

PRESCRIPTION AND CERTIFICATION OF MEDICAL NECESSITY ORDER

Patient Name: _____ Rep : _____ Doctor Name: _____
Surgery / Procedure: _____ Surgery Date: _____ NPI #: _____
DOB : _____ Patient Diagnosis: _____

ICDx 10 Code #: _____

☐ Home Intermittent Limb Compression Device (E0676 / E0651) ☐ ManaFlexx TENS / NMES Device (E0745)
☐ Other _____ ☐ Other _____

Caprini Risk Factor Scoring - Please check each relevant Risk Factor Score for this patient

EACH RISK FACTOR = 1 POINT

- ☐ Age 40 – 60 Years
- ☐ Obesity (BMI > 25)
- ☐ Use of Tobacco / Smoker
- ☐ Anesthesia Time < 1 Hour
- ☐ Leg Swelling, Ulcers, Varicose Veins
- ☐ Pregnancy or Postpartum < 1 Month
- ☐ Estrogen Therapy / Birth Control Pill / HRT
- ☐ Nephrotic Syndrome (> 4GM Proteinuria/Day)
- ☐ Insufflation of Abdomen During Laparoscopic Surgery
- ☐ Acute Infection other than Sepsis
- ☐ Inflammatory Bowel Disease
- ☐ Use of Central Venous Catheter
- ☐ Use of Tourniquet
- ☐ Dehydration
- ☐ Leg Plaster cast or brace
- ☐ Minor Surgery
- ☐ Patient on Current Bed Rest

EACH RISK FACTOR = 2 POINTS

- ☐ Age 61 – 69 Years
- ☐ BMI > 40
- ☐ Immobility Ambulate <100ft 3 times per day
- ☐ Major Surgery > 60 Minutes
- ☐ Anesthesia Time > 30 Minutes
- ☐ Acute Respiratory Failure / Severe COPD
- ☐ Arthroscopic Surgery > 60 minutes
- ☐ Laparoscopic Surgery > 60 Minutes
- ☐ Anticipated Bed Confinement / Immobilization > 24Hrs

EACH RISK FACTOR = 5 POINTS

- ☐ Stroke with Paralysis
- ☐ Major Trauma or Spinal Cord Injury
- ☐ Hip, Pelvis, or Leg Fracture
- ☐ Knee or Hip Arthroplasty
- ☐ Major Surgery > 3 Hours

OTHER RISK FACTORS = 1 POINT

☐ _____

EACH RISK FACTOR = 3 POINTS

- ☐ Age 70 +Years
- ☐ BMI > 50
- ☐ Malignancy and / or Chemotherapy
- ☐ Sepsis
- ☐ Congestive Heart Failure or Myocardial Infarction
- ☐ Hypercoagulable Syndrome
- ☐ Family or Personal History VTE

HIGH RISK
= 3 + Points

☐

TOTAL RISK POINTS _____

- ☐ Low Risk 1 Pont or Less
- ☐ Medium Risk 2 Points
- ☐ High Risk 3 – 4 Points
- ☐ Very High Risk 5 + Points

I have assessed this patient’s risk of DVT based on the type of surgery, the patient’s medical history and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical thromboprophylaxis by pneumatic device and segmental gradient pressure pneumatic appliances. I am prescribing this device to maximize the outcome of surgery and minimize the likelihood of these serious complications following major orthopedic/neurological surgery.

- Enhancement of blood circulation and DVT management following surgery
- Reduce swelling and pain
- Fewer transfusions of allogenic blood
- The patient will continue routine postoperative follow-up with me for clinical evaluation
- The patient will use the device as instructed, daily at home, for 3-months or until adequately mobilizing and risk of DVT/PE is minimized
- Pharmacological agents for DVT/PE prevention are contraindicated following major orthopedic/neurological surgery for this patient

This mechanical device is indicated and medical necessary for home use for the above reasons.

Doctor’s Signature : _____ (Credentials) **Date :** _____

Doctor’s Name : _____ **NPI #:** _____ **Email:** _____

I hereby authorize the release of patient health information from my office to REM Medical and their billers below for the purposes of filing claims with patient's insurance company. This information will be shared for the time it takes to file and/or appeal my claim. I understand that I have the right to revoke this authorization, in writing anytime, except where uses or disclosures have already been made based on my original permission.