

# IMS Experts

## Physician Detail Written Order and Letter of Medical Necessity (LMN)

### LO Brace (Lumbar Orthosis L-1 to below L-5 vertebra)

PATIENT NAME:		ICD-10 / DX:	
DOB:		HCPC CODE:	L0642
PHYSICIAN:		NPI:	
PHYSICIAN PH #:		MED LICENSE:	

***These prescribed durable medical equipment product(s) are for treatment of the referenced patient.  
It is both reasonable and medically necessary to effectuate a maximum and expedient recovery.***

**LO BRACE INDICATIONS FOR PRESCRIBED PT:** choose ONE OPTION (option 1, 2 or 3)

☐ **Option 1 - LO BRACE SURGICAL PRE-DELIVERY:**(select one or all that apply for patient)

- ☐ to reduce pain by restricting mobility to the trunk.
- ☐ to facilitate healing following an injury to the **spine or related soft tissue** (circle one)
- ☐ to otherwise support **weak spinal muscles OR deformed spine** (circle one)

☐ **Option 2 - LO BRACE SURGICAL POST-DELIVERY** Pt requires brace:

- ☐ to facilitate healing following an injury to the **spine or related soft tissue** (circle one)

☐ **Option 3 - LO BRACE NON SURGICAL** Pt requires brace:

- ☐ to reduce pain by restricting mobility to the trunk.
- ☐ to facilitate healing following an injury to the **spine or related soft tissue** (circle one)
- ☐ to otherwise support **weak spinal muscles OR deformed spine** (circle one)

Type of Brace/Manufacturer issued to patient: \_\_\_\_\_ Qty: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Patient Start Date: \_\_\_\_\_

Length of Need: (check **one**) ☐ 99 months/lifetime ☐ Rental ☐ Other duration \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature (NO STAMP)

***This information will become part of the dictation and permanent clinical record of the above patient***