

**DISPENSING TELEPHONE ORDER  
OMNIPRO™ P.O.P KNEE BRACE (HCPCS L1845)**

PATIENT NAME: \_\_\_\_\_  
 Is this patient receiving SNF / Medicare Part A benefits at time of order?  Yes  No  
 PRESCRIBING PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S PHONE: \_\_\_\_\_  
 FACILITY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 FACILITY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
 START DATE OF ORDER \_\_\_\_\_

Relevant Medical ICD9 Code: \_\_\_\_\_

Which Knee? (Please Check):

Right  Left

**Omnipro™ P.O.P. Knee Brace Product Description**

The Omnipro™ Pre-Op or Post-Op Brace (P.O.P) is designed for support and protection of moderate to severe ACL, PCL, MCL, or LCL knee instabilities, as well as cartilaginous lesions. The P.O.P. Brace also provides effective joint support following surgical procedures such as ligament repair and reconstruction, partial or complete meniscectomy and total knee replacement.

The Omnipro™ P.O.P. Knee Brace has unique patent-pending features that allow the patient to easily adjust the degree of support based on specific activity demands. A dynamic "swing-assist" feature in the brace corrects abnormal gait commonly associated with knee injury, while improving strength.



***Omnipro™ P.O.P. Knee Brace Technology Highlights***

- Adjustable four-point dynamic design with contoured air bladders
- Kwik-Set™ hinge helps limit knee flexion and/or extension in 1° increments
- Dynamic "swing-assist" facilitates knee end-range extension
- Device design and fit system reduces brace migration and rotation - even during more vigorous activities
- Helps normalize heel strike during gait
- Activates the quadriceps during gait to help promote rehabilitation
- Light weight, low profile design

In the box below, please confirm the products and/or accessories being ordered.

(Ref. size chart on next page):

PRODUCT SIZE	QTY RIGHT	QTY LEFT
X Small		
Small		
Medium		
Large		
X Large		
XX Large		

Product labeling has been reviewed for Contraindications, Warnings and Precautions. Any variance shall be addressed with a specific physician order.

Yes  No

\_\_\_\_\_  
ACP Person Receiving TO (signature)

\_\_\_\_\_  
Date

**DISPENSING TELEPHONE ORDER  
OMNIPRO™ P.O.P KNEE BRACE (HCPCS L1845)**

MEASUREMENTS		
Thigh Circumference (4½" up from mid-patella)		
Calf Circumference (4" below mid – patella)		
SIZE	THIGH CIRCUMFERENCE	CALF CIRCUMFERENCE
X Small	13"-16"	9"-12"
Small	16"-19"	12"-15"
Medium	19"-22"	14"-17"
Large	21"-25"	16"-20"
X Large	24"-28"	19"-23"
XX Large	27"-32"	22"-26"

*If the patient does not fall under the standard measuring parameters please select larger size*

**Fax the Following Completed Documents to ACP Medical Supply Corp – Fax 888-873-7853**

1. Dispensing TO Order
2. Patient Acknowledgement Form
3. Patient Face Sheet
4. The documentation that proves/supports the Medical Necessity for the orthotic ordered such as:
  - a. Therapy Evaluation, Recert or Reassessment, if applicable
  - b. Therapy progress notes and/or Nursing/Doctor Notes and/or reports

} *Must contain information referenced in chart below*

Avoid using "prevent" or "trial" on documentation – documentation needs to reference correct, improve, benefit.

**Note: All completed documents must be received prior to the orthotic being shipped to patient**

**REMINDER: Telephone Order (TO) or Verbal Order (VO) for orthotic must be obtained from physician and maintained in patient's chart and permanent medical record. Sample: Orthotic to treat right knee vargus for instability.**

<b>Knee Stability Orthotics</b>  <ul style="list-style-type: none"> <li>• Omnipro OA Knee Brace</li> <li>• Omnipro P.O.P. Knee Brace</li> </ul>	<b>HCPCS Code</b>  L1845	<b>The following Information must be documented within the Medical Necessity documentation:</b> <ul style="list-style-type: none"> <li>▪ Type of Orthotic needed, why the orthotic is needed, treatment plan related to the orthotic, pertinent information such as functional limitations and duration of the condition, anticipated wearing schedule, expected clinical outcome/goals related to the use of the orthotic</li> <li>▪ Pertinent diagnosis to support the need for the orthotic (see attached diagnosis code listings)</li> <li>▪ The following documentation is also required:           <ol style="list-style-type: none"> <li>1. Patient is ambulatory (can be with assistance of another and/or use of assistive device), even if only able to take a few steps</li> <li>2. Patient must have knee laxity and instability, documented by physical or manual exam with an objective description of the joint laxity. (i.e. varus/valgus stress test, anterior/posterior drawer test) <b>Documentation must specifically state "by physical or manual exam"</b>.</li> <li>3. Diagnosis of one of the ICD-9 codes listed in the attachment</li> </ol> </li> <li>▪ If this is a replacement brace, specify why a replacement orthotic is needed. Acceptable reasons are:           <ol style="list-style-type: none"> <li>1. Change in condition</li> <li>2. Irreparable damage that occurred from a single event</li> <li>3. Lost or stolen (must contain note that the orthotic was searched for)</li> </ol> </li> </ul> <p>Also documentation must show that the need still exists for the device being ordered. Must be in the medical necessity documents as well as the Telephone Order.</p> <p><b>Note: Normal wear and tear is not a valid reason for a replacement.</b></p>
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**Sample of Essential Documentation to Support Orthotic Order:**

*#1: By (physical or manual exam, my findings were...) the patient presents with right knee pain and varus deformity with lateral/medial joint laxity source of instability of the knee joint due to osteoarthritis causing reduced walking ability starting approximately 2 months ago. Patient has 3+/5 right quad strength and observation of right knee giving way as the patient goes up steps. Patient requires OA Knee orthotic to realign tibiofemoral joint thereby decreasing pain allowing him to ambulate community distances, up to 1000 feet. Patient currently unable to walk more than 50 feet due to pain. Wearing schedule to be established and patient instructed in donning and doffing orthotic.*

*#2: Patient is complaining of pain in the medial aspect of his right knee during gait and transfers. By (physical or manual exam, my findings were...) he does not demonstrate significant genu varus in weight bearing but does exhibit grade II ligamentous laxity of his lateral collateral ligament. He has 4-/5 right quad strength and a medial compartment OA knee gait. Patient requires knee orthotic to stabilize knee and facilitate normal gait cycle. Wearing schedule to be established and patient instructed in donning and doffing orthotic.*

**NOTE:** *This is sample documentation only. Please make sure the actual documentation is specific to the patient's condition, diagnosis and treatment plan.*

For additional information please contact us at (800) 652-1136