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: 04/08/2026

Name: James Davis	**Physician Name:** John S. Howland, MD
Date of Birth: 6/29/1938	**NPI:** 1598708687
Address: 29 Little Muggett Rd Charlton MA 01507	**Address:** 100 South Street Southbridge MA 01550
Phone: 5082487286	**Phone Number:** 5087643194
Insurance Name: PPO AETNA	**Fax Number:** 5087655458
Insurance ID: 101292063200	**Knee Size:** S **Height:** 5.10 **Weight:** 147

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: John S. Howland, MD Physician Signature: _____

Physician NPI: 1598708687 Signature Date: 5/5/26