

Rx / Letter of Medical Necessity / DVT Risk Assessment¹ Form



Patient Information
 Patient Name: _____ D.O.B: _____
 Date of Surgery: _____ Order Date: _____
Workers Comp Patient ONLY (complete below)
 Employer Name _____ Injury Date: _____

ICD Codes:
 R60.0 Localized Edema
 I87.1 Compression of Vein
 * _____
 * _____
 * _____

Rep Name: _____ Mobile # _____ Fax # _____ Email: _____

<u>Each Risk Factor Represents - 1 Point</u>	<u>Each Risk Factor Represents - 2 Points</u>	<u>Each Risk Factor Represents - 5 Points</u>
Age 40-59 years _____	Age 60-74 years _____	Major Surgery > 3 Hours _____
BMI > 30 _____	BMI > 40 _____	Major Lower Extremity Arthroplasty < 1 month Post partum _____
Minor Surgery < 45 minutes _____	Major Surgery > 45 minutes _____	Asthma / Lung Disorder _____
Prior Major Surgery < 1 month _____	Arthroscopic Surgery > 45 minutes _____	Cardiac Disease _____
Acute Myocardial Infarction < 1 month _____	Laparoscopic Surgery > 45 minutes _____	Hypertension _____
Congestive Heart Failure < 1 month _____	General Anesthesia > 30 minutes _____	Pelvis or Lower Extremity Fracture(s) _____
COPD _____	Central Venous Access _____	History of Stroke _____
Current Plaster / Cast/ Brace on Leg _____	Limited Mobility / Restrictions _____	Venous Insufficiency _____
Current Smoker _____		Anemia _____
Difficulty Walking _____		Cancer / Chemotherapy _____
Hormone Therapy _____		Diabetes _____
Prior Malignancy _____		Multiple Trauma < 1 month _____
Sepsis < 1 month _____		Pregnancy _____
Swollen Legs _____		Spinal Cord Injury _____
Use of Tourniquet _____		
Varicose Veins _____		

<u>Each Risk Factor Represents -3 Points</u>
Age 75 or older _____
BMI > 50 _____
Major Surgery 2-3 Hours _____
Difficulty Controlling Bleeding in SX _____
Extensive Surgical Dissection _____
Revision Surgery _____
History of DVT / SVT / PE _____
Family History of DVT / SVE / PE _____
Prior Major Bleeding _____
Medical Patient at Bed Rest _____

TOTAL RISK FACTOR SCORE _____

VTE Risk For Surgical Patients		
Total Risk Factor	Incidence of DVT	Risk Level
0 - 1	< 10%	Low Risk
2	10% - 20%	Moderate Risk
3 - 4	20% - 40%	High Risk
5 or More	40% - 80%	Highest Risk
	1-5% mortality	

Item Description/Unit(s):

<input type="checkbox"/> PlasmaFlow - Home-use.....E0676	<input type="checkbox"/> Cryo ROM Hip Brace.....L1686	<input type="checkbox"/> Cryo Shoulder Immobilizer.....L3670
<input type="checkbox"/> NICE Recovery Cold Compression.....E1399	<input type="checkbox"/> Cryo ROM Knee Brace.....L1833	<input type="checkbox"/> Cryo Compression Ankle.....L1902
	<input type="checkbox"/> Cryo LSO Back Brace.....L0650	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

¹ Based on: V. Bahl, H. Hu, P. K. Henke, T. W. Wakefield, D. A. Campbell J, Caprini JA. Ann Surg 2009;DOI: 10.1097/SLA.0b013e3181b7fca6; Zakai NA, Wright J, Cushman M. JThromb Haem 2004;2:2156-61; Seruya M, Venturi ML, Iorio ML. J Plastic & Reconstructive Surgery 2008;122:1701-8; Hatef D, Kenkel J, Nguyen M. Plastic & Reconstructive Surgery 2008;122:269-79; McLafferty RB, Lohr JM, Caprini JA, et al. J Vasc Surg 2007;45:142-8; McLafferty RB, Passman MA, Caprini JA, et al. J Vasc Surg 2008;48: 394-9; Nicolaidis AN et al: INT Angiol 2006; 25:101-161.; Arcelus JI, Caprini JA, Traverso CI. Semin Thromb Hemost 1991;17(4):322-5.; Borow M, Goldson HJ. Am J Surg 1981;141(2):245-51.; Caprini JA, Arcelus I, Traverso CI, et al. Semin Thromb Hemost 1991;17(suppl 3):304-12.; Caprini JA, Arcelus JI et al: Scope 2001; 8: 228-240.; Caprini JA, Arcelus JI, ReynaJJ. Seminars in Hematology, April 2001;38(2) Suppl 5:12-19.; Caprini, JA. Dis Mon 2005;51:70-78.; Oger E: Thromb Haem, 2000; 657-660.; Turpie AG, Bauer KA, Eriksson BI, et al. Arch Intern Med 2002; 162(16):1833-40.; Ringley et al: American Surgeon 2002; 68(3): 286-9.; Morris et al. Arch Surg 2002. 137(11):1269-73.; Sugarman HJ et al, Ann Surg: 2001:234 (1) 41-46., Nguyen, NT, Hinojosa, MW, Fayad, C, et al. Ann Surg 2007;246(6):1021-1027 2 Freedman KB, Brookenthal KR, Fitzgerald RH Jr, Williams S, Lonner JH. A meta-analysis of thromboembolic prophylaxis following elective total hip arthroplasty. J Bone Joint Surg Am. 2000 Jul;82-A(7):929-38; 3 Snyder MA, Sympon AN, Scheuerman CM, Gregg JL, Hussain LR. Efficacy in Deep Vein Thrombosis Prevention With Extended Mechanical Compression Device Therapy and Prophylactic Aspirin Following Total Knee Arthroplasty: A Randomized Control Trial. J Arthroplasty. 2017 May;32(5):1478-1482.; 4 McLynn RP, Diaz-Collado PJ, Ottesen TD, Ondeck NT, Cui JJ, Bovonratwet P, Shultz BN, Grauer JN. Risk factors and pharmacologic prophylaxis for venous thromboembolism in elective spine surgery. Spine J. 2018 Jun;18(6):970-978

