RANGE OF MOTION ATLANTA, GEORGIA

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5052 Clark Howell Hwy.
Atlanta, GA 30349

PLEASE COMPLETE ALL ITEMS IN YELLOW

DVT Prevention - Letter of Medical Necessity / Assignment of Benefits

Items Provided to Patient by Range of Motion: Intermittent Pneumatic Compression System and SCDs

Please Apply
Patient Sticker
in This Box.

Total Risk Factor Score	Risk Level
0-1	Low
2	Moderate
3-4	High
5 or more	Highest

AORN Guidelines for the Prevention of DVT

1 Point Risk Factors

- ❑ Age 41-60 years
- ❑ Minor Surgery planned
- ❑ History of prior Major Surgery
- ❑ Varicose Veins
- ❑ History of inflammatory bowel disease
- ❑ Swollen legs (current)
- ❑ Obesity (BMI > 30)
- ❑ Acute Myocardial Infarction (< 1 month)
- ❑ Congestive Heart Failure (< 1 month)
- ❑ Sepsis (< 1 month)
- ❑ Serious lung disease, including Pneumonia (< 1 month)
- ❑ Abnormal Pulmonary Function (COPD)
- ❑ Medical patient currently at bed rest
- ❑ Leg Plaster Cast or Brace

2 Point Risk Factors

- ❑ Age 61-74 years
- ❑ Major Surgery (> 60 minutes)
- ❑ Arthroscopic Surgery (> 60 minutes)
- ❑ Laparoscopic Surgery (> 60 minutes)
- ❑ Previous Malignancy
- ❑ Central Venous Access
- ❑ Morbid Obesity (BMI > 40)

3 Point Risk Factors

- ❑ Age 75 years and over
- ❑ Major Surgery lasting 2-3 hours
- ❑ BMI > 50 (Venous Stasis Syndrome)
- ❑ History of SVT, DVT/PE
- ❑ Family History of DVT/PE
- ❑ Present Cancer or Chemotherapy
- ❑ Positive Factor V Leiden
- ❑ Positive Prothrombin 20210A
- ❑ Elevated Serum Homocysteine
- ❑ Positive Lupus Anticoagulant
- ❑ Elevated Anticardiolipin Antibodies
- ❑ Heparin-induced Thrombocytopenia (HIT)
- ❑ Other Thrombophilia

5 Point Risk Factors

- ❑ Elective Major Lower Extremity Arthroplasty
- ❑ Hip, Pelvis or Fracture (< 1 month)
- ❑ Stroke (< 1 month)
- ❑ Multiple Trauma
- ❑ Acute Spinal Cord Injury (Paralysis) < 1 month
- ❑ Major Surgery lasting over 3 hours

For Women Only - 1 Point Risk Factors

- ❑ Oral Contraceptive or Hormone Replacement Therapy
- ❑ Pregnancy or Postpartum (< 1 month)
- ❑ History of unexplained stillborn infant, recurrent spontaneous abortion (=3), premature birth with toxemia or growth-restricted infant

TOTAL RISK FACTOR SCORE: ____

1.) Assignment of Benefits (AOB) and Authorization to Release Information:

I understand that signing this form authorizes Range of Motion. to submit claims directly on my behalf to my insurance carrier(s) or other health or medical plans. I also understand that signing this form assigns to Range of Motion. my right to payment of any and all healthcare or medical benefits for the items described above. This means Range of Motion. will receive direct payment for these items. I understand that signing this form authorizes Range of Motion. to acquire from the surgery center, and to release to my insurance carrier(s) and any other of my health or medical plans, any information necessary to process this or a related medical claim. I agree Range of Motion may contact me for any additional information necessary to process this claim. I understand that after my surgery I will receive an Explanation of Benefits (EOB) document from my health insurance company which explains how the insurance company processed a claim for products / services rendered by Range of Motion. Further, I understand that the EOB is not a bill or invoice. I agree should I have questions regarding the applicable EOB that I am to call Range of Motion. and not the surgery center for information.

X _____ _____

Signature of Patient / Responsible Patient Representative | Date

2.) Letter of Medical Necessity (LMN) / Physician Order:

Mark all applicable Diagnoses:

- ❑ Venous Insufficiency
- ❑ Status Ulcers
- ❑ Venous Stasis
- ❑ Total Joint Surgery
- ❑ Varicose Veins
- ❑ Lymphedema

Please Write ICD-9
Diagnosis Code(s) here:

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery. Prevention of Deep Vein Thrombosis is more effective than treatment and is an important aspect of patient care before, during and after surgery. I have assessed this patient's risk of developing DVT due to age, type of surgery, patient and family medical history, and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical thromboprophylaxis by a pneumatic compression system is medically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of this patient. This patient is at a risk of bleeding as well as requested to be reasonably non-ambulatory for the extent of the use of the mechanical prophylaxis.

X _____ _____ _____

Physician Signature *(OR ATTACH COPY OF SIGNED PHYSICIAN ORDER. Please do not stamp)* | Printed Name of Physician | Date

3.) Please attach **Patient Demographic Sheet** to this original form for submittal to Range of Motion

4.) Order for Take-Home IPC System / Cold Therapy

1.) A Take-Home IPC System is to be used by the patient per physician order.

