

# LYMPHEDEMA THERAPY ORDER FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DATE: \_\_\_\_\_

Date of Face to Face Visit: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ***Bio Compression Systems- Model SC-2004-OC Sequential Circulator***

Supply Item: E0651

### **Lower Extremity**

Knee High \_\_\_\_\_ Thigh High \_\_\_\_\_

Unilateral \_\_\_\_\_ Bilateral \_\_\_\_\_

### **Upper Extremity**

Arm \_\_\_\_\_ Arm & Shoulder \_\_\_\_\_

Unilateral \_\_\_\_\_ Bilateral \_\_\_\_\_

### **Additional Notes**

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Atlantic Medical Supply  
1601 Tilton Road Suite 3, Northfield NJ 08225  
Phone: 609-748-2434  
Fax: 609-748-3015  
Atlanticmed7@msn.com



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## MEDICARE COVERAGE CRITERIA FOR CHRONIC VENOUS ULCERS PNEUMATIC COMPRESSION DEVICE E0651

### How to initiate a Medicare order:

Fax a copy of the patient's medical record face sheet to 609-748-2434. Once we have verified Medicare is the patient's primary insurance, a person from our company will contact you to discuss which pneumatic compression device is appropriate for the patient based upon Medicare's Coverage criteria outlined below, and will then work with to complete the necessary forms and documentation.

**Patient's medical records must include the following to meet criteria for either an E0651 or E0652 device:**

1. Documented diagnosis of chronic venous insufficiency with nonhealing venous ulcers
  - ✓ *Documentation must include 6 months continuous treatment of a nonhealing venous stasis ulcer*
2. Objective findings that establish the severity of the condition  
Medical records must include:
  - ✓ *Location of venous stasis ulcer(s)*
  - ✓ *How long each ulcer has been present*
  - ✓ *Ulcer(s) measurements*
  - ✓ *Other findings that demonstrate severity including levels of edema and exudate*
3. Record of conservative therapies used for at least the previous 6 months  
Use of all conservative therapies must be documented for a minimum of 6 months, including:
  - ✓ Compression bandage system or compression garment
  - ✓ Appropriate wound dressing
  - ✓ Exercise
  - ✓ Elevation
4. Physician Oversight  
Evidence in medical record or regular physician visits for treatment of venous ulcer(s) during last 6 months
5. Significant symptoms remain following conservative therapies  
Medical Record shows ulcer(s) remain nonhealing despite 6 months continuous treatment with conservative therapies

**Medicare denies coverage when all questions on the Certificate of Medical Necessity (CMN) are answered "no".  
Tactile Medical offers self-pay options for patients that do not meet Medicare criteria**

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