In my evaluation, this patient assesses to have a risk of developing Deep Venous Thrombosis (DVT) as a result of surgery. Due to that risk, I am prescribing PlasmaFlow prophylaxis for home use following surgery as DVT and/or pulmonary embolism (PE) are serious complications that are frequently encountered in medical and surgical practice. PlasmaFlow is a mechanical compression device applied bilaterally to the lower extremities, used 3 hours qid for this patient following surgery. I feel this is a beneficial and cost effective treatment for my patient, and certify that this product is medically necessary to treat the specific medical condition discussed above. It is essential for the patient to use the mechanical compression at home as indicated for the specific period of time and at the prescribed pressure. The risk of DVT following surgical procedures is significant and the use of pharmacological prophylaxis for prevention of deep vein thrombosis following orthopedic procedures is associated with a significantly increased risk of bleeding complications (2,3). Consequently, chemoprophylaxis can be considered a relative contraindication in these procedures. The use of home mechanical compression devices is a proven alternative which safely decreases the rate of post-surgical DVT (4) and should be approved without delay for this patient.

I am prescribing PlasmaFlow to maximize the outcome of the surgery and minimize the likelihood of complications. I feel this is a beneficial and cost effective treatment for my patient. It is essential for the patient to use PlasmaFlow as indicated for the specific period of time and at the prescribed pressure.

I certify that the above prescribed medical equipment is reasonable for the treatment of this patient's condition.

Physician Print name: _____ NPI# _____
 Physician's Signature : _____ Date _____

Addendum

Physician Name: _____ Physician NPI: _____

Encounter Date: _____

Patient Name: _____ DOB: _____

TREATMENT PLAN ADDENDUM:

Please accept this addendum to the Treatment Plan, dated above, without prejudice.

In preparation for the upcoming surgical procedure, the patient was acquainted with the inherent risks and subsequent recovery from surgery, including but not limited to the length of the procedure under anesthesia, the use of a tourniquet, limited mobility and/or bed rest during recovery, risk of intra-operative and post-operative bleeding and expectations of post-operative edema. A risk assessment for development of a deep vein thrombosis (DVT) during the first 30 days of the post-operative period finds this patient at moderate to high risk, therefore we request PlasmaFlow DVT prophylaxis for home use. PlasmaFlow is applied bilaterally to the lower extremities and should be used 3 hours *qid* and any time the patient is at rest. These are provided with a prescription for low dose aspirin *bid* and in lieu of post-operative pharmacologic prophylaxis.

To note, VTE is a serious complication following major orthopedic surgery. Treatment will focus on optimal prophylaxis to reduce postoperative pulmonary embolism and DVT. (Falck-Ytter Y, Francis CW, Johanson NA, Curley C, Dahl OE, Schulman S, Ortel TL, Pauker SG, Colwell CW Jr. Prevention of VTE in orthopedic surgery patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb;141(2 Suppl):e278S-e325S. doi: 10.1378/chest.11-2404. PMID: 22315265; PMCID: PMC3278063.). Optimal strategies for thromboprophylaxis after major orthopedic surgery include mechanical compression.

The use of home mechanical compression devices is a proven alternative which safely decreases the rate of post-surgical DVT and should be approved without delay for this patient. (MacLellan DG, Fletcher JP. Mechanical compression in the prophylaxis of venous thromboembolism. ANZ J Surg. 2007 Jun;77(6):418-23. doi: 10.1111/j.1445-2197.2007.04085.x. PMID: 17501878.)

Order: Purchase PlasmaFlow IPC Device for home use.

I certify that I am the treating physician identified in this addendum. Any statement hereto has been reviewed and signed by me. I certify that the medical necessity information in this addendum is true, accurate, and complete to the best of my knowledge.

PHYSICIAN'S SIGNATURE: _____ DATE: _____