

**State of Vermont** Agency of Human Services

**Department of Vermont Health Access** [Phone] 802-879-5903 280 State Drive, NOB 1 South [Fax] 802-879-5963 Waterbury, VT 05671-1010 [www.dvha.vermont.gov](http://www.dvha.vermont.gov/)

**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:



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| --- | --- | --- | --- | --- |
| **Compression Details** | | | | |
| *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   1. Does member have any open wounds: ☐ Yes or ☐ No 2. 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.** | | | | |
| * Bilateral | Quantity: | |  | |
| * Left | Quantity: | |  | |
| * Right | Quantity: | |  | |
| * Other |  | | | |
| **Upper Extremity, Head, or Upper Trunk Compression Garment** | | | | |
| **Style** | | **Description** | | **HCPCS** |
| * 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 |

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| --- | --- | --- | --- |
| * Other: |  | | |
|  | | | |
| **Lower Extremity or Lower Trunk Compression Garment** | | | |
| **Description** | | **Compression** | **HCPCS** |
| * 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):   REQUIRES PRIOR AUTHORIZATION | |  | A6549 |
| * Other: | |  | |
| **Additional Notes:** | | | |
|  | | | |

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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
  + 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.magonlinelibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup6a.S1*](http://www.magonlinelibrary.com/doi/pdf/10.12968/jowc.2019.28.Sup6a.S1)