**Provider’s Order for Compression Garments**Link to [DVHA Compression Garment Criteria](https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment)

Patient Name: Medicaid ID Number:   
Date of Birth: Height: ft. in. Weight: lbs.  
Supporting Diagnosis: Length of Need:  Lifetime Or # of Months:   
Place of Service:  Home  Facility - Facility Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Compression Details - Medicaid allows 3 pair/year** | | | | |
| *Please include medical documentation for the following:* 1. Measurements taken by:  2. Type of garment:  3. Can member/carer don and doff garment:  Yes or  No  4. Does member have any open wounds:  Yes or  No  5. Location of wounds: | | | | |
| **Requesting Amount** | | | | |
| Bilateral | Quantity: | |  | |
| Left | Quantity: | |  | |
| Right | Quantity: | |  | |
| Other |  | | | |
| **Upper Extremity Compression Garment** | | | | |
| **Style** | | **Description** | | **HCPC** |
| Ready Made | | Arm Sleeve | | S8424 |
| Ready Made | | Glove | | S8427 |
| Ready Made | | Gauntlet | | S8428 |
| Ready Made | | Sleeve & Glove Combination | | S8421 |
| Custom Made | | Sleeve & Glove Combination | | S8420 |
| Custom Made | | Sleeve & Glove Combination, Medium Weight | | S8422 |
| Custom Made | | Glove, Medium Weight | | S8425 |
| Custom Made | | Sleeve & Glove Combination, Heavy Weight | | S8423 |
| Custom Made | | Glove, Heavy Weight | | S8426 |
| Other: | |  | | |
| **Lower Extremity Compression Garment** | | | | |
| **Compression Stockings** | | | | |
| Style | | | Compression | HCPC |
| Below Knee | | | 18-30 mmHg | A6530 |
| Below Knee | | | 30-40 mmHg | A6531 |
| Below Knee | | | 40-50 mmHg | A6532 |
| Thigh Length | | | 18-30 mmHg | A6533 |
| Thigh Length | | | 30-40 mmHg | A6534 |
| Thigh Length | | | 40-50 mmHg | A6535 |
| Full Length / Chap Style | | | 18-30 mmHg | A6536 |
| Full Length / Chap Style | | | 30-40 mmHg | A6537 |
| Full Length / Chap Style | | | 40-50 mmHg | A6538 |
| Waist Length | | | 18-30 mmHg | A6539 |
| Waist Length | | | 30-40 mmHg | A6540 |
| Waist Length | | | 40-50 mmHg | A6541 |
| Garter Belt | | |  | A6544 |
| Below Knee / Compression Wrap | | | 30-50 mmHg | A6545 |
| Gradient compression stocking / sleeve (NOS) | | |  | A6549 |
| Other: | | |  | |
| **Additional Notes:** | | | | |
|  | | | | |

Referring Provider’s Name:   
  
Referring Provider’s Medicaid Provider #:

**INFORMATION SHEET**

Precautions:

* Mild to moderate peripheral arterial disease (PAD)
* Peripheral neuropathy
* Chronic, compensated congestive heart failure
* Chronic renal failure
* Difficulty donning & doffing garment—consider patient’s dexterity, finger and grip strength, hip flexion, caregiver support etc.
* Dermatitis, eczema, and other skin conditions
* Lymphorrhoea
* Minor skin infections
* Fabric sensitivities
* Malignancy

Contraindications:

* Acute-untreated cellulitis or other major skin infections
* Acute-decompensated congestive heart failure, pulmonary oedema
* Acute myocardial infarction
* Serious, non-controlled hypertension
* Untreated renal failure
* Undiagnosed, untreated cancer
* Acute-untreated deep vein thrombosis or thrombophlebitis
* Severe peripheral arterial disease (ABI <0.5 or absolute systolic ankle pressure 60mmHg of less), and s/p Arterial bypass grafting.

Dosage:

* 15–20mmHg (use code for 18-30 mmHg)
  + Light compression for those with leg edema
  + Telangiectasies or reticular veins and varicose veins in pregnancy, prevent leg swelling with prolonged sitting or standing prevent deep vein thrombosis with bedridden patient
* 20–30mmHg (use code for 18-30 mmHg)
  + Venous leg ulcer prevention and treatment in those with no history of deep vein thrombosis (DVT)
  + Mild edema, varicose veins and venous ulcers
  + Use after sclerotherapy and for those with small telangiectasies those with subjective symptoms associated with varicose veins and in acute phase of DVT
  + Pigmentation and eczema
  + Lipodermatosclerosis and atrophie blanche
* 30–40mmHg
  + Venous leg ulcer prevention & treatment in those with history of DVT
  + Moderate edema, moderate venous disease, varicose veins and venous ulcers
  + Following sclerotherapy large veins, those with lipodermatosclerosis/tissue changes, promote healing venous leg ulcers, prevent venous leg ulcer recurrence, lymphoedema
* 40–50mmHg
  + Severe edema; severe venous disease; venous ulcers
  + Deep vein thrombosis
  + Lymphoedema after decongestive therapy
* 50–60mmHg
  + Lymphoedema after decongestive therapy

Bjork, R. & Ehmann, S. (2019). S.T.R.I.D.E. Professional guide to compression garment selection for the lower extremity*. Journal of Wound Care 2019: 28(*6 suppl 1), 1–44.[*https://www.magonlinelibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup6a.S1*](https://www.magonlinelibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup6a.S1)