosis, prefab, OTS
- _____ L3760 Elbow orthosis, locking joints, prefab, OTS
- _____ L3980 Upper Ext FX orthosis, prefab, OTS

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

Documentation and additional notes supporting custom fitted and other clinic notes: _____

Body Abnormality: _____

Brace Modifications: _____

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: ____/____/____