

IMS Experts
Physician Detail Written Order and
Letter of Medical Necessity (LMN)
INTERMITTENT LIMB COMPRESSION DEVICE (DVT)

PATIENT NAME:		ICD-10 / DX:	
DOB:		HCPC CODE:	
PHYSICIAN:		NPI:	
PHYSICIAN PH #:		MED LICENSE:	

These prescribed durable medical equipment product(s) are for treatment of the referenced patient. It is both reasonable and medically necessary to effectuate a maximum and expedient recovery.

INTERMITTENT LIMB COMPRESSION DEVICE INDICATIONS FOR PRESCRIBED PT:

All of the following must apply:

- ☐ Patient is being prescribed the E0676 DVT home program to provide compression for patients that need home prophylaxis.
- ☐ To stimulate circulation and reduce the chances of deep venous thromboses for members who are unable to walk or bedridden due to trauma, orthopedic surgery, neurosurgery or other circumstances preventing ambulation.
- ☐ For the treatment of chronic venous insufficiency of the legs of members who have venous stasis ulcers that have failed to heal after a 6-month trial of conservative therapy directed by the treating physician.

Risk Factors as to why this is being prescribed: (One or more must apply)

- ☐ Congestive Heart Failure ☐ Cancer ☐ Respiratory Failure ☐ Infectious Disease ☐ Age > 60
- ☐ Overweight/Obesity ☐ Smoking Prior ☐ Family history of DVT ☐ Pregnancy ☐ Oral contraceptives or hormone replacement therapy

Type of Brace/Manufacturer issued to patient: _____ Qty: _____

Date of Order: _____ Patient Start Date: _____

Length of Need: (**check one**) ☐ 99 months/lifetime ☐ Rental ☐ Other Duration _____

X _____ Date _____

Physician Signature (NO STAMP)

This information will become part of the dictation and permanent clinical record of the above patient.