LIFE HEALTH DME

1809 E Indian Wells Lane
Draper, UT 84020-8301
801-450-6940
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Detailed Written Order for L1845

Patient: _____ Date: _____

Based on the patient's history, examination and diagnosis below I'm prescribing:

- ❑ L1845 Knee Orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

A custom fabricated Orthosis is covered when there is a documented physical characteristic which requires the use of a custom fabricated Orthosis instead of a prefabricated Orthosis. Examples of situations which meet the criterion for a custom fabricated Orthosis include, but are not limited to:

1. Deformity of the leg or knee;
2. Size of thigh and calf;
3. Minimal muscle mass upon which to suspend an Orthosis

Medical Necessity for Knee Brace

- ❑ To reduce knee pain by offloading pressure from compartmental knee arthritis
- ❑ To provide stability to a weakened knee during exercise
- ❑ To provide stability to a knee with ligamentous damage
- ❑ To correct for Genu Valgus/ Varus deformity of knee
- ❑ To provide support during walking
- ❑ To provide support during activities of daily living

Diagnosis for Knee Brace

- ❑ M17.0 Bilateral primary osteoarthritis of knee
- ❑ M17.11 Unilateral primary osteoarthritis, right knee
- ❑ M17.12 Unilateral primary osteoarthritis, left knee
- ❑ M17.2 Bilateral post-traumatic osteoarthritis of knee
- ❑ M17.31 Unilateral post-traumatic osteoarthritis, right knee
- ❑ M17.32 Unilateral post-traumatic osteoarthritis, left knee
- ❑ M17.4 Other bilateral secondary osteoarthritis of knee
- ❑ M17.9 Osteoarthritis of knee, unspecified
- ❑ M21.061 Valgus deformity of right knee
- ❑ M21.062 Valgus deformity of left knee
- ❑ M21.161 Varus deformity of right knee
- ❑ M21.162 Varus deformity of left knee
- ❑ M22.2X1 Patellofemoral disorders, right knee
- ❑ M22.2X2 Patellofemoral disorders, left knee
- ❑ M22.3X1 Other derangements of patella, right knee
- ❑ M22.3X2 Other derangements of patella, left knee
- ❑ M22.41 Chondromalacia patellae, right knee
- ❑ M22.42 Chondromalacia patellae, left knee
- ❑ M22.8X1 Other disorders of patella, right knee
- ❑ M22.8X2 Other disorders of patella, left knee
- ❑ M23.51 Chronic instability of knee, right knee
- ❑ M23.52 Chronic instability of knee, left knee

I, the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Prescriber's Signature: _____ Date: _____