

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare

**To:** Federally Qualified Health Centers, Home Health Agencies, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Occupational Therapists, Pharmacies, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

## **Policy Changes and Reminders for Gradient Compression Garments and Compression Burn Garments**

This *ForwardHealth Update* includes policy and procedure changes for providers who fit, order, and dispense gradient compression garments and compression burn garments.

Effective for dates of service (DOS) on and after May 1, 2011, the following revised policies for gradient compression garments and new policy for compression burn garments will take effect:

- Allowable provider types.
- Allowable diagnosis codes.
- Allowable place of service (POS) codes.
- Allowable modifiers and their use.
- Prior authorization (PA) requirements.

In addition, this *ForwardHealth Update* includes reminders regarding claim attachments.

Throughout this *Update*, the term “compression garments” will be used to refer to both gradient compression garments *and* compression burn garments. “Non-custom compression garments” refer to any compression garment that does not meet the description of a “custom” compression garment; previously some non-custom garments were referred to as “ready to wear.”

Information in this *Update* applies to members in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, and Medicaid.

Durable medical equipment (DME) dollar amount limits per enrollment year apply for members enrolled in the Benchmark Plan, the Core Plan, and the Basic Plan. Charges for services beyond the member’s enrollment year dollar amount limit, whether or not the services are prior authorized, are the responsibility of the member.

For complete information on plan coverage, policies, and procedures, refer to the Online Handbook on the ForwardHealth Portal.

### **Revised Maximum Allowable Fee Schedule**

Some maximum allowable fees for gradient compression garments have been changed. Providers may access the revised maximum allowable fee schedule for DME on the ForwardHealth Portal. Copayment information is also included on the fee schedule.

### **Allowable Provider Types**

Compression garments are reimbursable to allowable provider types when fit, ordered, and dispensed by one of the following:

- A certified fitter.
- A licensed physical therapist or occupational therapist.
- An American Board for Certification in Orthotics and Prosthetics (ABC)-certified orthotist or prosthetist (per DHS 105.40[2], Wis. Admin. Code).

### **Allowable Place of Service Codes**

The list of allowable POS codes for the fitting, ordering, and dispensing of compression garments has been revised. Refer to the table in Attachment 1 of this *Update* for a complete listing of allowable POS codes.

### **Allowable Diagnosis Codes**

The allowable diagnosis codes for compression garments that may be submitted on a claim without PA have been revised. Refer to Attachment 1 for allowable diagnosis codes listed by procedure code. When a member has one of the allowable diagnoses listed for the procedure code, PA is required only if the life expectancy has been exceeded. If a member has an allowable diagnosis for the requested procedure code, the diagnosis code must be entered in the claim's primary diagnosis field.

If a member has a diagnosis not included in the listed allowable diagnoses, providers may submit a PA request to ForwardHealth. With each PA request, providers should submit a completed Prior Authorization Request Form (PA/RF), F-11018 (10/08), Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (10/08), and similar supporting documentation as is required for procedure code A6549. Refer to information in this *Update* and Attachment 1 for supporting documentation requirements.

### **Modifier "RA" for "Custom" Compression Garment Reorders**

If a provider is replacing a member's compression garment using measurements currently on file, the provider is required to use the "RA" modifier. However, if the garment is being replaced based on new measurements, even if there is no change to the measurements currently on file, the providers should *not* use the "RA" modifier.

The use of the RA modifier does not change the requirement to submit supporting documentation with the claim. Refer to information in this *Update* for supporting documentation requirements. Providers should refer to Attachment 1 for a list of procedure codes with which the "RA" modifier must be used.

### **Prior Authorization Not Required for Most Burn Garments**

Prior Authorization is only required for compression burn garments when:

- The life expectancy has been exceeded. Eight compression burn garments (per body segment) are allowed without PA per rolling 12-month period when medically necessary. Coverage for a series of compression burn garments will end two years from the first DOS. If a member requires two different compression burn garments per body segment, the provider should submit *both* compression burn garment procedure codes on *one* claim with the required supporting documentation.
- The member does not have a diagnosis that is allowable without PA.

Providers submitting claims for compression burn garments should use the same claim instructions and follow the same claim attachment requirements as when submitting claims for gradient compression garments using procedure code A6549 (Gradient compression stocking/sleeve, not otherwise specified). Refer to the Claim Attachment Requirements and Reminders section of this *Update* for more information.

Refer to Attachment 1 for a list of procedure codes for compression burn garments and the corresponding allowable primary diagnosis codes.

