

## Spinal Orthosis repair or replacement documentation

### - PHYSICIAN NOTES MUST INCLUDE THE FOLLOWING FOR REPAIRS TO BE MADE:

- THE PATIENT HAS AND WEARS THE ORTHOSIS (HOW MUCH)
- THE ORTHOSIS IS STILL REQUIRED (WHY AND FOR HOW LONG)
- BRIEF DESCRIPTION OF WHAT IS WRONG WITH THE ORTHOSIS IN YOUR OR THE PATIENT'S WORDS AND THAT IT NEEDS TO BE REPAIRED OR REPLACED AND WHY **(IF YOU BELIEVE THE ENTIRE BRACE NEEDS TO BE REPLACED THE ABOVE JUSTIFICATION MUST BE INCLUDED IN YOUR NOTES (EX. ORTHOSIS IS TO REDUCE PAIN, LIMIT ROM, ETC) AS WELL AS WHY THE BRACE NEEDS TO BE REPLACED (GROWTH, ANATOMICAL CHANGES, ETC.)**

**\*\*THE PATIENT MUST HAVE A PRESCRIPTION FOR THE BRACE TO BE REPAIRED OR REPLACED AS NECESSARY\*\***