

Patient Name: _____ DOB ____/____/____

Address: _____ Phone: _____

City: _____ State: _____ Zip : _____



CHECK ALL BOXES THAT APPLY

DDS 500 (HCPCS L0631) **DDS DOUBLE (HCPCS L0637)**

Length of Need _____

Male: _____ Female: _____ / Height: _____ feet _____ inches / Weight: _____ lbs / Torso Measurement (at the naval): _____ inches

8" Extension Piece: Yes No (DDS 500 only) 6" Extension Air Hose: Yes No

DDS DOUBLE CODES

- 738.5 Other acquired deformity of back or spine
- 741.00 Spina bifida; with hydrocephalus
- 742.51 Congenital anomalies of spinal cord; diastematomyelia
- 754.2 Congenital musculoskeletal deformities; of spine congenital postural: lordosis, scoliosis
- 806.9 Fracture of vertebral column w/ spinal cord injury
- 806.9 Fracture of vertebral column with spinal cord injury
- 722.8 Postlaminectomy syndrome
- 846 Sprains and strains of sacroiliac region
- 952 Spinal cord injury w/o evidence of spinal bone injury
- V54.17 After care for healing traumatic fracture of vertebrae
- V54.27 After care for healing pathologic fracture of vertebrae

DDS 500 CODES

- 722.83 Intervertebral disc disorder (lumbar region)
- 847.2 Lumbar strain/sprain
- 756.11 Spondylolysis, lumbosacral region
- 722.52 Degenerative lumbar/lumbosacral intervertebral disc
- 782 Paresthesia

Either DDS 500 or DDS Double

- 721.9 Spondylosis
- 722.73 Intervertebral disc disorder w/ myelopathy
- 724.6 Disorders of sacrum /spinal instability
- 728.85 Myospasm
- 756.1 Anomalies of spine
- 756.12 Spondylolisthesis
- 724.0 Spinal stenosis, other than cervical
- 722.5 Degeneration of thoracic/lumbar intervertebral disc
- 756.15 Fusion of spine (vertebra), congenital
- 724.3 Sciatica (Neuralgia/neuritis of sciatic nerve)
- 724.2 Lumbago (low back pain/syndrome, Lumbalgia)
- 724.8 Facet syndrome
- 839.20 Dislocation; lumbar vertebra
- 756.13 Absence of vertebra, congenital

DDS 500 or DDS Double Size Chart

Check One	Size	Torso Measurement
<input type="checkbox"/>	S	26~28 inch
<input type="checkbox"/>	M	29~32 inch
<input type="checkbox"/>	L	33~35 inch
<input type="checkbox"/>	XL	36~38 inch
<input type="checkbox"/>	2XL	39~41 inch
<input type="checkbox"/>	3XL	42~44 inch
<input type="checkbox"/>	4XL	45~48 inch
<input type="checkbox"/>	5XL	48~51 inch

One of the following criteria has to be met. Please check the appropriate box

- To reduce pain by restricting mobility of the trunk
- To facilitate healing following surgery on spine/related soft tissue
- To otherwise support weak spinal muscles and / or a deformed spine.
- To facilitate healing following injury to spine/related soft tissue

CHECK ALL BOXES THAT APPLY

DDS MAX (HCPCS E0855)

Length of Need _____

- 721.0 Cervical spondylosis without myelopathy
- 721.1 Cervical spondylosis with myelopathy
- 722 Intervertebral disc disorders
- 722.0 Displacement of cervical intervertebral disc without myelopathy,
- 722.4 Degeneration of cervical intervertebral disc, degeneration of cervicothoracic intervertebral disc
- 722.71 Intervertebral disc disorder w/ myelopathy cervical region
- 723.0 Spinal stenosis of cervical region
- 723.1 Cervicalgia
- 723.2 Cervicocranial syndrome
- 723.3 Cervicobrachial syndrome (diffuse)

- 723.4 Brachia neuritis or radiculitis NOS cervical radiculitis, radicular syndrome of upper limbs
- 723.5 Torticollis, unspecified contracture of neck
- 723.6 Panniculitis specified as affecting neck
- 723.7 Ossification of posterior longitudinal ligament in cervical region
- 723.8 Other syndromes affecting cervical region cervical syndrome NEC Klippel's disease occipital neuralgia
- 723.9 Unspecified musculoskeletal disorders and symptoms referable to neck cervical (region) disorder NOS
- 728.9 Unspecified disorder of muscle, ligament & fascia

DDS MAX - ONE SIZE FITS ALL

One of the following criteria has to be met. Please check the appropriate box

- The patient has a diagnosis of temporomandibular joint (TMJ) dysfunction and has received treatment for the TMJ condition; or
- The patient has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized; or
- The treating physician orders and/or documents the medical necessity for greater than 20 pounds of cervical traction in the home setting

Physician Signature: _____ Date: _____

Physician Name Printed: _____

NPI _____ / UPIN _____