Face-to-Face Encounter
Medical Record for Lymphedema Diagnosis
Medical Necessity for Programmable Pneumatic Compression Device

Patient Name: _____ DOB: _____

Diagnosis: ☐ **Primary Lymphedema** ☐ **Secondary Lymphedema**

Due to: (Select Drop Down) **Secondary to:** (Select Drop Down)

Stage: ☐ 2 ☐ 3

Patient History and Prognosis:
Patient was diagnosed for the chronic disorder with reported on-set date of _____.

Attempts at elevation and compression have not improved patients' condition and is now at risk of lymphatic disorder progressing to next stage/grade.

Patient advised to reduce salt intake and adhere to a daily regimen of evaluation, compression and lymphatic exercises.

Patients' condition will not improve without further treatment interventions.

Patient presents with history of: ☐ Obesity ☐ Trauma ☐ Breast Cancer (for upper extremity) ☐ Cancer ☐ Venous Insufficiency ☐ Lymphatic Obstruction/Tumor

Conservative treatments attempted and documented over past 4-weeks:
☐ Regular and compliant use of compression bandaging or of a minimum 30mmHg compression garment
☐ Use of compression pump. Clinical Response:
☐ Reduced edema ☐ No response ☐ Increased edema
☐ Regular exercise
☐ Elevation of limb
☐ MLD

***Despite >4 weeks of recommended conservative therapy the patient still shows significant signs of lymphedema as characterized by:**
Symptoms
☐ No measurable decrease in limb girth measurements over past 4-weeks
☐ Stemmer's sign positive ☐ Hyperpigmentation ☐ Elevation does not improve edema
☐ Hyperkerkeratosis ☐ Edema does not resolve overnight ☐ Cellulits ☐ Peau d'Orange
☐ Lymphorrhea ☐ Fibrosis ☐ Lymphostasis ☐ Hyperplasia ☐ Papillomas/blisters
☐ Pain ☐ Skin breakdown/wounds ☐ Pitting
☐ Other/describe:_____

Treatment Plan: Use of medi brio PCS PCD E0651 at distal settings starting at ____ mmHg, with a step value of ____ mmHg, for ___ minutes per day as tolerated, with application of compression garments post treatment to prolong limb girth reductions (when applicable and well-tolerated by patient).

Upper Extremity

Date	_____	
Auxilla	R: _____	L: _____
Bicep	R: _____	L: _____
Elbow	R: _____	L: _____
Wrist	R: _____	L: _____

Lower Extremity

Date	_____	
Upper Thigh	R: _____	L: _____
Knee	R: _____	L: _____
Calf	R: _____	L: _____

Anticipated Outcome: We expect patient's condition to improve with daily use of brio programmable pneumatic compression device as prescribed.

Physician Signature: _____ Date: _____

Printed Name & Title: _____ NPI: _____