



After Hours Pager 602.852.1776

**Fax 480.895.2949**

**Phone 480.802 0202**

**\*\*\*Valley Wide Service\*\*\***

Referred by \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**\*\*\*Please Send a Copy of All Insurance Information With This Form\*\*\* See Reverse Side for More Options**



**PROlign EXT  
Back Brace**

L0631

ICD-9 Code	Diagnosis
<input type="checkbox"/> 721.3	Lumbosacral Spondylosis w/o Myelopathy
<input type="checkbox"/> 721.42	Spondylosis w/ Myelopathy – lumbar region
<input type="checkbox"/> 722.73	Intervertebral Disc Disorder w/ Myelopathy- lumbar region
<input type="checkbox"/> 724.02	Spinal Stenosis, lumbar region
<input type="checkbox"/> 724.2	Lumbago
<input type="checkbox"/> 739.3	Nonallopathic Lesions (segmental or somatic) Dysfunction - lumbar region

ICD-9 Code	Diagnosis
<input type="checkbox"/> 739.4	Nonallopathic Lesions (segmental or somatic) Dysfunction - sacral region
<input type="checkbox"/> 805.4	Fracture of Vertebral column without Mention of Spinal Cord Injury–lumbar, closed
<input type="checkbox"/> 846.1	Sprains & Strains of Sacroiliac Ligament
<input type="checkbox"/> 847.2	Sprains & Strains of the Lumbar Spine



**Pacesetter  
AirWalker**

L4360

ICD-9 Code	Diagnosis
<input type="checkbox"/> 733.93	Stress fracture of tibia or fibula
<input type="checkbox"/> 823.80	Fracture of tibia, closed
<input type="checkbox"/> 823.81	Fracture of fibula, closed
<input type="checkbox"/> 823.82	Fracture of fibula w/tibia, closed
<input type="checkbox"/> 824.0	Fracture of ankle, medial malleolus, closed
<input type="checkbox"/> 824.1	Fracture of ankle, medial malleolus, open

ICD-9 Code	Diagnosis
<input type="checkbox"/> 824.2	Fracture of ankle, lateral malleolus, closed
<input type="checkbox"/> 824.4	Fracture of ankle, bimalleolar, closed (Dupuytren's Fracture, fibula) (Pott's Fracture)
<input type="checkbox"/> 824.6	Fracture of ankle; trimalleolar, closed
<input type="checkbox"/> 823.82	Fracture of ankle; fibula closed (distal end) (Epiphysis lower)



**M.4s OA  
Knee  
Brace**

L1845

ICD-9 Code	Diagnosis
<input type="checkbox"/> 714.0 - 714.4	Rheumatoid arthritis
<input type="checkbox"/> 715.16, 715.26, 715.36, 715.96	Osteoarthritis
<input type="checkbox"/> 717.0 - 717.5	Meniscal cartilage derangement
<input type="checkbox"/> 717.7	Chondromalacia of patella
<input type="checkbox"/> 717.81 - 717.9	Knee ligamentous disruption

ICD-9 Code	Diagnosis
<input type="checkbox"/> 727.65	Rapture of tendon, nontraumatic- quadriceps tendon
<input type="checkbox"/> 733.15	Pathologic fracture of femur
<input type="checkbox"/> 733.16	Pathologic fracture of tibia or fibula
<input type="checkbox"/> 733.49	Aseptic necrosis of tibia or fibula
<input type="checkbox"/> 733.93	Stress fracture of tibia or fibula
<input type="checkbox"/> 755.64	Congenital deformity of knee

ICD-9 Code	Diagnosis
<input type="checkbox"/> 821.20 - 821.39	Fracture of femur - lower end
<input type="checkbox"/> 822.0, 822.1	Fracture of patella
<input type="checkbox"/> 823.00 - 823.42	Fracture of tibia and/or fibula - upper end
<input type="checkbox"/> 836.0 - 836.9	Dislocation of knee
<input type="checkbox"/> 844.0 - 844.2	Sprains and strains of knee
<input type="checkbox"/> 996.40 - 996.49, 996.66, 996.77	Failed total knee arthroplasty

I certify that I am the treating physician identified on this form. Any statement on my letterhead attached hereto, has been reviewed, and signed by me. I certify that the medical necessity on this form is true, accurate, and complete, to the best of my knowledge.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Physician's Name \_\_\_\_\_ Length of need  Lifetime  Months \_\_\_\_\_