PrimeraSalus
Women's Health Division

Submit your completed and signed forms to:
Email: Orders@mypspartners.com
or Fax: (214) 975-7957

PLACE PATIENT INFORMATION STICKER HERE & ATTACH FACILITY DEMOGRAPHIC SHEET

PRIMERACARE BUNDLE RX: PROVIDER ORDER / PRESCRIPTION

Patient Name: _____
Patient Phone #: _____
Patient Address: _____
DOB: _____

Insurance Company: _____
Member ID: _____
Birth Due Date: _____
Patient Email: _____
Delivery Location: ☐ Provider Office ☐ Patient Address

☐ **STANDARD BUNDLE (includes all the following items):**

- ☐ Compression Socks
- ☐ Belly and Lower Back Support Band
- ☐ Rigid LSO, Sagittal Control
- ☐ 3-in-1 Postpartum Compression Belt
- ☐ Portable Breast Pump – (Complete section C)

Select the below option to replace L0648 with L0650.

☐ Rigid LSO, Sagittal-Coronal Lateral Control

By checking the "Standard Bundle" box above, you are selecting all items. (Strike through any bundle item(s) to deselect.)

OPTIONAL BUNDLE ADD-ON ITEMS:
(check all that apply)

- ☐ IPCD Home-use Device
- ☐ TENS Unit – 4 Leads
- ☐ TENS Electrodes, (pair)
- ☐ TENS Lead Wires, (pair)
- ☐ Portable Ultrasound
- ☐ Automatic B/P Monitor
- ☐ Wrist-Hand Brace
- ☐ OTHER: _____

A. PREGNANCY RISK FACTORS: (check each factor that applies to this patient)

Perinatal State

- ☐ Z34.90 Supervision of Normal Pregnancy
- ☐ O09.90 Supervision of High-Risk Pregnancy
- ☐ O82 Scheduled C-Section: _____
- ☐ O80 Full Term Uncomplicated Pregnancy
- ☐ Z39.2 Routine Postpartum Follow Up

Personal History

- ☐ O03.90 Previous Miscarriage
- ☐ O34.219 Previous C-Section
- ☐ Z86.32 Personal History of Gestational Diabetes
- ☐ Z87.59 Previous Childbirth Complications & the Puerperium
- ☐ Z86.79 Personal History of a Circulatory System Disease (Elevated B/P)
- ☐ OTHER: _____
- ☐ OTHER: _____

Comorbidities

- ☐ O24.419 Gestational Diabetes in Pregnancy
- ☐ O99.019 Anemia Complicating Pregnancy
- ☐ O14.10 Mild to Moderate Pre-Eclampsia
- ☐ O14.90 Severe Pre-Eclampsia
- ☐ O99.280 Endocrine, Nutritional, or Metabolic Diseases Complicating Pregnancy

Belly Band, Back Brace, 3-in-1 PP Belt, TENS

- ☐ M40.50 Lordosis, unspecified
- ☐ R10.2 Pelvic and Perineal Pain
- ☐ M54.9 Dorsalgia, unspecified
- ☐ M54.50 Low Back Pain
- ☐ M54.30 Sciatica, unspecified
- ☐ O26.82 Pregnancy-related Peripheral Neuritis
- ☐ I86.3 Vulvar Varicosities
- ☐ G56.00 Carpal Tunnel (Wrist Brace)

IPCDs, Compression Socks

- ☐ I87.1 Compression of Vein
- ☐ R60.0 Localized Edema
- ☐ Z79.30 LTU of Hormonal Contraception
- ☐ I83.819 Varicose Veins in Pregnancy (Lower Extremity w/ Pain)
- ☐ Z86.718 Personal History of VTE
- ☐ Z74.01 Bed Confinement
- ☐ Z74.09 Reduced Mobility
- ☐ O99.210 Obesity Complicating Pregnancy
- ☐ O12.04 Gestational Edema Complicating Childbirth

3-in-1 PP Belt

- ☐ S39.011 Strain of Muscle, Fascia, & Tendon of Abdomen
- ☐ M62.08 Separation of Muscle / Diastasis Recti

B. BLEEDING RISK FACTORS: (check each factor that applies to this patient)

- ☐ Patient cannot use standard pharmacologic treatment to prevent venous thrombosis due to contraindications or is currently using anti-platelet medications (e.g. NSAID, ASA, PLAVIX, TICLID).
- ☐ Surgical Factors: History of difficult-to-control surgical bleeding during the current operative procedure, extensive surgical dissection, or revision surgery.
- ☐ Previous major bleeding
- ☐ Anticoagulants contraindicated due to pregnancy
- ☐ History of heparin induced Thrombocytopenia
- ☐ Renal Failure
- ☐ Heparin Use
- ☐ Personal History of COVID-19 (Z86.16)
- ☐ OTHER: _____

C. BREAST PUMP QUALIFICATION

QUALIFYING EVENT: ☐ Beneficiary at 27 weeks or more of gestation.
☐ A birth event prior to 27 weeks gestation (age of infant in months: _____)

D. STATEMENTS OF MEDICAL NECESSITY

IPCD – Upon evaluation of the patient, it is in my opinion that this patient is at significant risk of blood clots due to a hypercoagulable state. Therefore, this product is appropriate and medically necessary as a means of thromboprophylaxis to avoid DVT during the perinatal period as an alternative to, or in conjunction with, anticoagulant therapy.

TENS – Upon evaluation of patient, a TENS Unit and related supplies for in-home use as an adjunct to conventional perinatal and/or post-operative pain management is being prescribed, it is in my opinion that this product is indicated and medically necessary in accordance with standards of medical practice.

Lumbar-Sacral Orthosis – This device is prescribed as adjunctive therapy during the perinatal period to support the lumbar spine, correct pregnancy-related lordosis, support and uplift the abdomen from pelvic structures, and reduce the level of pain associated with pregnancy forming symptoms within this body region.

Provider's Name (printed): _____
NPI #: _____
Provider's Signature (no stamps): _____
Date: _____

Attach progress notes from visit supporting medical necessity, and patient information sheet.

V5-4.26