



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, Vendor 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?

Three horizontal lines for handwritten response to question 2.

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.

Three horizontal lines for handwritten response to question 4.

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 Blue Cross NC may request medical records for this patient at any time in order to verify this information.

Signature: _____ Date: _____

Please Return Completed Form to:

Fax: 1-336-794-1556

For questions please call Care Management at 1-888-296-9790.

Blue Cross and Blue Shield of North Carolina is an HMO/PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.