



Send signed Rx along with patient demographics & most recent office note to [neworders@gatewaymedical.net](mailto:neworders@gatewaymedical.net) or fax to: (636) 489-1564

RX, Pre-Auth & Medical Necessity Certification

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Expected Benefits of/need (check all appropriate):**

- Reduce pain by restricting mobility of the trunk
- Support weak spinal muscles and/or deformed spine
- Facilitate healing following a surgical procedure to the spine or related soft tissues
- Facilitate healing following injury to the spine or related soft tissues
- Recent injury to or surgical procedure on knee(s)
- Have weakness or deformity of the knee & require stabilization
- Knee instability, objective description of joint laxity (varus/valgus instability, anterior/posterior Drawer test)

**Diagnosis:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Rx:**

- Prefabricated custom-fitted device requiring substantial modifications by an individual with expertise and specialized training**
- Prefabricated OTS device delivered with minimal self-adjustment**
- L0464 TLSO**, Thoracic-lumbar-sacral orthosis, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment
- L0650 LSO**, Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, **prefabricated, OTS**
- L0637 LSO**, 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 to **fit a specific patient by an individual with expertise**
- L0457 TLSO**, Thoracic-lumbar-sacral orthosis, flexible, provides trunk support, thoracic region, rigid posterior panel, and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, **prefabricated, OTS**
- L0456 TLSO**, Thoracic-lumbar-sacral orthosis, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to **fit a specific patient by an individual with expertise**
- L0180 Cervical**, multiple post collar, occipital/mandibular supports, adjustable
- L0174 Cervical**, collar, semi-rigid, thermoplastic foam, two-piece with thoracic extension, **prefabricated, OTS**
- L0172 Cervical**, collar, semi-rigid thermoplastic foam, two-piece, **prefabricated, OTS**
- L1833 KO**, Knee Orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, **prefabricated, OTS**
- \_\_\_\_\_

**Frequency of use:**  \_\_\_\_\_ hours per day  \_\_\_\_\_ weeks  \_\_\_\_\_ months

Utilizing accepted medical practice standards; the above prescribed durable medical equipment is essential in the continuous treatment of the patient to treat their back condition and return them back to their (ADLs) Activities of Daily Living.

My signature below means that, in my judgement, 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. My signature also serves to confirm the veracity of all information included in this document.

Physician's Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

NPI: \_\_\_\_\_ Date: \_\_\_\_\_