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

PLACE PATIENT INFORMATION STICKER HERE
& ATTACH FACILITY DEMOGRAPHIC SHEET

PROVIDER ORDER / PRESCRIPTION

Patient Name: _____

Patient Phone #: _____

DOB: _____

Patient Address: _____

Insurance Company: _____

Patient Email: _____

Member ID: _____

Delivery Location:

☐ Provider Office ☐ Patient Address

BUNDLE (Select Area)

☐ Shoulder ☐ Ankle ☐ Spine
☐ Total Joint Knee ☐ Hip ☐ Cervical

By checking a Bundle box above, you are ordering all bundle items listed for that area below; medical necessity and supporting diagnosis codes must be documented for each item.

BUNDLE CONTENTS & SUPPORTING DIAGNOSIS CODES

Shoulder

Kahuna Brace – adjustable airplane shoulder support; **ManaEZ Shoulder Ice** – wrap-around cold compression device for edema and pain control; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy

Supporting Diagnosis (check all that apply):

☐ M75.100 Rotator Cuff Tear/Rupture, Unspecified ☐ M19.019 Primary Osteoarthritis, Shoulder
☐ M25.519 Pain in Unspecified Shoulder ☐ S43.006A Unspecified Dislocation of Shoulder Joint, Initial
☐ OTHER: _____

Ankle

MAC Boot – pneumatic walker; **ManaEZ Ankle Ice** – wrap-around ankle orthosis with ice and compression for edema and pain relief; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy

Supporting Diagnosis (check all that apply):

☐ M19.079 Primary Osteoarthritis, Ankle and Foot ☐ M25.579 Pain in Unspecified Ankle / Joints of Foot
☐ S93.409A Sprain of Unspecified Ligament of Ankle, Initial ☐ S82.90XA Unspecified Fracture of Lower Leg, Initial
☐ OTHER: _____

Spine

Tailback 2-50 – LSO support; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy

Supporting Diagnosis (check all that apply):

☐ M54.50 Low Back Pain, Unspecified ☐ M54.30 Sciatica, Unspecified Side
☐ M51.26 Intervertebral Disc Displacement, Lumbar ☐ M48.06 Spinal Stenosis, Lumbar Region
☐ M43.16 Spondylolisthesis, Lumbar Region ☐ OTHER: _____

Total Joint Knee

ManaEZ ROM Ice – cold compression device for pain, swelling, and range-of-motion control; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy

Supporting Diagnosis (check all that apply):

☐ Z47.1 Aftercare Following Joint Replacement Surgery ☐ M17.10 Unilateral Primary Osteoarthritis, Knee
☐ M25.569 Pain in Unspecified Knee ☐ Z96.651 Presence of Artificial Knee Joint
☐ OTHER: _____

Hip

ManaEZ ROM Hip Ice – range-of-motion cold compression wrap-around orthosis for edema and pain control; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy

Supporting Diagnosis (check all that apply):

- ☐ Z47.1 Aftercare Following Joint Replacement Surgery
- ☐ M16.10 Unilateral Primary Osteoarthritis, Hip
- ☐ M25.559 Pain in Unspecified Hip
- ☐ Z96.641 Presence of Artificial Hip Joint
- ☐ OTHER: _____

Cervical

ManaEZ Collar 80 – adjustable multi-post collar with mandibular and occipital support; **PlasmaFlow** – portable DVT prevention device (IPCD); **ManaFlexx 2** – NMES/TENS device to help prevent muscular atrophy and provide pain relief

Supporting Diagnosis (check all that apply):

- ☐ M54.2 Cervicalgia
- ☐ M50.20 Cervical Disc Displacement, Unspecified
- ☐ S13.4XXA Sprain of Ligaments of Cervical Spine, Initial
- ☐ M47.812 Cervical Spondylosis without Myelopathy
- ☐ OTHER: _____

INDIVIDUAL / NON-BUNDLE ITEMS

Item / Orthosis Type (check all that apply):

- ☐ IPCD Home-Use Device
- ☐ TENS Unit – w/ Accessories
- ☐ Lymphedema Compression Device
- ☐ Portable Ultrasound
- ☐ Automatic B/P Monitor
- ☐ Wrist-Hand Brace
- ☐ Brace
- ☐ Brace with Ice and Compression
- ☐ Sling
- ☐ Boot
- ☐ Stirrup
- ☐ Splint
- ☐ OTHER: _____
- ☐ OTHER: _____

Supporting Diagnosis (check all that apply):

- ☐ G56.00 Carpal Tunnel Syndrome, Unspecified Upper Limb
- ☐ M25.539 Pain in Unspecified Wrist
- ☐ S63.509A Sprain of Unspecified Wrist, Initial
- ☐ I89.0 Lymphedema, Not Elsewhere Classified
- ☐ R60.0 Localized Edema
- ☐ M25.50 Pain in Unspecified Joint
- ☐ M79.649 Pain in Unspecified Limb
- ☐ M54.9 Dorsalgia, Unspecified
- ☐ M84.20 Nonunion of Fracture, Unspecified Site
- ☐ I10 Essential (Primary) Hypertension
- ☐ OTHER: _____

BLEEDING RISK FACTORS — required if ordering PlasmaFlow / IPCD

- ☐ 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
- ☐ History of Heparin-Induced Thrombocytopenia
- ☐ Renal Failure
- ☐ Heparin Use
- ☐ Personal History of COVID-19 (Z86.16)
- ☐ OTHER: _____

STATEMENTS OF MEDICAL NECESSITY

PlasmaFlow (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 or immobilized state. Therefore, this product is appropriate and medically necessary as a means of thromboprophylaxis to avoid DVT during the pre- and/or post-operative period, as an alternative to, or in conjunction with, anticoagulant therapy.

ManaFlexx 2 (NMES/TENS) – Upon evaluation of the patient, this device and related supplies for in-home use are being prescribed as an adjunct to conventional pre- and/or post-operative pain management and to help prevent muscular atrophy. It is in my opinion that this product is indicated and medically necessary in accordance with standards of medical practice.

ManaEZ Cold Compression Devices – This device is prescribed for in-home use to control post-operative or post-injury edema, pain, and to support range-of-motion recovery for the affected joint. It is in my opinion that this product is indicated and medically necessary in accordance with standards of medical practice.

Orthosis / Brace (Kahuna Brace, MAC Boot, Tailback 2-50, ManaEZ Collar 80) – This device is prescribed as adjunctive therapy to immobilize, stabilize, and/or protect the affected joint or region during the healing process, to support post-operative or post-injury recovery, and to reduce pain and risk of re-injury associated with the diagnosis(es) indicated above.

Provider's Name (printed): _____

NPI #: _____ **Date:** _____

Provider's Signature (no stamps): _____

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