

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 Norminal increase in laxity compared to contralateral knee

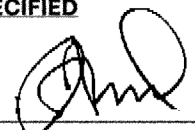
Grade II 6-9mm Slight increase in anterior translation compared to contralateral knee

Grade III > 10mm Excessive anterior translation compared to contralateral knee

DISPENSE**EQUIPMENT DESCRIPTION****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, MDPhysician Signature: Physician NPI: 1598708687Signature Date: 5/5/26