

Order for Pneumatic Sequential Compression Device

Please Include with Order:

Send orders to Specialized Medical Solutions, fax 210-257-8474

- FAX COVER SHEET – name of contact person/ phone / fax number / email
- PATIENT DEMOGRAPHICS- including insurance information
- INITIAL EVALUATION and RE-EVALUATION or PROGRESS NOTE
- SIGNED PRESCRIPTION

Patient Name: _____ DOB: _____

Length of Necessity: _____ # of months (0-99, or lifetime)

Treatment Time: Default (1 hour) Other (10 min-120 min) _____

Distal Pressure: Default (50 mmHg) Other (20-80 mmHg) _____

Step Value: Default (3 mmHg) Other (1-60 mmHg) _____

Diagnosis: ICD-10 Codes- check all that apply

- Q82.0 PRIMARY LYMPHEDEMA
 - I89.0 SECONDARY LYMPHEDEMA
 - VENOUS-INSUFFICIENCY causing "Secondary Lymphedema"
 - TUMOR(S) Obstructing lymphatic flow
 - SCARRING of the lymph channels due to Cellulitis and/or Lymphangitis
 - CANCER (Surgery and/or Radiation)
 - OTHER _____
 - I97.2 POST MASTECTOMY LYMPHEDEMA SYNDROME
 - I87.2 CHRONIC VENOUS INSUFFICIENCY
 - VARICOSE VEIN WITH ULCER
 - VENOUS HYPERTENSION WITH ULCER
- Other ICD-10: _____

ITEM(S) FOR ORDER

- E0651 Pneumatic sequential compression device for vascular and lymphatic conditions
- ARM WHOLE LEG LOWER LEG (Below knee)
- LEFT RIGHT BILATERAL

MEASUREMENTS

	LEFT	RIGHT
LENGTH		
CIRCUMFERENCE G		
CIRCUMFERENCE C		
CIRCUMFERENCE B		

Physician Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

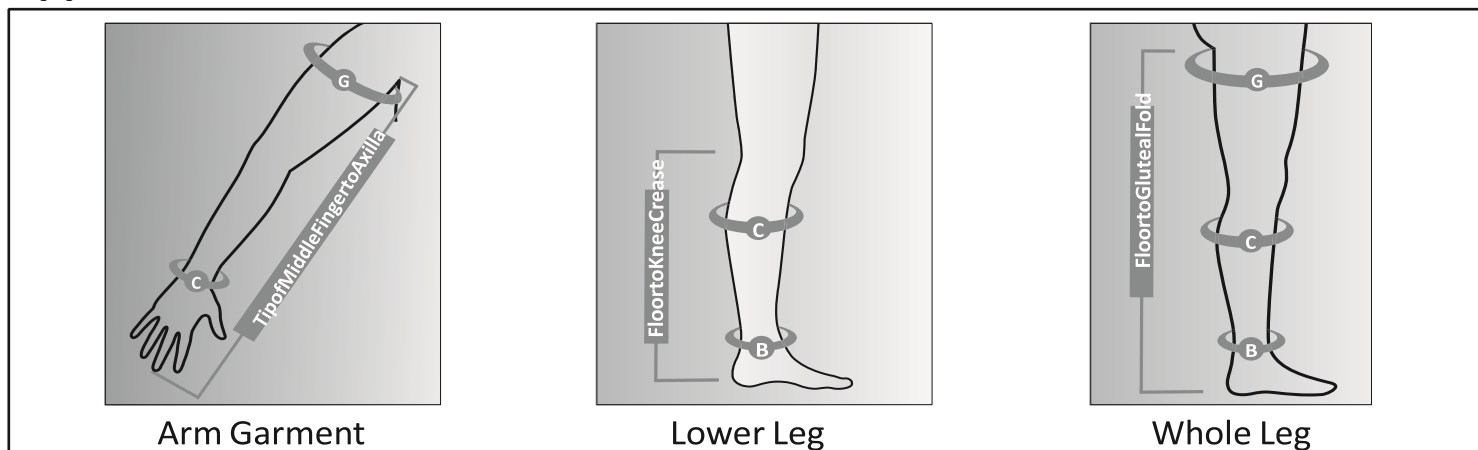
Physician Signature: _____ NPI: _____ Date: _____



Specialized Medical Solutions™

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Appliance Measurement Guide



Required Documentation Checklist

If Lymphedema DX, please include:

- Diagnosis of Lymphedema
(with cause and date of onset documented)
- Symptoms and Objective Findings
 - Initial documented limb circumferential measurements.
 - Limb circumferential measurements demonstrating persistence of lymphedema during and/or following conservative therapy
 - Lymphedema characteristics such as Fibrosis, Positive Stemmer's sign, skin changes due to persistent swelling (i.e., Hyperkeratosis or Papilloma)
- Records showing 4 WEEKS of conservative therapy and presence of lymphedema after the 4-weeks.
Conservative therapy must include the following:
 - Appropriate compression via bandaging, multilayer wraps, or compression garment
 - Elevation & Exercise
- Records must be dated no more than 1 month before date of service.

If CVI with ulcer DX, please include:

- Diagnosis of CVI with Venous Leg Ulcer
- Documentation showing at least 6 MONTHS of treatment for wound care by a physician, and the patient must have one or more venous leg ulcers at the time of service.
- Treatment and records must include the following:
 - Appropriate compression via bandaging, multilayer wraps, or compression garment
 - Elevation & Exercise



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