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Patient Information

Name _____

DOB _____

Medical Necessity Information

1. **Diagnosis:** CVI (Chronic Venous Insufficiency) I87.2

Has patient had one or more unhealed ulcers for the past 6 months? (Includes chronic dermal disruptive-type ulceration.) Yes No

2. **Location of edema/ulcers:**

	Edema	Ulcer	Fibrosis	Pain		Edema	Ulcer	Fibrosis	Pain
Right Upper Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Upper Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **What home treatments has patient been performing for the past 6 months?** (Most insurers require a minimum of 6 months.)

	Yes	No		Yes	No	N/A
Compression garments or bandaging	<input type="checkbox"/>	<input type="checkbox"/>	Wound care as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevation	<input type="checkbox"/>	<input type="checkbox"/>	Medications as appropriate <i>(i.e. diuretics and/or other treatment of congestive failure, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	<input type="checkbox"/>				

Comments: _____

Patient has the following barriers to using compression garments:

None Adverse reaction Unable to don/doff Unable to afford Unable to accommodate size

Patient tried and failed* home treatments for at least 6 months? Yes No **Failure defined as significant symptoms remain or no significant improvement.*

4. **Patient tried and failed a basic pump?** *Basic pump defined as uncalibrated segmental pressure pump (E0651)* Yes No

If yes, after trials with the basic pump, the patient was unable to tolerate due to:

Exacerbated symptoms Compromised skin integrity Pain Unable to accommodate size No clinical improvement

Name/Signature of Person Answering Questions (if other than physician)

Name

Signature

Date

Physician Certification and Signature

I certify that this patient is under my care and the above medical necessity information is true and accurate to the best of my knowledge.

Physician Name

Signature

Date

Please refer to this guide when completing the Additional Medical History Form – CVI. The requirements listed below are necessary to obtain coverage by most insurers, including Medicare.

Chronic Venous Insufficiency (CVI)

1. Diagnosis

The patient must have a diagnosis of CVI **AND** one or more venous stasis ulcer(s) which have failed* to heal after a 6-month trial of conservative therapy.

**Failure is defined as significant symptoms remain or no significant improvement.*

2. Location of Edema/Ulcers

One or more ulcer(s) must be documented on one or more part(s) of at least one lower extremity.

Brownish hemosiderin staining and stasis dermatitis are progressive stages of venous insufficiency that are indicative of chronic dermal disruptive-type ulcerations.

3. Home Treatments

Patients must have tried and failed* conservative therapy** for a minimum of 6 months.

**Failure is defined as significant symptoms remain or no significant improvement.*

***Conservative therapies must include the following three elements without exception:*

- 1. compression garments (or compression bandaging),*
- 2. exercise and,*
- 3. elevation*

If appropriate to your patient's condition, the conservative therapies documented should also include any wound dressings and/or medications.

- Exercise includes ambulation and does not have to be a formal exercise program.*

4. Basic pump

Some insurers require a treatment trial with a “basic pump” (an E0651) before they will cover an E0652 device. If your patient has tried and failed* a basic pump, please document that here.

**Failure is defined as significant symptoms remain or no significant improvement.*