

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

Surgical  Non-Surgical

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

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

**DO NOT SUBSTITUTE (DAW) - NICE system**

## PRODUCT: NICE - Intermittent Pneumatic Compression and Cold Therapy System - including Control Unit and Wrap

I am prescribing the NICE Intermittent Pneumatic Compression and Cold Therapy System due to my patient's needs and diagnosis. I certify that the NICE 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: \_\_\_\_\_ # of days

RENTAL EXTENSION - LENGTH OF NEED: \_\_\_\_\_ # of days

I have instructed the device for use as outlined in the Control Unit User's Manual

PRODUCT: **NICE System, complete w/Wrap**

WRAP:  Knee  Shoulder  Ankle  Back  Elbow  Hand/Wrist  Hip/Groin

SIDE:  Left  Right

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

I am writing on behalf of my patient that you approve coverage for the NICE intermittent pneumatic compression and 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 NICE system combines cold and compression therapies. It is intended to treat post-surgical and acute injuries to reduce edema, swelling, pain and improve range of motion. It provides post-operative pain control and reduces reliance on narcotics and analgesics.

RICE (Rest, Ice, Compression, and Elevation) has long been used to treat acute and chronic injury and assist in rehabilitation following orthopedic surgery. NICE combines the two most difficult-to-manage aspects of the RICE regimen (Ice and Compression) by offering ICE-LESS and specific temperature controlled cold therapy and various intermittent compression settings - in one easy-to-use system. Due to fact unit is ice-less it will allow for greater patient compliance.

The anatomically-designed wraps are engineered for all major body parts, and utilize intermittent pneumatic 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 NICE 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 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_