

Patient Information

Claim #:	Diagnosis:
Team:	ICD-10 Code(s):
Athlete Name:	Date:
DOB:	DOI:
Address:	City/State/Zip:

Physician's Letter of Medical Necessity (LMN)

This letter is to request benefits of the FDA cleared BioWave® Neurostimulation Pain Therapy System HCPC CODE: E1399 performed for said athlete. Due to the patient's condition, BioWave treatment was performed to decrease pain and accelerate return to function. BioWave uses a patented electronic signal technology allowing delivery of the electrical signals directly to the surface of pain nerves which prevents the formation of the pain signal and blocks the transmission of chronic, acute and post-surgical musculoskeletal pain. Based on the patient's condition and medical need, our current treatment plan includes use of the BioWave® system.

RX For BioWave Devices and Electrodes *Treatment for chronic, acute & postoperative pain*

QTY: ____	BioWavePRO Neuromodulation Pain Therapy System (HCPC CODE: E1399)	QTY: ____	B-Set Non-Invasive Electrodes (2, 10-packs) (HCPC CODE: A4595)
QTY: ____	BioWaveHOME Neuromodulation Pain Therapy System (Includes 3 pairs of B-Set Non-Invasive Electrodes)	QTY: ____	B-Set Percutaneous Electrodes (1, 6-pack) (HCPC CODE: A4649)
QTY: ____	BioWaveGO Neuromodulation Pain Therapy System (Includes 3 pairs of B-Set Non-Invasive Electrodes)	QTY: ____	E-Set Non-Invasive Electrodes (2, 10-packs) (HCPC CODE: A4595)
QTY: ____	BioWavePRO Padded Travel Bag (HCPC Code: A9900)	QTY: ____	E-Set Percutaneous Electrodes (1, 6-pack) (HCPC CODE: A4649)

RX For Back BioWrap Silver

QTY: ____	Back BioWrap Silver S/M (HCPC CODE: E0731) Waist Size 28"-37"	QTY: ____	Back BioWrap Silver L/XL (HCPC CODE: E0731) Waist Size 38"-50"
QTY: ____	Back BioWrap Extender <i>Provides extra 10" - Waist size 51" - 60"</i> (HCPC CODE: A9900)		

RX For Knee BioWrap Silver

QTY: ____	Knee BioWrap Silver S/M (HCPC CODE: E0731) Circumference Around Knee 12" - 15.5"	QTY: ____	Knee BioWrap Silver L/XL (HCPC CODE: E0731) Circumference Around Knee 15.5"-19"
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RX For Hand-Wrist BioWrap Silver

QTY: ____	Hand-Wrist BioWrap Silver S/M (HCPC CODE: E0731) Wrist Circumference 5.75"-7"	QTY: ____	Hand-Wrist BioWrap Silver L/XL (HCPC CODE: E0731) Wrist Circumference 7"-8.5"
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RX For Foot-Ankle BioWrap Silver

QTY: ____	Foot-Ankle BioWrap Silver S/M (HCPC CODE: E0731) Shoe Size: Men: 5-9, Women: 6-10	QTY: ____	Foot-Ankle BioWrap Silver L/XL (HCPC CODE: E0731) Shoe Size: Men: 10-15, Women: 11-16
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RX For Thigh-Calf BioWrap Silver

QTY: ____	Thigh-Calf BioWrap Silver OS (HCPC CODE: E0731) Min Circumference 12" Max Circumference 30"
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RX For Migraine BioWrap Silver

QTY: ____	Migraine BioWrap Silver OS (HCPC CODE: E0731) Circumference Around Neck 12" - 20"
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Prescriber Information

Physician Name:	NPI #:
Address:	License #:
Physician Signature:	Date: