

Compression Therapy Detailed Written Order

1. Patient Information

Patient Name: _____ DOB: _____ Phone #: _____

Is patient currently in a facility? Y N If yes, Facility Name: _____ Facility Phone #: _____

2. Provider Information

Provider Name: _____ NPI #: _____ Phone #: _____

Fax #: _____

3. Diagnosis Information

Diagnosis/ICD-10 Code: _____

As of 1/1/2024, most compression stockings are now covered by Medicare plans with a diagnosis of Lymphedema. The applicable diagnosis codes are: I89.0, Q82.0, I97.2, and I97.89

Duration of Treatment: _____ Quantity: _____ pairs Refill Quantity: _____ pairs

4. Physician's Order / Prescription

Compression Level: 15 - 20 mmHg 20 - 30 mmHg 30 - 40 mmHg 18mmHg (Anti-Embolism Stockings)
 30-40 Jobst FarrowWrap 4000 *Knee-High Only (replaces 30-40 mmHg stockings for customers that have a hard time using standard stockings)*

Style: Knee-High Thigh-High Pantyhose/Tights

Measurements:

inches	Ankle	Calf	Thigh	Length (depends on style)	Waist
Left	inches	inches	inches	inches	inches
Right	inches	inches	inches	inches	

Knee High

Thigh High

Pantyhose/Tights

Measurement Instructions:
Ankle: narrowest part of ankle, directly above ankle bone
Calf: widest part of calf
Thigh: 4" below inseam
Calf Length: 3" below knee to bottom of foot
Thigh Length: right under buttocks to bottom of foot
Waist Length: waist to bottom of foot

When measuring the ankle, calf, or thigh, make sure to measure all the way around the body part

This document serves as a Prescription and Statement of Medical Necessity for the above referenced patient for compression therapy. I certify that I am the provider identified in the above section and I certify that the medical necessity information contained in this document is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

Provider Signature: _____ Date: _____

COMPRESSION LEVEL AT THE ANKLE	INDICATIONS
15 - 20 mmHg	<ul style="list-style-type: none"> • Heavy, fatigued, tired legs • Prophylaxis during pregnancy • Prophylaxis for legs predisposed to risk • Long hours of standing or sitting
20 - 30 mmHg	<ul style="list-style-type: none"> • Heavy, fatigued, tired, aching legs • Mild varicosities during pregnancy • Mild varicosities with minimal edema • Minimal edema upper extremities • Post-sclerotherapy of small veins
30 - 40 mmHg	<ul style="list-style-type: none"> • Moderate to severe varicosities with mild edema during pregnancy • Mild varicosities with moderate edema • Post fracture, Post traumatic edema • After sclerotherapy or phlebectomy of larger veins or after vein stripping to maintain treatment success • Primary venous ulcer treatment • CVI Grades I and II* • DVT or Post Thrombotic Syndrome • Mild primary lymphedema after decongestant therapy to maintain reduction, • secondary lymphedema or moderate edema of the upper extremities