



Aspen Peak Scoliosis Brace

To Qualify:

Ordered to:

- A) to support weak spinal muscles and/or a deformed spine; or

Diagnosis Codes:

- Scoliosis diagnosis code

To Order, fax the following info to (314) 832-1430

1) Script:

2) Chart notes to back script:

Under **Treatment Plan** please dictate one of the following:

- A) *“Ordering an Aspen Peak Scoliosis brace to support weak spinal muscles and/or a deformed spine due to (Dx:_____).”*

Also include:

- MRI, x-ray, etc. to show spine diagnoses
- Other related chart notes if applicable

3) Face Sheet including demographics & insurance