

Patient Splint Form

				For inquiries or status of pending requests, call:			Please fax request to:		
					1 (888) 550-8800 x1			Fax: 1 (855) 410-0121	
Facility / Group Name						TIN Number	•		
Facility / Group Address (where services will be rendered)						Facility / Group NPI			
City						State	Zip		
Contact Person		Phone	Phone			Fax			
Treating Therapist Name (rendering)						Treating Therapist NPI			
Referring Provider Name						Referring Provider NPI			
Patient Last	Name	Patient First Name				Patient ID			
Current Payment Control/Authorization Number						Patient Date of Birth (mm/dd/yyyy)			
Line of Business			☐ Medicaid	☐ Medicaid Healthy Kids					
Primary Diagnosis Description									
□ ICD-10	ICD Code 1	ICD Code 2		ICD Cod	le 3		ICD C	ode 4	
Does splint include fingers?			☐ Yes ☐ No						
Does splint include hand but not wrist?					[⊒ Yes □	No		
Does splint include wrist but not forearm?				[⊒ Yes □	No			
Does splint i	nclude forearm but not elbow?	☐ Single Surface	Surface Clamshell		[] Yes □ No			
Does splint include elbow?		☐ Single Surface	ingle Surface ☐ Clamshell		□ Yes □ No		No		
Does splint have dynamic components?									
IF YES, PLEASE LIST:									

Note: Wrist Cock Up splints are generally not custom splints.

Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.