

# HERCULES

## DME PRESCRIPTION FORM

Please fax completed form to (434) 270-7278

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Member ID: \_\_\_\_\_

### 1. Choose Primary Indication

LEFT
Diagnosis Code: _____
(See Appendix for applicable codes)

RIGHT
Diagnosis Code: _____
(See Appendix for applicable codes)

### 3. I am ordering a...

Custom KAFO L2036
I certify that I am ordering a CUSTOM KAFO, L2036, because an OTS brace has not been effective in treating their symptoms.
<b>Upon my exam the patient has one of the following: (check one)</b>  The beneficiary could not be fit with a prefabricated AFO The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months) There is a need to control the knee, ankle, or foot in more than one plane The beneficiary has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or, The beneficiary has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

Additional Features to Order
<b>L2999:</b> Adjustable Knee Extension Assist <b>L2387:</b> Addition to lower extremity, polycentric knee joint for custom fabricated KAFO, each joint <b>L2270:</b> Addition to lower extremity, varus/ valgus correction ("T") strap, padded/ lined or malleolus pad <b>L2275:</b> Addition to lower extremity, Varus/ Valgus correction, plastic modification, padded/ lined <b>L2220:</b> Addition to lower extremity, dorsiflexion and plantarflexion assist/ resist each joint <b>L2820:</b> Addition to lower extremity orthosis, soft interface for molded plastic, below knee section <b>L2830:</b> Addition to lower extremity orthosis, soft interface for molded plastic, above knee section <b>L2795:</b> Addition to lower extremity, knee control, full kneecap

Additional Documentation: \_\_\_\_\_

Prognosis: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Expected Therapeutic Effect: \_\_\_\_\_

Ordering Physician (PRINT): \_\_\_\_\_  
Ordering Physician (Signature/No Stamp): \_\_\_\_\_ Date: \_\_\_\_\_  
NPI Number: \_\_\_\_\_

**NOTE:** Primary indication and custom brace justification must be noted in chart/notes.



## Appendix: Hercules KAFO Diagnosis Codes

- Genu varum (bowlegged): M21.0
- Genu valgum (knock-knees): M21.1
- Osteoarthritis of knee: M17.1
- Rheumatoid arthritis of knee: M05.072
- Post-traumatic osteoarthritis of knee: M17.2
- Cerebral palsy: G80.9
- Spinal cord injury: S14.9
- Stroke sequelae: I69.39
- Sequelae of poliomyelitis: B91
- Paralytic syndromes (e.g., cerebral palsy): G80.9
- Peripheral neuropathy: G62.9