PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR BACK 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: 04/10/2026

Name: Jean Samples	**Physician Name**: Jonathan Paul Kiff, PA-C
Date of Birth: 9/25/1942	**NPI**: 1437188257
Address: 1501 Spring Grove Rd Jesup GA 31545	**Address**: 999 S Macon St Jesup GA 31545
Phone: 9124273597	**Phone Number**: 9123852732
Insurance Name: **PPO HUMANA**	**Fax Number:** 9123852792
Insurance ID: H77408159	**Waist Size:** L **Height:** 5.2 **Weight:** 146

It is my expert opinion that an LSO brace, HCPCS code L0651 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)

☐ Spinal stenosis, lumbar region (**M48.06)**
☐ Spinal stenosis lumbosacral region (**M48.07**)
☐ Lumbar/ Lumbosacral Intervertebral Disc Degeneration (**M51.360**)
☐ Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only (**M51.371**)
☐ Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain (**M51.372**)
☐ Radiculopathy, lumbar region (**M54.16**)
☐ Low back pain, unspecified (**M54.50**)

Medical Necessity:

☐ To Reduce pain by restricting mobility of the trunk.
☐ To Support weak spinal muscles and/or deformed spine.
☐ To facilitate healing following an injury to the spine or related soft tissue
☐ To facilitate healing following a surgical procedure on the spine

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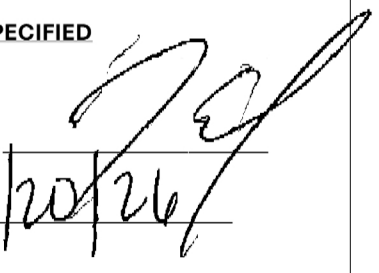
☐ **L0651** - Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf

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

Physician Name: Jonathan Paul Kiff, PA-C

Physician NPI: 1437188257

Physician Signature: 

Signature Date: 4/20/26

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: 04/10/2026

Name: Jean Samples	**Physician Name:** Jonathan Paul Kiff, PA-C
Date of Birth: 9/25/1942	**NPI:** 1437188257
Address: 1501 Spring Grove Rd Jesup GA 31545	**Address:** 999 S Macon St Jesup GA 31545
Phone: 9124273597	**Phone Number:** 9123852732
Insurance Name: **PPO HUMANA**	**Fax Number:** 9123852792
Insurance ID: H77408159	**Knee Size:** S **Height:** 5.2 **Weight:** 146

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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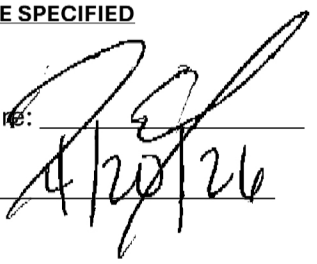
DISPENSE **EQUIPMENT DECRIPTION**

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: Jonathan Paul Kiff, PA-C

Physician Signature: 

Physician NPI: 1437188257

Signature Date: 4/20/26