Providence Portland Medical Center
Phone: 503-215-8998
Fax: 503-215-8416

TRANSITIONS
AN APPEARANCE CENTER

Providence St. Vincent Medical Center
Phone: 503-216-8502
Fax: 503-216-0536

Patient Name:	**DOB:**	**Start Date of Care:** **Date of Surgery:**

Commonly used diagnosis codes:

- ❑ C50.911 Mal neo of unspecified site of right female breast
- ❑ C50.912 Mal neo of unspecified site of left female breast
- ❑ I97.2 Post mastectomy lymphedema syndrome
- ❑ I89.0 Lymphedema, not elsewhere classified
- ❑ I83.009 Varicose veins of lower extremity w/ ulcer unspecified
- ❑ I87.319 Chronic venous hypertension (idiopathic) w/ lower ext. ulcer
- ❑ I87.2 *Venous insufficiency (chronic) (peripheral)*
- ❑ I82.409 Acute embolism & thrombosis of deep veins LE unspecified
- ❑ L97.909 *Non-pressure chronic **ulcer** of lower leg unspecified*
- ❑ L98.499 *Non-pressure chronic **ulcer** of skin of other site unspecified*
- ❑ **Other:** _____

Type of Surgery:

- ❑ **Mastectomy**
  - ❑ Right
  - ❑ Left
  - ❑ Bilateral
- ❑ **Lumpectomy**
  - ❑ Right
  - ❑ Left
- ❑ **Other:**

_____

MASTECTOMY SUPPLIES REQUIRED:

- ❑ **Post- Surgery Garment/Camisole**
  Quantity/yr: _____
- ❑ **Post- Surgery Bra**
  Quantity/yr: _____
  (*Only dispensed as medically necessary*)

External Breast Prosthesis:

- ❑ **Patient Preference**: Foam/Silicone Form
  (Based on Medical Necessity & Best Fit)
- ❑ Silicone form
- ❑ Foam form

Misc. Mastectomy/Compression Items:

- ❑ Other:

_____

Length of Need ***(Required by CMS)*:**

- ❑ Lifetime
- ❑ Other:

_____

COMPRESSION GARMENTS/SUPPLIES:

Upper Extremity Garments

❑ Arm Sleeve	❑ 20-30 mmHg	❑ 30-40 mmHg
❑ Hand Glove w/ Fingers	❑ 20-30 mmHg	❑ 30-40 mmHg
❑ Hand Gauntlet	❑ 20-30 mmHg	❑ 30-40 mmHg

Leg Compression Garment

❑ Ulcer Pro w/ Liner		❑ 30-40 mmHg	❑ 40-50 mmHg
❑ **Knee High**	❑ 20-30 mmHg	❑ **30-40 mmHg**	❑ **40-50 mmHg**
❑ Thigh High	❑ 20-30 mmHg	❑ 30-40 mmHg	❑ 40-50 mmHg
❑ Pantyhose	❑ 20-30 mmHg	❑ 30-40 mmHg	❑ 40-50 mmHg
❑ Bike Shorts*	❑ 15-20 mmHg		

❑ Other: _____

Compression Wrap (Please indicate ALL pieces & sides needed)

❑ **Arm**	❑ Right	❑ Left
❑ **Gauntlet**	❑ Right	❑ Left
❑ Thigh*	❑ Right	❑ Left
❑ **Calf**	❑ Right	❑ Left
❑ Knee*	❑ Right	❑ Left
❑ Foot*	❑ Right	❑ Left
❑ Toes*	❑ Right	❑ Left

Are wounds present?
❑ Yes ❑ No
If Yes, please indicate the related ICD-10 code above.

Non-Billable Items

Practitioner Signature: _____ **Date:** _____ ***(Required by CMS)***

Practitioner Name: (please print): _____ **NPI:** _____

Phone: _____ Fax: _____

Practitioner Alert: Please note that CMS requires clinic notes to support all items prescribed.