



PRESCRIPTION/ORDER FORM

Phone: 813.515.5066 Toll Free Phone: 844.402.8489 Fax: 813.354.4756 Email: info@vmhbracing.com

PATIENT INFORMATION

Complete patient information below or attach patient demographic sheet that includes insurance information.

Patient Name: _____ DOB: _____ Order Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(Home/Cell/Work)

Primary Insurance & ID#: _____ Secondary Insurance & ID#: _____

Relationship to Insured: Self Spouse Child Date of Injury: _____ (required for all INJURY CLAIMS)

Umbilicus Circumference (inches): _____ Waist Circumference (inches): _____

Current Gestational Age: Weeks: _____ Days: _____ Height: _____ Weight: _____

PRESCRIBER INFORMATION

Physician/Prescriber Name: _____ NPI#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

****Please include clinical notes of a face to face encounter/S.O.A.P. notes with the patient for a medical condition that supports and explains the need for the device.****

ORDER INFORMATION

Item prescribed: Lumbar Sacral Orthosis, Custom fitted

HCPCS Code: L0631 BabyBrace®

Quantity Dispensed: 1

Brace Extender

Indicate the patient's primary ICD-10 Diagnosis Code which requires the use of an LSO: _____

Common Primary Diagnosis Codes

Lumbago with Sciatica

M54.40 unspecified side

M54.41 right side

M54.42 left side

Sciatica

M54.30 unspecified side

M54.31 right side

M54.32 left side

Pain in Thoracic Spine

M54.6

Acute PostOp Pain (C/S)

G89.18

Traumatic Symphysis Pubis Diastasis

O71.6

Radiculopathy

M54.10 unspecified side

M54.14 thoracic region

M54.15 thoracolumbar region

M54.16 lumbar region

Low Back Pain

M54.5

Sagittal Plane Imbalance

M43.8x9

Coronal Plane Imbalance

M43.8x9

G57.10 Meralgia Paresthetica, unspecified, lower limb

Deforming Spinal Diseases

M40.45 postural acquired lordosis, thoracolumbar region

M40.46 postural acquired lordosis, lumbar region

M40.47 postural acquired lordosis, lumbosacral region

M40.55 lordosis, unspecified, thoracolumbar region

M40.56 lordosis, unspecified, lumbar region

M40.57 lordosis, unspecified, lumbosacral region

Common Secondary Diagnosis Codes

Round Ligament Pain in Pregnancy

see codes below

Round Ligament Pain Affecting Ante partum

see codes below

Other Specified Pregnancy Related Conditions:

O26.891 first trimester

O26.892 second trimester

O26.893 third trimester

O26.899 unspecified trimester

Other DX code(s):

MEDICAL NECESSITY DISCLAIMER: By my signature below, I am prescribing the brace listed above. The item listed above are requested based on the patient's diagnosis. This item will, or is reasonably expected to assist the patient in achieving and maintaining maximum functional capacity in performing daily activities.

Physician Signature: _____ Date: _____

(Signature Stamps NOT Accepted)

Fax to: 813.354.4756 or Email to: info@vmhbracing.com

INCLUDE: Face Sheet, Order Form, Copy of Insurance Card, CMN and Medical Records

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