

Letter of Medical Necessity for  
Orthotic Bracing

**Patient:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Insurance ID#

It is my expert opinion that a LSO/ LO, HCPCS code L0648, or L0642 is medically necessary to facilitate management of this patient's diagnosis. Please dispense as written.

**Diagnosis:**

- |   |   |
|---|---|
| <input type="checkbox"/> Lumbago (724.2)                        | <input type="checkbox"/> Lumbosacral Spondylosis (721.3)    |
| <input type="checkbox"/> Spinal Stenosis (724.0)                | <input type="checkbox"/> Lumbar Sprain/ Strain (847.2)      |
| <input type="checkbox"/> Muscle Weakness (728.87)               | <input type="checkbox"/> Spinal Disorder (724.9)            |
| <input type="checkbox"/> Spondylolisthesis (756.12)             | <input type="checkbox"/> Post Laminectomy Syndrome (722.83) |
| <input type="checkbox"/> Lumbosacral Disc Degeneration (722.52) | <input type="checkbox"/> Lumbar Disc Displacement (722.52)  |

Diagnosis not

listed: \_\_\_\_\_

Duration: Patient has had this condition for \_\_\_\_\_ month's \_\_\_\_\_ years.

Estimated length of need for the brace (# of months) \_\_\_\_\_ 1-99 (99= lifetime)

**Medical Necessity:**

- To reduce pain by restricting mobility of the trunk.
- To support weak spinal muscles and/ or deformed spine.
- To facilitate healing following an injury to the spine or related soft tissue.
- To facilitate healing following a surgical procedure on the spine or related soft tissue.

Date of procedure \_\_\_\_\_

Description \_\_\_\_\_

**Treatment Goals:**

- Restore Functional Capacity to Allow the Patient to Return to Full Duty
- Management of Chronic Pain

**Other Conservative Therapies That Have Been Utilized:**

- Physical Therapy & Rehabilitation
- Medication Regime  
List medications: \_\_\_\_\_
- Injections
- Chiropractic Care
- Home Exercise Program
- Massage Therapy

My evaluation of the above named patient, on \_\_\_\_\_ (date of in office exam) has determined that providing the following Lumbosacral Orthotic will benefit this patient.

**LSO or LO Required:**

L0642 Lumbar Orthosis- Sagittal control with posterior support that extends from L-1 below L-5, beneficial for multiple level decompression, laminectomy, posterior level fusion.

L0648 Lumbosacral Orthosis Sagittal control back brace with posterior support that extends from sacrococcygeal junction to T-9. Indicators include but not limited to; degenerative and bulging discs, herniated/ bulging discs, spinal stenosis, spondylolisthesis, facet syndrome, thoracolumbar injury, multi-level fusion, lumbosacral back pain.

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**Physician Signature:**

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Physician's Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**NPI #**