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: 04/14/2026

Name: Pauline Smith	**Physician Name:** Lola Beltran, PA-C
Date of Birth: 10/17/1935	**NPI:** 1902524598
Address: 3008 Ross St Clovis NM 88101	**Address:** 42121 Us Highway 70 Portales NM 88130
Phone: 5757492965	**Phone Number:** 5753566652
Insurance Name: PPO UHC	**Fax Number:** 5759350948
Insurance ID: 4EE1D13TM91	**Knee Size:** M **Height:** 5.2 **Weight:** 167

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: Lola Beltran, PA-C

Physician Signature: Lola Beltran PA-C

Physician NPI: 1902524598

Signature Date: 5/4/26

PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR WRIST 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: 04/14/2026

Name: Pauline Smith	**Physician Name:** Lola Beltran, PA-C
Date of Birth: 10/17/1935	**NPI:** 1902524598
Address: 3008 Ross St Clovis NM 88101	**Address:** 42121 Us Highway 70 Portales NM 88130
Phone: 5757492965	**Phone Number:** 5753566652
Insurance Name: **PPO UHC**	**Fax Number:** 5759350948
Insurance ID: 4EE1D13TM91	**Height:** 5.2 **Weight:** 167

It is my expert opinion that an WO brace, HCPCS code L3916 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)

- ☐ Carpal tunnel syndrome, right upper limb (**G56.01**)
- ☐ Carpal tunnel syndrome, left upper limb (**G56.02**)
- ☐ Primary osteoarthritis, right wrist (**M19.031**)
- ☐ Primary osteoarthritis, left wrist (**M19.032**)
- ☐ Primary osteoarthritis, right hand (**M19.041**)
- ☐ Primary osteoarthritis, left hand (**M19.042**)
- ☐ Pain in right wrist (**M25.531**)
- ☐ Pain in left wrist (**M25.532**)

DISPENSE **EQUIPMENT DECRIPTION**

AFFECTED AREA: Left ☐ Right ☐

L3916 - Adjustable Flexion & Extension Joint (Unicentric or Polycentric), Medial-Lateral & Rotation Control, +/- Varus /Valgus Adjustment, Prefabricated, Off the Shelf.

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

Physician Name: Lola Beltran, PA-C

Physician Signature: Lola Beltran PAC

Physician NPI: 1902524598

Signature Date: 5/4/26