Use for Experience Health Medicare Advantage SM (HMO

Knee Orthosis
Prior Authorization (PA) Request Form

(Incomplete Form May Delay Processing)

Provider Information		Member Information
Ordering Physician Name:	NPI #:	Member Name:
Office Phone#: Office Fax#:	Contact Name:	Member ID #:
Vendor Name:	NPI #:	Member's Date of Birth:
Vendor Phone #: Vendor Fax #:	Contact Name:	Member's Phone #:
ICD-10 Code(s):		

Please answer questions below

HCPCS code(s) (REQUIRED): _____

Please provide the following information.

1. What is the date of delivery/purchase? _ _/_ _/_ _ _ _
2. Why is the rigid or semi-rigid support device needed?
   _____
   _____
   _____
3. If this is a **prefabricated orthosis (K0901, K0902, L1810, L1812, L1820, L1830, L1833, L1836, L1843, L1845, L1847, L1848 or L1850)**, please also answer the following questions:
   a. Is there weakness or deformity of the affected knee requiring stabilization? ☐ Yes ☐ No
   b. Is there flexion or extension contractures with movement on passive range of motion of at least 10 degrees? ☐ Yes ☐ No
   c. Was there a recent injury to or a surgical procedure of the affected knee? ☐ Yes ☐ No
   d. Is the member ambulatory with knee instability due to genu recurvatum (hyperextended knee)? ☐ Yes ☐ No
4. If this is a **custom fabricated orthosis (L1834, L1840, L1844, L1846 and L1860)**, please also answer the following questions:
   a. Is there weakness or deformity of the affected knee requiring stabilization? ☐ Yes ☐ No
   b. Is there flexion or extension contractures with movement on passive range of motion of at least 10 degrees? ☐ Yes ☐ No
   c. Was there a recent injury to or a surgical procedure of the affected knee? ☐ Yes ☐ No
   d. Is the member ambulatory with knee instability due to genu recurvatum (hyperextended knee)? ☐ Yes ☐ No
   e. Is there instability due to internal ligamentous disruption of the knee? ☐ Yes ☐ No

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f. **Why is customization required?**

i. Deformity of the leg and knee……..…….…….☐ Yes ☐ No
ii. Size of the calf or thigh requires customization ...……..……..……..…… ☐ Yes ☐ No
iii. Minimal muscle mass to suspend the orthosis…….……..……..……. ☐ Yes ☐ No
iv. Other (explain) _____

5. If this is a **heavy duty knee joint (L2385, L2395)**, does the member weigh > 300? ……..…. ☐ Yes ☐ No

6. If this is a **concentric adjustable torsion style mechanism (L2999)**, does the member require knee extension assist in the absence of any co-existing joint contracture? ……..…… ☐ Yes ☐ No

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Experience Health Medicare Advantage SM (HMO) may request medical records for this patient at any time in order to verify this information.

Signature:_____ Date: _____

Please Return Completed Form to:
Fax 1-919-765-7805
For questions please call Care Management at 1-833-941-0107.

Experience Health Medicare Advantage SM is a HMO plan. This plan has a Medicare contract. Enrollment in the plan depends on contract renewal.