

PHYSICIAN PRESCRIPTION AND STATEMENT OF MEDICAL NECESSITY - KNEE BRACING

1. PATIENT NAME <small>(REQUIRED)</small> :	DATE OF BIRTH:
2. SPECIFIC BRAND/TYPE OF BRACE PRESCRIBED <small>(REQUIRED)</small> :	3. EXTREMITY: <small>(REQUIRED)</small> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BILATERAL

4. INDICATE THE PATIENT'S PRIMARY DIAGNOSIS/CONDITION:

ICD-9 CODE(S) (REQUIRED):

The following are examples of diagnoses codes which may be considered for coverage of knee orthoses. Please note, this list is not all-inclusive. Medical records which support this information should be attached.

RHEUMATOID ARTHRITIS (714.0, 714.1, 714.2, 714.30, 714.31, 714.32, 714.33, 714.4)
 OSTEOARTHRITIS (715.16, 715.26, 715.36, 715.96)
 MENISCAL CARTILAGE DERANGEMENT (717.0, 717.1, 717.2, 717.3, 717.40, 717.41, 717.42, 717.43, 717.49, 717.5)
 CHONDROMALACIA OF PATELLA (717.7)
 KNEE LIGAMENTOUS DISRUPTION (717.81, 717.82, 717.83, 717.84, 717.85, 717.89, 717.9)
 RUPTURE OF TENDON, NONTRAUMATIC-QUADRICEPS TENDON (727.65)
 PATHOLOGIC FRACTURE OF FEMUR (733.15)
 PATHOLOGIC FRACTURE OF TIBIA OR FIBULA (733.16)
 ASEPTIC NECROSIS OF OTHER BONE SITES (733.49)
 MALUNION OF FRACTURE – NONUNION OF FRACTURE (733.81, 733.82)
 STRESS FRACTURE OF TIBIA OR FIBULA (733.93)
 CONGENITAL DEFORMITY OF KNEE (JOINT) (755.64)
 FRACTURE OF FEMUR – LOWER END (821.20, 821.21, 821.22, 821.22, 821.23, 821.29, 821.30, 821.31, 821.32, 821.33, 821.39)
 FRACTURE OF PATELLA (822.0, 822.1)
 FRACTURE OF TIBIA AND/OR FIBULA – UPPER END (823.00, 823.01, 823.02, 823.10, 823.11, 823.12, 823.20, 823.21, 823.22, 823.40, 823.41, 823.42)

TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE – OTHER DISLOCATION OF KNEE (836.0, 836.1, 836.2, 836.3, 836.4, 836.50, 836.51, 836.52, 836.53, 836.54, 836.59, 836.60, 836.61, 836.62, 836.63, 836.64, 836.69)
 SPRAIN AND STRAIN OF THE LATERAL COLLATERAL LIGAMENT OF THE KNEE (844.0)
 SPRAIN AND STRAIN OF THE MEDIAL COLLATERAL LIGAMENT OF KNEE (844.1)
 SPRAIN AND STRAIN OF THE CRUCIATE LIGAMENT OF KNEE (844.2)
 LATE EFFECT OF FRACTURE OF LOWER EXTREMITIES (905.4)
 FAILED TOTAL KNEE ARTHROPLASTY (996.40, 996.41, 996.42, 996.43, 996.44, 996.45, 996.46, 996.47, 996.49)
 INFECTION AND INFLAMMATION REACTION DUE TO INTERNAL JOINT PROSTHESIS (996.66, V43.65)
 OTHER COMPLICATION OF INTERNAL PROSTHETIC DEVICE, IMPLANT, AND GRAFT DUE TO INTERNAL JOINT PROSTHESIS (996.77, V43.65)
 MULTIPLE SCLEROSIS (340)
 HEMIPLEGIA, UNSPECIFIED; DOMINANT SIDE; NON-DOMINANT SIDE (342.90, 342.91, 342.92)
 INFANTILE CEREBRAL PALSY, UNSPECIFIED (343.9)
 PARAPLEGIA OF BOTH LOWER LIMBS (344.1)
 MONONEURITIS OF LOWER LIMB, UNSPECIFIED (355.0, 355.2)

5. PROVIDE MEDICAL DOCUMENTATION WHICH SUPPORTS THE APPLICABLE CRITERIA FOR THE KNEE BRACE ORDERED. PLEASE ATTACH MEDICAL RECORDS WHICH SUPPORT THIS INFORMATION.

HCPCS CODE **L1830**: DESCRIBE THE PATIENT'S RECENT INJURY OR SURGICAL PROCEDURE TO THE KNEE(S).
 HCPCS CODE **L1832, L1843, L1845, OR L1846**: DESCRIBE THE PATIENT'S RECENT INJURY OR SURGICAL PROCEDURE TO THE KNEE(S) **OR** DESCRIBE THE PATIENT'S OBJECTIVE KNEE INSTABILITY (CONFIRMED BY AN OBJECTIVE ASSESSMENT AND EXAMINATION OF THE KNEE).

FOR CUSTOM BRACES: HCPCS CODE L1846: PROVIDE RATIONALE AS TO WHY THE PATIENT COULD NOT BE FIT WITH A PREFABRICATED BRACE AND WHY A CUSTOM BRACE IS NECESSARY. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO:

- DISPROPORTIONATE SIZE OF THIGH AND CALF, OR ATYPICAL THIGH AND CALF DIMENSIONS THAT PRECLUDES FITTING WITH A PREFABRICATED ORTHOSIS
- MINIMAL MUSCLE MASS UPON WHICH TO SUSPEND AN ORTHOSIS
- DEFORMITY OF THE LEG OR KNEE
- OTHER (PLEASE EXPLAIN):

6. BY MY SIGNATURE BELOW, I AM PRESCRIBING THE BRACE(S) LISTED ABOVE. IN MY JUDGMENT, THE ABOVE-PRESCRIBED ITEM IS MEDICALLY INDICATED AND NECESSARY, AND CONSISTENT WITH CURRENT ACCEPTED STANDARDS OF MEDICAL PRACTICE AND TREATMENT OF THIS PATIENT'S PHYSICAL CONDITION.

PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN FULL NAME: _____ NPI#: _____
(PLEASE PRINT) (REQUIRED)

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

A COPY OF THIS COMPLETED DOCUMENT SHOULD BE RETAINED IN THE PATIENT'S MEDICAL RECORD