

IMS Experts

Physician Detail Written Order and Letter of Medical Necessity (LMN) Pre-fabricated Hand/Wrist Orthosis

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.

HAND/WRIST INDICATIONS FOR PRESCRIBED PT: choose option which applies to patient

PRE FABRICATED WRIST BRACE: Pt requires Hand/Wrist brace (Check all that apply)

- To provide stabilization to weak or injured wrists
- To prevent wrist flexion, extension, rotation, and deviation
- To provide treatment of carpal tunnel syndrome, tendinitis or rheumatoidarthritis
- Post-surgical treatment of wrist and thumb
- Post cast healing or soft tissue injury

DX Code:

- G56.00 Carpal tunnel syndrome M06.9 Rheumatoidarthritis S62.90XK Malunion and nonunion of fracture
- S62.90XP Malunion of fracture M84.339K Radius with ulna
- S62.109A Closed, carpal bone, unspecified Wrist NOS Other DX: _____

HCPCS Code:

- L3809 Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type
- L3908 Wrist hand orthosis, wrist extension control cock-up, non-molded, prefabricated, off-the-shelf
- L3984 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
- L3930 Hand finger orthosis, includes one or more nontorsion joint(s) off the shelf

HCPCS Modifiers:

- Left Hand/Wrist
- Right Hand/Wrist
- Bilateral

Other HCPCS: _____

Size: _____

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.