

# BREG Custom Knee Brace Order Form

**HCPCS Code: L1846**

**\*MEDICARE PATIENTS: DO NOT PROCEED IF THEY HAVE BEEN ISSUED A 'KNEE BRACE' IN THE PAST 5 YEARS.**

## Description:

- ☒ 01208 Custom OA Medial Off-Loader  
☐ 01300 Custom OA Lateral Off-Loader  
☐ 01207 Custom Ligament Brace

### L1846 Code Includes the Following:

Orthosis  
All Straps, Closures and Padding  
Fitting & Adjustment

## Fitting:

1. Thigh Circumference: 10.00 inches (6 inches above mid-patella)  
2. Calf Circumference: 22 inches (6 inches below mid-patella)  
3. Knee Offset: 45 inches (push in plunger on tool)  
4. Knee Width: 56 inches (use width caliper)

Circle: ☒ RIGHT ☐ LEFT

Gender: ☒ Male ☐ Female

## To-Do-List:

Patient Name: Jhon DOB: 10/30/1968 12:00:00 AM

### 1. Office Staff MC preapproval only

☐ Verify Insurance Prior to Proceeding with MC

Patient's MC#: rsetre

Check Driver's License Region C ☒ Yes ☐ No

Call MC Rep: 1-866-270-4909 Tax ID: 13056 PTAN#: 6240770001 NPI: 1265657555 REGION C  
Confirm: "No L1846, etc. past 5 yrs." SEE REF GUIDE

Same or similar device issued in the past 5 years? ☐ Yes ☐ No

## 2. Clinical Staff *prescription*

☐ Diagnosis

ICD-9 Code

Low back pain  
M54.5

☐ Item Requested By:

☒ Therapist      A

☐ Patient      ☐ Doctor

☒ Complete **of Medical Necessity**

Int    AAa

☒ Give FORM & LETTER of Med.Nec. to Office Staff

## 3. Office Staff *order*

☒ Fax Letter of Med.Nec.

Date    8/9/2017 12:00:00 AM

☒ Receive Letter of Med.Nec.

Date    8/10/2017 12:00:00 AM

☒ Order Orthosis

Date    8/10/2017 12:00:00 AM

Ph# 800-321-0607 Acct#: 23298

NOTE: Ground Shipping/UPS

Confirmation#:    cvbf

PO#: Last Name of the Patient

## 4. Office Staff *paperwork*

Int: tryut

☐ Prepare Chart Paperwork

☒ Delivery Ticket complete, pt signs, give pt carbon copy

☒ AOB complete, pt signs, give pt carbon copy

☒ Check List complete with staff initials, pt signs, keep in chart

☒ HIPPA #1 complete, pt signs, keep in chart

☒ HIPPA #2 give to pt

☒ Protocol for Complaints give to pt

☒ MC DMEPOS Supplier Standards give to pt

## 5. Clinical & Office Staff *deliver*

☐ Received Orthosis    Date: 8/10/2017 12:00:00 AM    By: dry    Condition: ☒ Good ☐ Bad

☐ Fit & Instructed    Date: 8/10/2017 12:00:00 AM    By: rdyt

☐ Complete Paperwork    Date: 8/10/2017 12:00:00 AM    By: gfhf