COMPRESSION GARMENT
DOCUMENTATION REQUIREMENTS

MEDICARE AND COMMERCIAL INSURANCE PLANS

To help prevent delays or denials, the patient's office visit note or treating therapist's documentation must support the diagnosis and the compression garments being prescribed.

A prescription, letter of medical necessity or separate practitioner letter is NOT considered an office visit note and DOES NOT replace the patient's supporting medical record.

MEDICARE REQUIREMENTS

Medicare covers compression treatment items for patients diagnosed with lymphedema. The physician, physician assistant, or nurse practitioner's office visit note must document the lymphedema diagnosis.

COVERED DIAGNOSIS CODES INCLUDE:

I89.0	Lymphedema, not elsewhere classified
Q82.0	Hereditary lymphedema
I97.2	Postmastectomy lymphedema syndrome
I97.89	Other postprocedural complications and disorders of the circulatory system, when the medical record establishes postprocedural lymphedema

The office visit note or treating therapist's documentation must also include:

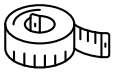
- Affected body part and laterality: left, right or bilateral
- Garment type, length or style, compression level, and whether it is ready-made or custom
- That the garment is recommended to manage the patient's lymphedema
- Why a custom garment is required, when applicable

A physical or occupational therapist may document the garment recommendation. However, a **physician, physician assistant or nurse practitioner must document the lymphedema diagnosis** in an office visit note and sign the prescription.

MEDICARE DOCUMENTATION EXAMPLES

Adjustable compression wrap
Patient requires bilateral below-knee adjustable compression calf wraps, foot pieces and hybrid liners to manage bilateral lower-extremity lymphedema.

Ready-made daytime garment
Patient requires a left thigh-high 30–40 mmHg daytime compression garment to manage left lower-extremity lymphedema.



Custom daytime garment
Patient requires custom bilateral below-knee 20-30mmHg compression garments to manage bilateral lower extremity lymphedema. Custom garments are required because the patient's limb dimensions fall outside available ready-made sizing.

**These are sample statements only. Documentation must reflect the patient's individual diagnosis, affected body part and prescribed garments.*

COMMERCIAL INSURANCE REQUIREMENTS

Coverage varies by plan. Commercial insurance may cover compression garments for various medical conditions.

The office visit note or treating therapist's documentation should include:

- Diagnosis of the condition being treated
- Affected body part and laterality
- Garment type, length or style, compression level, and whether it is ready-made or custom
- Why a custom garment is required, when applicable

WHAT P&H SERVICES NEEDS

Please provide:

1. **A signed and dated prescription that includes:**
   - Patient's name
   - Diagnosis
   - Affected body part and laterality
   - Specific items and quantities prescribed
   - Treating practitioner's name or NPI
   - Treating practitioner's signature; signature stamps are not accepted
2. **Supporting office visit notes and/or therapy documentation**
3. **Patient demographics and insurance information**

Thank you for trusting P&H Services with your patients. For documentation questions, please contact us at

P 512-986-6291
F 512-986-6330

P&H services
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