

Compression Garments - Standard Written Order Prior to Delivery

Dear Doctor

Your Patient

requested Compression Garments from Lava Supply INC

If you find prescribing Compression Garments to

medically necessary, please Read Additional Information, Review Order, Fill, Sign, Date and Fax Attached Standard Written Order (SWO) to our FAX: (847) 329-1255

VERY IMPORTANT!!!!

In Order for us to provide Prescribed Items Order **MUST** contain:

- * **Diagnosis**, related to prescribed Items
- * Prescribed **Items** and **Quantity** Prescribed
- * **Signature** of Prescribed Practitioner
- * **Date** of Signature

Artificial Signature Stamps **are not permitted by CMS**
Only **Handwritten** or **Electronic Signature** Allowed

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Patient:		Date of Birth:	
Address:			

1. Diagnosis Information:



Please provide ICD-10 or Description of Diagnosis supporting Medical Necessity of ordering Items

2. Ordering Items:

18-30 MMHG Gradient **Compression** Stockings

HCPCS	Style	Unit	Ordering Qty
A6530	Below Knee	Pair	
A6533	Thigh High	Pair	
A6539	Waist Length (Pantyhose)	Pair	



By signing below, I am stating that I am or was this patient treating provider during the order period. This order accurately reflects the patient's condition and is substantiated by medical records. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required.

3. Prescribing Physician's Information:

 **SIGN HERE
PLEASE!**

NPI /Physician Name

Signature

Date of Signature

FOR CONSIDERATION ONLY

Compression	Description
15-20 mmHg	Aching/fatigued legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy
20-30 mmHg	Aching/fatigued legs, mild venous insufficiency, prophylaxis during pregnancy, moderate varicosities, hereditary tendency toward varicose veins, post sclerotherapy, mild edema or lymphedema, burn scar management, hypertrophic scar treatment, prevention of venous ulcers, in conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophlebitis
30-40 mmHg	Chronic venous insufficiency, severe varicosities, post surgical, moderate and post traumatic edema, post phlebectomy, post sclerotherapy, pronounced varicosities during pregnancy, orthostatic hypotension, moderate lymphedema, prevention of venous ulcers, in conjunction with the management of open venous ulcers, burn scar management, DVT/post thrombotic syndrome
40-50 mmHg	Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction with the management of open venous ulcers
50+ mmHg	Severe post thrombotic conditions, severe lymphedema, elephantiasis

2. Coverage

- Compression 15-20 not covered by any Insurance Companies
- Compression 20-30 Covered by Medicaid and Commercial Payers
Medicaid Covers 2 pairs of any Style per 6 months.
- Compression 30-40, 40-50 and Gradient Compression Wraps Covered by Medicare **when used in the treatment of open venous stasis ulcer.** It is not covered when used for other indications such as the prevention of stasis ulcer, venous insufficiency, or treatment of lymphedema without the presence of an ulcer.
- Coverage by Commercial Payers of Compression 30-40, 40-50 and Gradient Compression Wraps depends on each Payer