

## Southern Mobility and Medical

DME/POS ACHC Accredited For DME/Orthotics Equipment

Pharmacy Permit # 01024 ACHC # 1866 NPI # 1922035567

Authorized Medicare, BCBS Provider

Phone: 1-800-681-8831 Fax: 1-877-611-3500

# **General Insurance Guidelines for a Spinal Orthotic**

**(for Private Insurances, such as BCBS, Humana, UHC, Aetna, Cigna)**

**Dear Physician,**

If your patient suffers from chronic lower back pain that interferes with their daily ADL's and would benefit from a spinal orthotic in lieu of additional pain medications or surgery, please:

- Fully complete the CMN form document

***FAX to: 1-877-611-3500 or call 1-800-681-8831  
with any questions.***

PHYSICIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Physicians Order / CMN: Lumbar Spinal Orthosis**

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

DOB: \_\_\_\_\_

**\_\_\_ L0648: (2 Panels, 1 Anterior, 1 Posterior) AIR ADJUSTABLE for Vertical Decompression**

Lumbar Orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacroccygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on intervertebral discs. Includes straps, closures, may include padding, shoulder straps, pendulous abdomen designed, pre-fabricated, off the shelf. (standard Profile)

**\_\_\_ L0650: (4 Panels, 1 Anterior, 1 Posterior, 2 Lateral) Standard** Lumbar Orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacroccygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels produces intracavitary pressure to reduce load on intervertebral discs. Includes straps, closures, may include padding, shoulder straps, pendulous abdomen designed, pre-fabricated, off the shelf. (standard Profile)

**Mark all ICD-10 codes that are documented in progress notes and justify need:**

- |   |  |
|---|--|
| <input type="checkbox"/> Low Back Pain (M545)                           | <input type="checkbox"/> Congenital Spondylolisthesis (Q762)             |
| <input type="checkbox"/> Muscle Weakness generalized (M6281)            | <input type="checkbox"/> Spondylosis without Myelopathy (M47817)         |
| <input type="checkbox"/> Other Intervertebral Disc Displacement (M5126) | <input type="checkbox"/> Other Specified Deforming Dorsopathies (M438X9) |
| <input type="checkbox"/> Sprain of Ligaments of Lumbar Spine (S335XXA)  | <input type="checkbox"/> Dorsopathy, Unspecified (M539)                  |
| <input type="checkbox"/> Other Intervertebral Disc Degeneration (M5136) | <input type="checkbox"/> Other Intervertebral Disc Degeneration (M5136)  |
| <input type="checkbox"/> Spondylosis without Myelopathy (M47819)        | <input type="checkbox"/> Sciatica, Unspecified Side (M5430)              |
| <input type="checkbox"/> Spinal Stenosis, Site Unspecified (M4800)      |  |

**Justification(s): Check all that apply.**

\_\_\_ To reduce pain by restricting mobility of the trunk; **or**

\_\_\_ To facilitate healing following an injury to the spine or related soft tissues; **or**

\_\_\_ To facilitate healing following a surgical procedure on the spine or related soft tissue; **or**

\_\_\_ otherwise support weak spinal muscles or deformed spine

**Estimated Length of Need (# of months) \_\_\_\_\_ 99=lifetime**

Physician's Name \_\_\_\_\_ NPI# \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

(No stamps please)