

## **R<sub>x</sub>** Physician's Prescription

DATE OF SURGERY: \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT NAME: \_\_\_\_\_

ICD-10 CODE: \_\_\_\_\_

Do NOT SUBSTITUTE (DAW) \_\_\_\_\_

### **PRODUCT: Cold Therapy System including Control Unit and Wrap**

I am prescribing a Cold Therapy System due to my patient's needs and diagnosis. I certify that the cold therapy device is medically indicated and in my opinion is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition.

**INITIAL RENTAL - LENGTH OF NEED:** ☐ 7 Days ☐ 14 Days ☐ 21 Days ☐ 28 Days ☐ Other \_\_\_\_\_

**RENTAL EXTENSION - LENGTH OF NEED:** ☐ 7 Days ☐ 14 Days ☐ 21 Days ☐ 28 Days ☐ Other \_\_\_\_\_

**PRODUCT:** ☐ NICE1 ☐ CryoCuff/Iceman ☐ Polar Care Cube/Wave ☐ Vascutherm

**WRAP:** ☐ Knee ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Ankle ☐ Back ☐ Hip

**SIDE:** ☐ Right ☐ Left ☐ Bilateral

**TREATMENT ON TIME:** ☐ 20 Minutes ☐ 30 Minutes ☐ Other "On" Time: \_\_\_\_\_

**TREATMENT OFF TIME:** ☐ 20 Minutes ☐ 30 Minutes ☐ 40 Minutes ☐ 60 Minutes ☐ Other "Off" Time: \_\_\_\_\_

**TEMPERATURE SETTING:** ☐ 43° ☐ 44° ☐ 45° ☐ 46° ☐ 47° ☐ 48° ☐ 49° ☐ 50° --- ☐ 105° ☐ Contrast (49°/105°, 20min/10min)

**FREQUENCY OF USE:** ☐ Continuous ☐ 3 Times/Day ☐ 5 Times/Day ☐ Other: \_\_\_\_\_

**COMPRESSION:** ☐ Alternating Compression **DVT PROPHYLAXIS:** ☐ Calf ☐ Foot ☐ Bilateral ☐ Right ☐ Left

## **R<sub>x</sub>** Physician's Letter of Medical Necessity

I am writing on behalf of my patient that you approve coverage for a cold therapy system. I consider this device medically necessary, and I am prescribing this device for the purpose of musculoskeletal injury treatment and/or post-operative treatment. The cold therapy system is intended to treat post-surgical and acute injuries to reduce edema, swelling and pain where cold and compression are indicated.

RICE (Rest, Ice, Compression, and Elevation) has long been used to treat acute and chronic injury and assist in rehabilitation following orthopedic surgery. Game Ready combines the two most difficult-to-manage aspects of the RICE regimen (Ice and Compression) by offering adjustable cold and intermittent compression in one easy-to-use system. The anatomically-designed wraps are engineered for all major body parts, and utilize intermittent compression and fluid circulation technology, simultaneously delivering circumferential cold and compression to most major joints.

My post-operative and rehabilitative care plan calls for the use of the cold therapy device to reduce pain and swelling. Failure to control pain not only causes unnecessary suffering, but can delay my patient's recovery. Therefore, need for compliance with the required treatment is high. I certify that the above-described product is medically indicated and in my opinion is reasonable and necessary. Given the safety and effectiveness of this unit, I prescribe and recommend that the patient use this device daily. Without use of this device, there is potential to cause unnecessary delay in the patient's recovery. If you have any questions, please feel free to contact my office.

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

**Physician Printed Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Physician Telephone Number:** \_\_\_\_\_