



Written orders and documentation requirements for insurance coverage

Disc Disease Solutions (DDS) 500 Back Brace

- Patient demographic information
- Patient insurance information
- Prescription includes:
 - Diagnosis code
 - Length of need
 - Start date
 - Provider signature/date/NPI #
- **For insurance to help pay for the DDS brace Handi Medical Supply must also have the chart notes from the clinical record specifically ordering DDS 500 and location of pain to submit to the payer.**

Fax orders:

Handi Medical Supply, St. Paul: 651-244-0602 or 866-388-5430

Handi Medical Supply, Mankato: 507-779-7560

Handi Medical Supply, Coon Rapids 651-789-5858

Patient Name: _____ DOB ____/____/____

Address: _____ Phone: _____

City: _____ State: _____ Zip : _____

Torso Measurement (at the naval): _____ inches 8" Extension Piece: ☐ YES ☐ No

DDS 500



DDS DOUBLE



Fax to:

St. Paul - (651) 644-0602
 Coon Rapids - (651) 789-5858
 Mankato - (507) 779-7560

 DDS 500 - HCPCS ☐ L0631/L0648 DDS Double - HCPCS ☐ L0637/L0650 Substitutions ☒ NO ☐ YES Length of Need _____

- ☐ M54.50 Low Back Pain
☐ M54.30 Sciatica, unspecified side
☐ M54.16 Radiculopathy, lumbar region
☐ M54.17 Radiculopathy, lumbosacral region
☐ S32.000D - S32.059D Lumbar Fracture of vertebrae (further definition required below)
☐ M84.40XD Pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
☐ S38.1XXA Crushing injury of abdomen, lower back, and pelvis, initial encounter
☐ M51.36 Other intervertebral disc degeneration, lumbar region
☐ M51.37 Other intervertebral disc degeneration, lumbosacral region
☐ M99.83 Other biomechanical lesions of lumbar region
☐ M99.84 Other biomechanical lesions of sacral region
☐ Q06.2 Diastematomyelia (spinal cord anomaly)
☐ M51.26 Other intervertebral disc displacement, lumbar region
☐ M51.27 Other intervertebral disc displacement, lumbosacral region
☐ M51.06 Intervertebral disc disorders with myelopathy, lumbar region
☐ M51.07 Intervertebral disc disorders with myelopathy, lumbosacral region
☐ M54.08 Panniculitis affecting regions of neck and back, sacral and sacrococcygeal region
☐ M48.50XA Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture
☐ M40.40 Postural lordosis, site unspecified
☐ Q67.5 Congenital deformity of spine
☐ Q76.425 - Q76.428 Congenital lordosis (further definition required below)
☐ M96.4 Postsurgical lordosis
☐ M62.40 Contracture of muscle, unspecified site
☐ M62.838 Other muscle spasm
☐ M89.70 Major osseous defect, unspecified site
☐ Z87.311 Personal history of (healed) other pathological fracture
☐ M96.1 Postlaminectomy syndrome, not elsewhere classified
☐ M41.20 Other idiopathic scoliosis, site unspecified
☐ M96.5 Postradiation scoliosis
☐ S34.109A Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
☐ S34.3XXA Injury of cauda equina, initial encounter
☐ M48.06 Spinal Stenosis, lumbar region
☐ M43.00 Spondylolysis, site unspecified
☐ M43.10 Spondylolisthesis, site unspecified
☐ Q76.2 Congenital spondylolisthesis
☐ M47.817 Spondylosis without myelopathy or radiculopathy, lumbosacral region
☐ M47.819 Spondylosis, without myelopathy or radiculopathy, site unspecified
☐ M47.16 Other spondylosis with myelopathy, lumbar region
☐ Y83.1 Surgical operation with implant of artificial internal device as the cause of abnormal reaction of hte patient, or of later complication, without mention of misadventure at the time of the procedure
☐ Other _____
☐ Other _____
☐ Further Definition _____
☐ Further Definition _____

- ☐ M54.6 Pain in the thoracic spine
☐ M54.14 Radiculopathy, thoracic region
☐ M54.15 Radiculopathy, thoracolumbar region
☐ M54.16 Radiculopathy, lumbar region
☐ M54.17 Radiculopathy, lumbosacral region
☐ M54.9 Dorsalgia, unspecified
☐ S22.070D - S22.089D Thoracic fracture (further definition required below)
☐ M51.34 Other intervertebral disc degeneration, thoracic region
☐ M51.35 Other intervertebral disc degeneration, thoracolumbar region
☐ M51.24 Other intervertebral disc displacement, thoracic region
☐ M51.25 Other intervertebral disc displacement, thoracolumbar region
☐ M51.04 Intervertebral disc disorders with myelopathy, thoracic region
☐ M51.05 Intervertebral disc disorders with myelopathy, thoracolumbar region
☐ M40.00 Postural kyphosis, site unspecified
☐ M40.209 Unspecified kyphosis, site unspecified
☐ M96.2 Postradiation kyphosis
☐ M96.3 Postlaminectomy kyphosis
☐ M40.299 Other kyphosis, site unspecified
☐ S22.009S Unspecified fracture of unspecified thoracic vertebra, sequela
☐ S22.9XXS Fracture of bony thorax, part unspecified, sequela
☐ S33.9XXS Sprain of unspecified parts of lumbar spine and pelvis, sequela
☐ M89.70 Major osseous defect, unspecified site
☐ Z87.311 Personal history of (healed) other pathological fracture
☐ M81.0 Age-related osteoporosis without current pathological fracture
☐ M96.1 Postlaminectomy syndrome, not elsewhere classified
☐ Q67.5 Congenital deformity of spine
☐ Q76.425 Congenital lordosis, thoracolumbar region
☐ Q76.426 Congenital lordosis, lumbar region
☐ Q76.427 Congenital lordosis, lumbosacral region
☐ Q76.428 Congenital lordosis, sacral and sacrococcygeal region
☐ S24.104A Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
☐ M48.04 Spinal Stenosis, thoracic
☐ M47.814 Spondylosis without myelopathy or radiculopathy, thoracic region
☐ M47.14 Other spondylosis with myelopathy, thoracic region
☐ M48.30 Traumatic spondylopathy, site unspecified

☐ Other _____
☐ Other _____

☐ Further Definition _____

☐ Further Definition _____

DDS 500 & DDS Double Sizing Chart		
DDS 500 Brace Size	DDS Double Brace Size	*Torso Measurement
S	S	26 — 28 Inch
M	M	29 — 32 Inch
L	L	33 — 35 Inch
XL	XL	36 — 38 Inch
2XL	2XL	39 — 41 Inch
3XL	3XL	42 — 44 Inch
4XL	4XL	45 — 48 Inch
5XL	5XL	49 — 51 Inch
6XL	n/a	52 — 55 Inch
7XL	n/a	56 — 59 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

(Criteria must also be transcribed onto patient's chart notes)

Physician Signature: _____ Date: _____

Physician Name Printed: _____ NPI _____

Address: _____ Phone: _____ Fax: _____