



## Required Documentation for Medicare Coverage of Compression Garments

### FROM THE PHYSICAL THERAPIST:

1. Standard Referral Package, Including:
  - a. Face Sheet with Demographics
  - b. Insurance Card Images
  - c. Plan of Care
2. Description of Garments Requested
3. Shipping Destination (Therapist / Patient) if Applicable

### FROM THE REFERRING PHYSICIAN:

1. Signed Prescription, Including:
  - a. Order Date
  - b. Physician Name & NPI Number
  - c. Qualifying Diagnosis Code:

189.0	Lymphedema, not elsewhere classified
197.2	Postmastectomy lymphedema syndrome
197.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0	Hereditary lymphedema
  - d. Patient's name, DOB, and MBI (Medicare Beneficiary Identifier)
  - e. General Description, Such As:

Permanent use of compression garments for lymphedema to be worn during the day and/or night on a daily basis per body part as determined by the plan of care from the physical therapist and DMEPOS.
  - f. Qty (minimum 3 per body part)
2. Physician can use own form, or ours which can be found here:

[Upper Extremity](#)

[Lower Extremity](#)