STAR DME
Medical & Surgical Supply

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Back Brace (LSO)

HCPCS L0650

Standard Written Order (SWO) and documentation guide. Fax this order with the patient's most recent visit note to **844-438-5893**.

Patient Information

Name _____ **DOB** _____

Address _____

Phone _____ **Cell** _____

Primary Insurance _____ **ID#** _____

Secondary Insurance _____ **ID#** _____

Order

	CODE	ITEM	QUANTITY
☐	**L0650**	Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid anterior and posterior panels, prefabricated, off-the-shelf	**1 brace**

Length of need _____

Diagnosis / ICD-10 _____

Coverage Criteria

Check only what is documented in the chart. Medicare LCD L33790 (Spinal Orthoses). The brace must be ordered for at least one of these:

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

What the Visit Note Must Show

In the treating practitioner's own words, from a recent visit:

- The diagnosis and which of the indications above the brace is ordered for
- Symptoms and how they limit daily activities (pain level, bending, lifting, standing, walking)
- Exam findings from a recent visit with the treating practitioner
- Treatments already tried when relevant (medication, physical therapy, injections)
- Why a lumbar-sacral orthosis is medically necessary for this patient

PRIOR AUTHORIZATION REQUIRED

Medicare requires prior authorization for L0650. Star DME submits the request using your notes, so please fax the most recent visit note with this order.

Practitioner

Signature _____ **Order date** _____

Printed name _____ **NPI** _____

Signature and date stamps are not acceptable. This form does not replace the practitioner's own medical record.