



State of Vermont
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Provider's Order for Compression Garments

Link to [DVHA Compression Garment Criteria](#)

Medicare now covers compression garments. For dual eligible members, submit requests to Medicare.

See the DVHA fee schedule for coverage [Vermont Medicaid Portal \(vtmedicaid.com\)](#)

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

- Please include medical documentation for the following:*
- Measurements taken by: _____
 - Type of garment: _____
 - Can member/carer don and doff garment: Yes or No
 - Does member have any open wounds: Yes or No
 - Location of wounds: _____

Requesting Amount - Medicaid allows daytime: 6 garments per body part, per 365 days; nighttime: 1 garment per body, part per 365 days.

<input type="checkbox"/> Bilateral	Quantity:	
<input type="checkbox"/> Left	Quantity:	
<input type="checkbox"/> Right	Quantity:	
<input type="checkbox"/> Other		

Upper Extremity, Head, or Upper Trunk Compression Garment

Style	Description	HCPCS
<input type="checkbox"/> Ready Made	Arm Sleeve	S8424
<input type="checkbox"/> Ready Made	Glove	S8427
<input type="checkbox"/> Ready Made	Gauntlet	S8428
<input type="checkbox"/> Ready Made	Sleeve & Glove Combination	S8421
<input type="checkbox"/> Custom Made	Sleeve & Glove Combination	S8420
<input type="checkbox"/> Custom Made	Sleeve & Glove Combination, Medium Weight	S8422
<input type="checkbox"/> Custom Made	Glove, Medium Weight	S8425
<input type="checkbox"/> Custom Made	Sleeve & Glove Combination, Heavy Weight	S8423
<input type="checkbox"/> Custom Made	Glove, Heavy Weight	S8426

Other: _____

Lower Extremity or Lower Trunk Compression Garment

Description	Compression	HCPCS
<input type="checkbox"/> Below Knee	18-30 mmHg	A6530
<input type="checkbox"/> Below Knee	30-40 mmHg	A6531
<input type="checkbox"/> Below Knee	40-50 mmHg	A6532
<input type="checkbox"/> Thigh Length	18-30 mmHg	A6533
<input type="checkbox"/> Thigh Length	30-40 mmHg	A6534
<input type="checkbox"/> Thigh Length	40-50 mmHg	A6535
<input type="checkbox"/> Full Length / Chap Style	18-30 mmHg	A6536
<input type="checkbox"/> Full Length / Chap Style	30-40 mmHg	A6537
<input type="checkbox"/> Full Length / Chap Style	40-50 mmHg	A6538
<input type="checkbox"/> Waist Length	18-30 mmHg	A6539
<input type="checkbox"/> Waist Length	30-40 mmHg	A6540
<input type="checkbox"/> Waist Length	40-50 mmHg	A6541
<input type="checkbox"/> Garter Belt		A6544
<input type="checkbox"/> Below Knee / Compression Wrap	30-50 mmHg	A6545
<input type="checkbox"/> Gradient compression stocking / sleeve (NOS): REQUIRES PRIOR AUTHORIZATION		A6549
<input type="checkbox"/> 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 or less), and s/p Arterial bypass grafting.

DOSAGE:

- 15–20mmHg (use code for 18-30 mmHg)
 - Light compression for those with leg edema
 - Telangiectsiases 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 telangiectsiases 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.magonlineibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup6a.S1>