2.) Please confirm and enter the Serial Number of the Take-Home IPC System that is sent home with the patient at discharge in the serial number box to the right. →

3.) **IMPORTANT:** Please **FAX** this original form and the Patient Demographic Sheet to Range of Motion before patient discharge. (The original form and Patient Demographic Sheet can then be included with the routine forms submittal to Range of Motion)

❑ **Yes, patient requires Take-Home System** _____ Please Initial

❑ **Yes, patient requires Cold Therapy** _____ Please Initial

Take-Home System Serial Number:

Rights, Responsibilities, Rental & Sales Agreement

Company when used in the agreement, refers to Range of Motion Patient refers to the person receiving medical equipment & supplies. TITLE to the rental equipment & all parts shall remain with the Company, unless equipment is purchased & paid in full. Patient must promptly notify Company of rental equipment malfunctions or defects & allow Company representatives to enter their premises to perform REPAIR & SERVICE. Patient agrees that said equipment will be used solely by Patient and no other persons without the written consent of Company. Company shall not insure or be responsible to patient or caregiver for any PERSONAL INJURY OR PROPERTY DAMAGE related to any equipment, including that caused by use or improper functioning of equipment, the act or omission of any third party, or by any criminal act or activity, fire or act of God. Company may impose a monthly service charge of 1 % of the unpaid balance. Sales RETURNS may be accepted in unopened packages &/or saleable condition with in three (3) days from date of original invoice with proof of purchase. Due to health department regulations, no merchandise may be accepted for return if worn next to the skin, food product, used for sanitary or hygienic purposes or if it is disposable (electrodes, wipes, creams, batteries, etc.). Special order items will require a deposit & are non-returnable. Company maintains 24-hour availability by telephone, pager or answering service. Patient is responsible for monitoring supply levels. If a life- threatening MEDICAL EMERGENCY arises the patient or caregiver should contact their local emergency services number for assistance. Patient will be communicated with in a way they can understand. Those wishing to express their concerns or comments or review, restrict or revoke consent on their files should contact the Company during regular business hours. Your COMMENTS will be reviewed & appropriate action taken by the Company, in its discretion. Patient retains the right to refuse Company services & assumes responsibility for any consequences relating to REFUSAL of any service ordered delivered to the patient by a healthcare professional. Patient may participate in all decisions regarding service, including admission, plan of service, discharge transfer & referral and will receive experimental treatment only with a voluntary informed consent. Patient personal healthcare information listed on the reverse side will be kept CONFIDENTIAL by Company and only used for healthcare operations, services & payment purposes (A complete copy of this policy is available for review in our office). In the interest of health & safety, Company retains the RIGHT TO REFUSE DELIVERY of service at any time; however, the Company does not discriminate. Patient has a right to respect, dignity, privacy, choice, informed consent, special communication needs, participation in the care planning process, adequate care & services, appropriate assessment and management of pain, description & charges of those services available and payment for them. Patient has the right to be free from mental physical abuse. Patient agrees to NOTIFY Company of any MEDICAL STATUS change such as doctor's prescription, advance directives being in place or changed, acquiring an infection requiring hospitalization or MD visit, change of residence or insurance coverage. Company is privately-owned and any financial benefits of referrals made by the Company will be disclosed to the patient. Company employees and agents always carry identification. Patient & Company agree to go to arbitration if a disagreement arises between the parties. Patients hall hold harmless and indemnify Company, its officers, directors, sales agents, employees, agents, successors and assigns, and any person, firm or corporation now or hereafter acting as agent for the Company in any capacity from and against any and all liabilities, costs, damage expenses, and attorneys' fees of any kind, character or nature, in connection with, or arising out of, resulting from or attributable to, or caused directly or indirectly by: (a) Patient's failure to promptly perform any of its obligations under the provisions of the Lease or Purchase, or (b) injury to person or property resulting from or based upon the actual or alleged use, operation, delivery or transportation of any or all the equipment or its location or condition, or (c) the release of any and all medical information to or by Range of Motion to process any and/or all insurance claims, or (d) inadequacy of the Equipment, or any part thereof, for any purpose or any deficiency or defect therein or the use or maintenance thereof or an y repairs, servicing or adjustments thereto or any delay in providing or failure to provide any thereof or any interruption or loss of service or use thereof.

Patient Health Information-Privacy Notice

Please note that we maintain paper & electronic files that may contain private information about you that may include, but not limited to your name, address, phone number, contact person, height & weight, diagnosis, prognosis, physician(s), prescriptions, plans of service & treatment, vital signs & other clinical impressions, insurance coverage(s), equipment rented & purchased from us, credit card number(s), social security numbers, dates of service, etc. We release, transfer & disclose the above information to third parties to facilitate appropriate provision & review of services & billing for our clients of record. These files are legal documents & are also used for education, evaluating the performance of our organization, marketing & planning purposes. We have measures in place to protect patient health information as required by law. These measures include, but are not limited to, security precautions being in place in our buildings, vehicles, billing software, transactions with government entities, vendors, consultants, surveyors, your family or appointed representative & other appropriate parties, transmission of data to third parties, telephone & wireless communications, maintenance, retention & destruction of data, etc. You have the right to amend, restrict, revoke consent to release, examine or obtain copies of the data that we have in your file & have released to others upon request. If you have questions concerning any of the above, please contact Range of Motion.