For Internal Use Only

Certificate of Medical Necessity:

Serial Number:

<u>To be filled out by Physician</u>

PATIENT INFORMATION

Patient name:

DOB:

SS#:

DOI:

PRESCRIPTION

( ) TENS & supplies (E0730)

( ) conductive garment (E0731) ( ) foot ( ) elbow ( ) knee ( ) hand ( ) shoulder ( ) neck ( ) low back

( ) Back Brace LSO (L0631) (waist :

( ) Back Brace (L0627) (waist :

( ) Lumbar Traction (L0631)

( ) TLSO Brace (L0456)

( ) Ambulatory Collar (L0180)

( ) Knee Brace (L1832) (side L/R) (thigh :

( ) Ankle Brace (L1971) (side L/R)

( ) Elbow Brace (L3760) (side L/R)

( ) Wrist Brace (L3807) (side L/R)

( ) Shoulder Brace (L3960) (side L/R)

( ) EMS & Supplies (E0744)

( ) Thermotex Infrared Heating Pad (E0221)

( ) Cervical Traction (E0855)

( ) Cold/Hot therapy system and supplies (E0217/E0249)

( ) Other:

Length of Need: ( ) 12 + months (long term use) ( ) # months (1-11)

ICD-10 codes:

Previous Treatments/medications rendered:

( ) prior surgery ( ) NSAIDS/pain medication ( ) Physical therapy
( ) Injections ( ) other:

Primary Indication for use:

( ) retard/diffuse muscle atrophy ( )retard/diffuse muscle weakness ( ) stimulate muscle contractions
( ) Relax muscle spasm ( ) re-educate muscles ( ) increase range of motion ( ) pain control (chronic)
( ) pain control (post-surgical) ( ) reduce edema ( )other:

DISPENSE METHOD ( ) ship to patient's home ( ) ship to physician's clinic (physician will instruct on proper use)

Certificate of medical Necessity

Clinic name: phone:

Clinic address:

city: state: zip:

By my signature, I am prescribing the items listed above and certify that the above-prescribed item is medically indicated and necessary and consistent with current accepted standards of medical practice and treatment of this patient's physical condition because:

Please explain why the prescribed equipment is medically necessary to treat the patient's condition AND make sure that this information is substantiated in the patient's medical records

Physician's Signature: Date:

Physician's name: NPI#: