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**PLEASE COMPLETE ALL ITEMS IN YELLOW**

Medworx/RES, Inc. • 950 East County Line Rd., Suite C • Ridgeland, MS 39157

**Letter of Medical Necessity / Assignment of Benefits**

Items Provided to Patient by Medworx: Intermittent Pneumatic Compression Device and All Accessories

Please Apply  
Patient ID Sticker  
Here.

Please Apply  
SCD or DME Product Package Sticker or  
Take-Home System Bar Code Sticker Here.

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

I understand that signing this form authorizes Medworx and/or billing affiliates (BA) 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 Medworx (BA) my right to payment of any and all healthcare or medical benefits for the items described above. This means Medworx (BA) will receive direct payment for these items. I understand that signing this form authorizes Medworx (BA) 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 Medworx (BA) 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 by Medworx (BA). Further, I understand that the EOB is not a bill or invoice, and I have read and understand the information on the back of this form. I agree should I have questions regarding the applicable EOB that I am to call Medworx (BA) and not the surgery center or physician for information. **If I receive a check from my insurance carrier for this service, the check should be endorsed and forwarded on to Medworx at 950 E. County Line Rd., Suite C, Ridgeland, MS 39157.**

**X**

Signature of Patient / Responsible Patient Representative

Date

**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 > 25)
- 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
- Use of Tourniquet
- General Anesthesia (>30 minutes)
- 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

**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

**Bleeding Risk Factors**

- Surgical Factors: History of or difficult-to-control surgical bleeding during the current operative procedure, extensive surgical dissection, or revision surgery.
- History of Heparin Induced Thrombocytopenia
- Renal Failure
- Concomitant Antiplatelet Agent
- Previous Major Bleeding

**TOTAL RISK FACTOR SCORE:**

Please Write ICD-10 Codes Here: X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**2.) Letter of Medical Necessity / Physician Order**

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery and immobilized patients. Prevention of DVT is more effective than treatment and 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 pneumatic compression device and segmental gradient pressure pneumatic appliances. It is my opinion this is medically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of this patient.

**X**

Physician Signature (OR ATTACH COPY OF SIGNED PHYSICIAN ORDER). Please do not stamp

Printed Name / NPI#

Date

The patient declines the At-Home DVT Prevention System. X \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature