



Lumbar Sacral Orthosis (LSO)/Thoracic Lumbar Sacral Orthosis (TLSO)
Prior Authorization (PA) Request Form
(Incomplete Form May Delay Processing)

Table with 2 columns: Provider Information and Member Information. Rows include fields for Ordering Physician Name, Office Phone/Fax, Vendor Name/Phone/Fax, NPI #, Contact Name, Member Name, Member ID #, Member's Date of Birth, and Member's Phone #.

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED):

- 1. What is the date of delivery/purchase?
2. Why is the support device needed?
3. Is the LSO/TLSO being used to:
a. Reduce pain by restricting mobility of the trunk?
b. Facilitate healing following an injury to the spine of related soft tissues?
c. Facilitate healing following a surgical procedure on the spine or related soft tissue?
d. Support weak spinal muscles and/or a deformed spine?
e. Is this a custom fabricated brace?
4. If this is a custom fabricated brace, please provide documentation regarding what was done to individually fit the member and why cutting, bending and molding was medically indicated.

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.