

Total Pages Sent: \_\_\_\_\_

Patient Number: \_\_\_\_\_

**SPINAL BRACING  
LETTER OF MEDICAL NECESSITY / STANDARD WRITTEN ORDER**

PATIENT INFORMATION		ORDERING PHYSICIAN
Patient Name:		Practice Name:
Patient Phone:		Practitioner NPI:
DOB:	Gender:    M    F	Phone:
Address:		Address:
City/State/ZIP:		City/State/ZIP:

**ITEM PRESCRIBED — Mark One**

Governing LCD: L33790 — Spinal Orthoses: TLSO and LSO

HCPCS	Trend product	Description	
L0457	Trend Correx TLSO (DCT-5657)	TLSO, flexible trunk, sagittal-coronal	
L0464	Trend Correx SP TLSO (DCT-0464)	TLSO, 4 rigid panels, sacro-scapular	
L0648	Trend LSO (DCT-31)	LSO, sagittal, rigid ant/post panels	PA + WOPD required
L0650	Trend Pro LSO (DCT-37)	LSO, sagittal-coronal, rigid ant/post panels	PA + WOPD required
L0651	Trend Extend LSO (DCT-3951)	LSO, sagittal-coronal, shell and panel	PA + WOPD required (eff. 2026-04-13)
<b>Other</b>			

*Note: For L0648, L0650, and L0651, a complete Written Order Prior to Delivery (WOPD) must be on file before Peterson dispenses the brace. Prior authorization is also required for these codes.*

**DIAGNOSIS ICD10**

Diagnosis	ICD-10 Code
-----------	-------------

**INSURANCE INFORMATION — Primary Insurance**

Name of Insured:	Relation to Patient:
Insured Date of Birth:	Insurance Company:
Policy Number:	Group Number:
Address:	City / State / ZIP:
Phone:	Attach Secondary Insurance

The information on this Standard Written Order is accurate and complete to the best of my knowledge. I confirm that this patient has the condition(s) noted above and is/was being treated by me and is able to use the ordered item. The medical records substantiate the prescribed condition(s). Supporting documentation will be provided upon request for Medicare/Insurance review.

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_