

IMS Experts
Physician Detail Written Order and
Letter of Medical Necessity (LMN)
Osteogenesis Stimulator (Bone Growth Stimulator)

PATIENT NAME:		ICD-10 / DX:	
DOB:		HCPC CODE:	
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.

BONE GROWTH STIMULATOR INDICATIONS FOR PRESCRIBED PT:

choose ONE OPTION (option 1, 2 or 3)

Option 1 – Lumbar Bone Growth Stimulator (Must select one of the following):

- ☐ Failed spinal fusion (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery.
- ☐ Following a multilevel spinal fusion surgery (ICD-10 code Z98.1).
- ☐ Following spinal fusion surgery (ICD-10 code Z98.1) where there is a history of a previously failed spinal fusion at the same site.

Option 2 – Cervical Bone Growth Stimulator (Must select one of the following):

- ☐ Failed spinal fusion (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery.
- ☐ Following a multilevel spinal fusion surgery (ICD-10 code Z98.1).
- ☐ Following spinal fusion surgery (ICD-10 code Z98.1) where there is a history of a previously failed spinal fusion at the same site.
- ☐ In the presence of any risk factor for non-healing (e.g., smoking, diabetes, renal disease)

Option 3 – Long Bone Growth Stimulator (Must select one of the following):

- ☐ Nonunion of a long bone fracture defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator.
- ☐ Failed fusion of a joint other than in the spine (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery.
- ☐ Congenital pseudarthrosis.

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