Standard Compression Order

FAX: 866-984-3831
Referral@comfortcompression.com

Ready-to-wear / off-the-shelf items. Document the qualifying diagnosis and the medical need for each item in the chart note.

Date: _____ **Diagnosis:** ☐ I89.0 ☐ I97.2 ☐ I97.89 ☐ Q82.0 ☐ Other: _____

Patient name: _____ **DOB:** _____

Patient cell: _____ **Email:** _____

Area being treated: _____ **Laterality:** ☐ Left ☐ Right ☐ Bilateral

Compression class: ☐ 20-30 mmHg ☐ 30-40 mmHg ☐ 40+ mmHg *(HCPCS shown per item, low → high compression class)*

LOWER EXTREMITY (RTW)

- ☐ Knee High A6530 / A6552 / A6554 — Qty _____
- ☐ Thigh High A6533 / A6534 / A6535 — Qty _____
- ☐ Waist Length A6539 / A6540 / A6541 — Qty _____
- ☐ Genital A6570 — Qty _____
- ☐ Toe Caps A6572 — Qty _____
- ☐ Compressive Liner A6594 — Qty _____
- ☐ Wrap - below knee A6583 — Qty _____
- ☐ Wrap - above knee A6585 — Qty _____
- ☐ Wrap - full leg A6586 — Qty _____
- ☐ Wrap - foot A6587 — Qty _____

TRUNK (RTW)

- ☐ Shirt / Tank / Bra A6568 — Qty _____
- ☐ Head / Neck A6566 — Qty _____

UPPER EXTREMITY (RTW)

- ☐ Gauntlet A6582 — Qty _____
- ☐ Glove A6581 — Qty _____
- ☐ Sleeve A6578 — Qty _____
- ☐ Glove/Sleeve combo A6575 — Qty _____
- ☐ Wrap - arm A6588 — Qty _____
- ☐ Compressive Liner A6595 — Qty _____

NIGHTTIME (RTW)

- ☐ Glove A6520 — Qty _____
- ☐ Sleeve A6522 — Qty _____
- ☐ Lower leg / foot A6524 — Qty _____
- ☐ Full leg / foot A6526 — Qty _____
- ☐ Bra (night) A6528 — Qty _____

ACCESSORIES

— check every accessory needed; each must appear on this order to be billable

- ☐ Donning / doffing aids (butler, donner, gloves, slips, loops, pull tabs)
- ☐ RTW oversleeves / over jackets
- ☐ Padding, foam & fillers (lymph pads, swell spots, post-lump / mastectomy / neck pads)
- ☐ Adhesive glue
- ☐ Other: _____

Accessory medical necessity (check all that apply):

- ☐ Reduced grip / dexterity
- ☐ Protect skin / prevent breakdown
- ☐ Even limb contour / fill
- ☐ Prevent slippage / secure fit
- ☐ Ease donning / doffing
- ☐ Other: _____

Notes:

Provider name: _____ **NPI:** _____ **Fax:** _____

Signature: _____ **Date:** _____

Before you send — documentation reminders

- A qualifying diagnosis (I89.0 / I97.2 / I97.89 / Q82.0) must appear in the treating provider's chart note — not on this order alone.
- List every accessory above and document its medical need (e.g., donning aid - reduced grip; liner - prevent skin breakdown).