PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR KNEE ORTHOSIS
PLEASE FAX BACK TO US WITHIN 48-HOURS
FAX TO: (346) 345-2633
***** **PLEASE MAKE SURE TO RETURN WITH CURRENT CHART NOTES*****

Order Date: 04/21/2026

Name: Oscar Wagnon	**Physician Name**: Tammy McWhirter, CRNP
Date of Birth: 5/19/1939	**NPI**: 1710517206
Address: 28159 Copeland Rd Toney AL 35773	**Address**: 15024 E Limestone Rd STE F Harvest AL 35749
Phone: 2562325189	**Phone Number**: 2562161996
Insurance Name: **PPO AETNA**	**Fax Number:** 2562161940
Insurance ID: 101359748900	**Knee Size:** XL **Height:** 5.6 **Weight:** 180

It is my expert opinion that an KO brace, HCPCS code L1852 is medically necessary to facilitate management of this patient's diagnosis. Please dispense as written.

Diagnosis: **ICD-10** → (Provider can simply clear out diagnosis which they don't find accurate)

☐ Rheumatoid arthritis without rheumatoid factor, right knee (**M06.061**)
☐ Rheumatoid arthritis without rheumatoid factor, left knee (**M06.062**)
☐ Bilateral primary osteoarthritis of knee **(M17.0)**
☐ Chronic instability of knee, right knee (**M23.51**)
☐ Chronic instability of knee, left knee (**M23.52**)
☐ Pain in right knee (**M25.561**)
☐ Pain in left knee (**M25.562**)
☐ Hypermobility Syndrome **(M35.7)**
0 Grade < 2mm Tight with firm end-feel
Grade I 3-5mm Norninal increase in laxity compared to contralateral knee
Grade II 6-9mm Slight increase in anterior translation compared to contralateral knee
Grade III > 10mm Excessive anterior translation compared to contralateral knee

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DISPENSE **EQUIPMENT DECRIPTION**

AFFECTED AREA: Left ☐ Right ☐

☐ **L1833 -** Knee orthosis (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf; Including L2397 Suspension Sleeve

Estimated length of need for the brace (# of months) 99 = LIFETIME**, UNLESS OTHERWISE SPECIFIED**

Physician Name: Tammy McWhirter, CRNP

Physician Signature: Tammy McWhirter APRN-C

Physician NPI: 1710517206

Signature Date: 05/05/2026

PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR SHOULDER ORTHOSIS
PLEASE FAX BACK TO US WITHIN 48-HOURS
FAX TO: (346) 345-2633
***** **PLEASE MAKE SURE TO RETURN WITH CURRENT CHART NOTES*****

Order Date: 04/21/2026

Name: Oscar Wagnon	**Physician Name:** Tammy McWhirter, CRNP
Date of Birth: 5/19/1939	**NPI:** 1710517206
Address: 28159 Copeland Rd Toney AL 35773	**Address:** 15024 E Limestone Rd STE F Harvest AL 35749
Phone: 2562325189	**Phone Number:** 2562161996
Insurance Name: **PPO AETNA**	**Fax Number:** 2562161940
Insurance ID: 101359748900	**Height:** 5.6 **Weight:** 180

It is my expert opinion that an SO brace, HCPCS code L3960 is medically necessary to facilitate management of this patient's diagnosis. Please dispense as written.

Diagnosis: **ICD-10** → (Provider can simply clear out diagnosis which they don't find accurate)

☐ Rheumatoid arthritis without rheumatoid factor, right shoulder **(M06.011)**
☐ Rheumatoid arthritis without rheumatoid factor, left shoulder **(M06.012)**
☐ Primary osteoarthritis, right shoulder **(M19.011)**
☐ Primary osteoarthritis, left shoulder **(M19.012)**
☐ Pain in right shoulder **(M25.511)**
☐ Pain in left shoulder **(M25.512)**
☐ Calcific tendinitis of right shoulder **(M75.31)**
☐ Calcific tendinitis of left shoulder **(M75.32)**

DISPENSE **EQUIPMENT DECRIPTION**

AFFECTED AREA: Left ☐ Right ☐

☐ **L3660** - Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf

Estimated length of need for the brace (# of months) 99 = LIFETIME**, UNLESS OTHERWISE SPECIFIED**

Physician Name: Tammy McWhirter, CRNP Physician Signature: Tammy McWhirter APRN

Physician NPI: 1710517206 Signature Date: 05/05/2026