

5160-10-14

DMEPOS: compression garments.

~~(A)~~ (A) ~~Provider requirement. A provider of custom-made or custom-fitted compression garments must either employ or contract with a certified fitter and must keep documentation of this relationship on file.~~

~~(B)~~ (B) ~~Coverage.~~

~~(1)~~ (A) The default certificate of medical necessity (CMN) form is the ODM 01905, "Certificate of Medical Necessity: Compression Garments" (rev. ~~7/2018~~ 7/2024).

~~(2)~~ (B) Payment may be made only for compression garments generating a pressure of at least eighteen millimeters of mercury (mm Hg).

~~(3)~~ (C) For a gradient compression garment, the provider ~~must specify~~ specifies at least one clinical indication such as but not limited to the conditions ~~specified~~ identified in the following list:

~~(a)~~ (1) Elephantiasis;

~~(b)~~ (2) Lymphedema;

~~(c)~~ (3) Milroy's disease;

~~(d)~~ (4) Orthostatic hypotension;

~~(e)~~ (5) Post-thrombotic syndrome;

~~(f)~~ (6) Stasis dermatitis;

~~(g)~~ (7) Stasis ulcers;

~~(h)~~ (8) Symptomatic chronic venous insufficiency (characterized by, for example, pain, swelling, ulcers, or severe varicose veins);

~~(i)~~ (9) Symptomatic venous insufficiency associated with pregnancy; or

~~(j)~~ (10) Thrombophlebitis.

~~(4)~~ (D) Payment for an anti-embolism compression garment may be limited to three months, because such garments are generally used for short-term treatment after surgery.

~~(5)~~ (E) Payment for a post-burn compression garment cannot be made if no burn injury has occurred.

~~(G)~~(F) It is understood that because of the nature of certain applications, authorization for payment may be granted after an item has been dispensed.

Effective:

Five Year Review (FYR) Dates: 1/30/2024

Certification

Date

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