Phone: 812-303-3831 • Fax: 866-984-3831 • Referral@comfortcompression.com

Lymphedema Compression Referral Checklist

Please confirm each item is included before sending your referral. Complete documentation lets us dispense without delay or denial.

☐ **Face sheet / demographics** — patient name, phone, DOB, and insurance information.

☐ **Qualifying diagnosis in a signed, dated note** — from the treating practitioner (MD, DO, NP, PA), stating one of:

I89.0 Lymphedema, not elsewhere classified • **I97.2** Postmastectomy lymphedema syndrome

I97.89 Other postprocedural circulatory complications, NEC • **Q82.0** Hereditary lymphedema

The diagnosis must be in the practitioner's own note — an unsigned face sheet or "refer to lymphedema clinic" alone is not sufficient. Use the code that matches the cause (e.g., I97.2, not Q82.0, for postmastectomy lymphedema).

☐ **Standard Written Order (SWO)** — signed or unsigned with practitioner contact information — we will send for signature. Please include:

Beneficiary name and order date • RTW or Custom • Laterality • Compression level (20–30, 30–40, or 40+ mmHg)

Day vs. night garment (these are different items) • Quantity for each item • Practitioner name, NPI, and contact information

If you know the specific garment requested, please include brand, size, and color.

☐ **Custom garment justification (if custom)** — an explicit statement of why ready-to-wear won't work — measurements alone are not enough. Examples:

"Measurements/limb shape fall outside RTW options" • "Rapid refilling while ambulating requires custom flat-knit" • "Chronic fibrosis requires custom flat-knit to prevent cellulitis" • "Cone-shaped limb" • "Shelf/cuffing at the ankle risks tourniquet effect" • "Dorsal hand swelling requires custom flat-knit glove" • "Skin/tissue folds or fabric intolerance require custom flat-knit"

☐ **Accessories listed AND justified** — each accessory (donning aids, fillers, linings, padding, zippers, silicone bands) named as its own SWO line item, with the medical need noted — a few words is enough. Examples:

"Donning aid required due to reduced grip strength/arthritis" • "Donning aid required — unable to reach feet" • "Liner required to prevent skin breakdown" • "Filler required to even limb contour for proper gradient compression"

An accessory on the claim but not on the order — or without a documented reason — will be denied.

☐ **Continued need (replacements)** — documentation refreshed within the last 12 months: a current progress note, updated order, or brief continued-need statement.

☐ **Clinical findings that strengthen medical necessity** — where applicable, document:

Staging & presentation: lymphedema stage (ISL or Johns Hopkins); fibrosis, hyperkeratosis, hyperpigmentation; papillomatosis, lobe formation; cuffing at the ankle or irregular limb shape; positive Stemmer's sign; lipodermatosclerosis, lymphorrhea/weeping

Comorbidities: chronic venous insufficiency, DVT history, PAD; obesity, diabetes; recurrent cellulitis/erysipelas, venous/mixed ulcers; cancer treatment history (surgery, radiation); CHF, chronic kidney disease; lipedema

Questions about a specific patient? Reach out any time — we're glad to help before the order goes out, which is always easier than fixing it after a denial.