

Patient Name: _____ DOB ____/____/____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____



DDS OA KNEETRAC BRACE L1852 (KX Modifier)

- Left Knee (LT Modifier) Size _____ Length of Need _____ Substitutions No Yes
 Right Knee (RT Modifier) Size _____ Order Date _____ Start Date _____

DIAGNOSIS

- M17.0: Bilateral Primary Osteoarthritis Knee
- M 17.11: Unilateral Primary Osteoarthritis RT
- M 17.12: Unilateral Primary Osteoarthritis LT
- M 23.51: Chronic Instability RT
- M 23.52: Chronis Instability LT
- Q 68.2: Congenital Deformity of Knee
- M 23.203: Derangement of Medical Meniscus RT
- M23.204: Derangement of Medical Mensicus LT

SUBJECTIVE

Patient has significant knee pain which interferes with daily activities. The patient reports trouble with:

- Lifting
- Stairs
- Walking
- Daily Activities
- Other

OBJECTIVE

Knee Range of Motion

Flexion _____

Extension _____

Left Lateral Flex _____

Right Lateral Flex _____

Tenderness

- Medial Positive Anterior/ Posterior Draw test
- Patella Varus Instability
- Lateral Valgus Instability
- Anterior Posterior

Physician Signature _____

Physician Name Printed _____

Date: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

ASSESSMENT

The patient is responding to treatment:

- As Expected
- Slower than Expected
- Faster than Expected

PLAN

Patient is being fitted today for a DDS OA Kneetrac Brace L1852

- To facilitate healing following post surgery
- To otherwise support weak knee muscles and or deformed knee
- To improve an unstable knee & joint laxity

Total Time Spent fitting Brace _____

Total Time Spent with Patient _____

Knee Brace Sizing Chart						
	Size	Thigh 6" Above Center of Knee	Center of Knee	Calf 6" Below Center of Knee	Left	Right
<input type="checkbox"/>	XS	7"-15.5"	12"-13"	10"-12"	_____	_____
<input type="checkbox"/>	S	15.5"-18.5"	13"-14"	12"-14"	_____	_____
<input type="checkbox"/>	M	18.5"-21"	14"-15"	14"-16"	_____	_____
<input type="checkbox"/>	L	21"-23.5"	15"-17"	16"-18"	_____	_____
<input type="checkbox"/>	XL	23.5"-26.5"	17"-19"	18"-20"	_____	_____
<input type="checkbox"/>	2XL	26.5"-29.5"	19"-21"	20"-22"	_____	_____
<input type="checkbox"/>	3XL	29.5"-32"	21"-23"	22"-24"	_____	_____

*If the Kneetrac™ is for the left leg then the measurements must be taken from the left leg. If the Kneetrac™ is for the right then the measurements must be taken from the right leg.

Easy Wrap Accessory (One Size Fits All) Right Leg (RT Modifier)
 HCPCS L2397 (KX Modifier) Left Leg (LT Modifier)

<input type="checkbox"/>	M17.0	Bilateral Primary Osteoarthritis of Knee
<input type="checkbox"/>	M17.10	Unilateral Primary Osteoarthritis, unspecified knee
<input type="checkbox"/>	M17.9	Osteoarthritis of knee, unspecified