

CLINICARE MEDICAL RESOURCES

Updated 3/2023

9245 Lazy Lane
Tampa, FL 33614

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Patient's Name: _____

Facility: _____

Referral: _____

Service Date: _____

Name Printed

Title

Medicare Status:

Med A

Med B

MDS /BD: _____

SPINAL ORTHOSIS ORDER/KX DOCUMENTATION

Diagnosis (Check all that apply)

M40.209	Kyphosis (acquired)	<input type="checkbox"/>	G12.8	Adult Spinal Muscular Atrophy	<input type="checkbox"/>
M40.40	Lordosis (acquired) (postural)	<input type="checkbox"/>	G35	Multiple Sclerosis	<input type="checkbox"/>
M43.9	Spinal deformity (acquired)	<input type="checkbox"/>	G12.21	Motor Neuron Disease	<input type="checkbox"/>
Q67.5	Spinal deformity (congenital)	<input type="checkbox"/>	Q76.2	Spondylolisthesis	<input type="checkbox"/>
M41.20	Scoliosis and Kyphoscoliosis	<input type="checkbox"/>	M45.9	Rheumatoid Arthritis of spine NOS	<input type="checkbox"/>
M43.8X9	Curvature of the Spine	<input type="checkbox"/>	M46.00	Spinal Enthesopathy	<input type="checkbox"/>
	Associated with other condition	<input type="checkbox"/>	M47.819	Osteoarthritis NOS (Spondylosis)	<input type="checkbox"/>
M43.8X9	Other Acquired Deformity of Spine	<input type="checkbox"/>	M81.0	Osteoporosis	<input type="checkbox"/>
M549	Back Pain (Postural)	<input type="checkbox"/>	M43.6	Torticollis (Cervical Spine)	<input type="checkbox"/>
M54.89	Back Pain (Specified)	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>
M48.061	Spinal Stenosis, Lumbar Region	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>

PRESCRIPTION

PROGNOSIS

MONTH PRESCRIBED

MEASUREMENTS

EXPECTED OUTCOME

LSO

ASPEN	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	6-9 Months	<input type="checkbox"/>	Waist circum. _____	Treat & correct contracture	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	9-12 Months	<input type="checkbox"/>	Hip circum. _____	Increase range of motion	<input type="checkbox"/>
				Indefinitely	<input type="checkbox"/>	Axilla-Trochanter _____	Decrease Pain	<input type="checkbox"/>

TLSO

RESTORATIVE MED	<input type="checkbox"/>	<u>CERVICAL COLLAR</u>		
SUMMIT	<input type="checkbox"/>	MIAMI J	<input type="checkbox"/>	
DISCOVERY	<input type="checkbox"/>	KY KOLLAR	<input type="checkbox"/>	WITH HEAD STRAP <input type="checkbox"/>

- To reduce pain by restricting mobility of the trunk
- 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
- To otherwise support weak spinal muscles and/or a deformed spine

Signature

Title

Date

HKO ORDER / KX DOCUMENTATION

Diagnosis (Check all that apply)

M24.559	Hip & Knee joint Abduction/Adduction	<input type="checkbox"/>	M24.859	Hip / Leg Instability	<input type="checkbox"/>
M21.159	Varus Deformity (External rotation)	<input type="checkbox"/>	M15.9	Osteoarthritis NOS	<input type="checkbox"/>
M21.059	Valgus Deformity (Internal rotation)	<input type="checkbox"/>	I67.89	CVA	<input type="checkbox"/>
M21.769	Deformity of Leg	<input type="checkbox"/>			

PRESCRIPTION

PROGNOSIS

MONTH PRESCRIBED

MEASUREMENTS

EXPECTED OUTCOME

HIP & Knee Orthosis:	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	6-9 Months	<input type="checkbox"/>	Thigh Circumference (4 inch above knee)	Treat & correct contracture	<input type="checkbox"/>
BMI	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	9-12 Months	<input type="checkbox"/>	_____	Increase range of motion	<input type="checkbox"/>
OCSI	<input type="checkbox"/>			Indefinitely	<input type="checkbox"/>	_____	Decrease Pain	<input type="checkbox"/>
Independent Brace	<input type="checkbox"/>							

Signature

Title

Date