

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

ICD 10: \_\_\_\_\_ DOS: \_\_\_\_\_

### Letter of Medical Necessity:

The above patient has been under my care and will be in need of the prescribed orthopedic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

### The indicated product is used to:

- Increase the Patient's Functional Activity       Fortify Joint Stability       Reduce Swelling       Decrease Pain

### Length of need:

- Indefinite       3-6 Months       6-9 Months       Lifetime

Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
(Please Print)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Medicare Requires Hand Signature and Date)

- Left       Right       Bilateral

### Thoraco-Lumbar Orthoses

- Hyperextension Orthosis       Dorsi-Lumbar Corset  
 TLSO       Custom       Cash Brace

### Lumbar-Sacral Orthoses

- L/S Corset       Chairback       Rigid LSO Brace  
 LSO       Custom LSO       Flexion Orthosis  
 Warm & Form (Insert/Without Insert)

### Cervical Collars

### Lower-Extremity Orthoses: Hip-Ankle-Knee-Foot

- HAKFO       AFO       KAFO       Metal AFO  
 Ankle Gauntlet       Arizona Type Brace  
 Crow Walker       Richie Type Brace

### Knee Bracing/Walking Boots

- Knee Brace (ACL)  
 Reliever Knee Brace (Osteoarthritis)  
 Post-Op Knee Brace  
 Neoprene or Breathable Knee Sleeve  
 Knee Sleeve with Hinges       Knee Immobilizer  
 Walking Boot       Walking Boot with Air Bladder  
 Other: \_\_\_\_\_

### Upper-Extremity Orthoses: Wrist-Elbow-Shoulder

- Wrist Orthosis       Shoulder Immobilizer       Thumb Spica  
 Post-Op Elbow ROM Brace       Custom Elbow Brace

### Prosthetic Device (Select Device Type and K Level)

- Above Knee       Below Knee       Partial Foot  
 Symes       Above Elbow       Below Elbow  
 Post Operative Rigid Dressing (ORD)  
 Replacement Socket       Shrinker       Supplies  
 Other: \_\_\_\_\_

**K Level (select one):**       1       2       3       4

*K Level is the activity level for an Amputee*

*Level 0: Does not have the ability or potential to ambulate or transfer safely with or without assistance. Prosthesis does not enhance quality of life or mobility.*

*Level 1: Has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.*

*Level 2: Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.*

*Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.*

*Level 4: Has the ability or potential for ambulation that exceeds basic ambulation skills, exhibiting high impact, stress, or energy levels. Typical of the child, active adult, or athlete.*

*Custom Orthotic & Prosthetic Referrals require detailed chart notes describing why the device is needed.*

*New & Replacement Prosthetic Referrals require a Prosthetic Evaluation Form. If you need one of these forms or have additional questions, please call our office at (210) 839-1843.*