



# Prescription and Medical Necessity Review Form

Please return completed form by:  
 Fax : 941-761-5898  
 Email : customerservice@quickrecovery.com



## Prescription

 Surgical

 Non-Surgical

PATIENT NAME:	PHONE NUMBER:
ICD-10 CODE:	<b>DO NOT SUBSTITUTE (DAW) - NICE System</b>

**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.

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

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 with wrap**

**WRAP:**       Knee       Shoulder       Ankle       Back       Elbow       Hand/Wrist

**SIDE:**       Left       Right

## Provider'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 systems combines cold and compression therapies. It is intended to treat post-surgical and acute injuries to reduce edema, 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 the fact that the 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

Provider Signature: _____	Date: _____
Provider Printed Name: _____	NPI: _____
Provider Address: _____	
City: _____	State: _____ Zip Code: _____ Phone: _____