DME Medical Necessity

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT WEIGHT: \_\_\_\_\_\_\_\_FT \_\_\_\_\_\_\_\_IN PATIENT WEIGHT: \_\_\_\_\_\_\_\_\_\_ LBS

PATIENT DIAGNOSIS:

* M17.0 Bilateral primary osteoarthritis of the knee(s)
* M17.11 Unilateral primary osteoarthritis, right knee
* M17.12 Unilateral primary osteoarthritis, left knee
* R26 Abnormalities of gait and mobility
* R26.0 Ataxic gait
* R26.1 Paralytic gait
* R26.2 Difficulty in walking, not elsewhere classified
* R26.8 Other abnormalities of gait and mobility
* R26.81 Unsteadiness on feet
* R26.89 Other abnormalities of gait and mobility
* R26.9 Unspecified abnormalities of gait and mobility
* M24.20 Disorder of ligament, unspecified site (ligament laxity)
* M24.5 Contracture of joint
* M25.66 Stiffness of knee, not elsewhere classified
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCPCS CODE: E1811

NARRATIVE EQUIPMENT DESCRIPTION: Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories, off the shelf.

Patient is experiencing increased knee pain and reduced range of motion, including decreases extension and/or flexion. This patient is ambulatory, and reports experiencing pain and stiffness in the knee for more than 1 year. In the past, has tried exercise, losing weight, and a period of conservative medical care lasting 90-days or longer without sustained relief or return to normal function and activities of daily living.

EXAMINATION RESULTS:

* Knee pain and swelling
* Varus malalignment
* Valgus malalignment
* Ligermentous laxity
* Abnormality of gait
* Pain on weight bearing
* Limited ROM
  + Knee Flexion Limited \_\_\_ degrees to \_\_\_ degrees (normal range 0-130)
  + Knee Extension Limited \_\_\_ degrees to \_\_\_ degrees (normal range 120-0)
* Interferes with ADLs even with the use of medication

Patient will benefit from the use of this device, which may reduce knee contracture, increase range of motion of the joint, enhance strength and flexibility, and maximize stability and support of the knee during flexion/extension movements. Expect to see significant improvement in pain, stiffness, and physical function; preventing or reducing degenerative changes in the knee; allowing patient to return to reasonable activities which may help them maintain a healthy weight, preserving the long-term visibility of the knee; and increased resistance to injury from varus, Valgus, rotational and anterior-posterior translation forces. This device has been clinically proven to improve patient’s function and thereby may decrease pain medication and NSAIDs usage that can have negative GI side effects.

I am prescribing a clinically appropriate orthotic appliance that adheres to accept medical standards and practices in the treatment of this condition, and is a part of a medically necessary treatment for the patient’s well-being. If I can be of further assistance, please do not hesitate to contact me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. First Last, MD Date