### **Urgent Prior Authorization Requests**

Backdating an initial PA request to a date prior to ForwardHealth's initial receipt of the PA request may be allowed in urgent health situations.

A request for backdating may be approved if all of the following conditions are met:

- The provider specifically requests backdating in writing on the PA request.
- The request includes clinical justification for beginning the service before PA was granted.
- The request is received by ForwardHealth within 14 calendar days of the start of the provision of services.

## **Claim Attachment Requirements and Reminders**

When using procedure codes marked with a “Y” in the Claim Attachment? column in Attachment 1, ForwardHealth requires the following documentation when submitting claims:

- The physician prescription. Refer to the Prescription Requirements section of this *Update* for more information.
- The form or document used to record the measurements used for the garment order/fabrication, which includes:
  - ✓ The date the measurements were taken or date(s) the measurements were re-affirmed, if applicable. If a provider re-affirms the previous measurements, ForwardHealth recommends the provider sign and date the same form used in the previous order if the previous measurements remain accurate.
  - ✓ The name and credentials of the individual taking or affirming the measurements (i.e., the certified fitter, ABC-certified orthotist or prosthetist, or licensed physical therapist or occupational therapist).
  - ✓ The provider’s justification for the use of a “custom” or “not otherwise specified” procedure code. Refer to the “Custom” or “Not Otherwise Specified” Procedure Codes section of this *Update* for more information.
- The provider invoice with the specific garment(s) clearly identified.

## **Prescription Requirements**

A written prescription must be signed and dated by the physician and completed prior to the dispensing DOS. The physician prescription must include the following:

- The member’s diagnosis.
- The specific type of garment prescribed, including the body part, type of material, and the measurement of prescribed compression (mmHg for gradient compression garments).
- The quantity needed.
- The date and signature of the prescribing physician.

A verbal order is not acceptable unless it is reduced to writing, includes the elements stated above, and is valid for the DOS. A prescription is considered valid for one year from the signed date unless otherwise specified in the prescription.

A claim submitted with a physician’s prescription that does not include all of the required elements may be denied or, if payment has been made, it may be recouped. The following are examples in which a claim may be denied or a payment subsequently reduced or recouped:

- A physician prescription reads “Ready-to-wear compression knee-hi’s” but is submitted with a claim using procedure code A6549.
- A prescription for thigh-high garments, 30-40 mmHg, is signed and dated by the physician on June 1, 2010, but is used with a claim submitted for a DOS of May 15, 2010.
- A claim for custom Elvarex garments is accompanied by a prescription that does not specifically identify “Elvarex.”

Providers are reminded that all claims submitted must be supported by records maintained by the provider in accordance with DHS 106.02(9)(e)1, Wis. Admin. Code. In addition, the provider record must include confirmation of delivery of the service or item to the member. For DME, the DOS is the date the item is delivered to the member.

## ***“Custom” or “Not Otherwise Specified” Procedure Codes***

The process of taking measurements does not in itself justify the use of a “custom” or “not otherwise specified” procedure code, as measurements are required to order any compression garment described with procedure codes A6501-A6549 and S8420-S8429. When a garment meets the description of a specified code, the provider is required to use the specified code. The use of a “custom” gradient compression garment on a claim should only be used in exceptional cases.

For example, if a below-knee 18-30 mmHg garment is being ordered, the order form, measurement form, or provider record must include justification as to why procedure code A6549 is being used rather than A6530 (Gradient compression stocking, below knee, 18-30 mmHg, each). To justify use of a custom or not otherwise classified procedure code, ForwardHealth recommends identifying the extremity’s circumferential measurement that did not allow fitting the member with a garment represented by a specified code by circling the measurement on the form, adding a notation in the margin of the measurement or order form, and/or including a narrative as an additional record. One example of when a custom compression garment may be justified is when the body part or segment is an atypical shape; however, a body part or segment that is simply larger than average would not justify a custom compression garment.

Provider records that do not support the procedure codes listed on the claim are subject to claim denial, reduction in reimbursement, or recoupment.

## ***Policy and Claim Submission Reminders***

Complete, correct claims will help providers avoid claim denials. Providers should note the following reminders when preparing claims:

- Use modifiers for right side (“RT”) and left side (“LT”) for certain procedure codes. Claims for pantyhose, waist-high garments, vests, panties, or facial masks should *not* include the “RT” and “LT” modifiers. Use

one procedure code with one “RT” or “LT” modifier *per detail line* on the claim; do *not* use both “RT” and “LT” on the same detail line. Refer to Attachment 1 for procedure codes that require these modifiers. Refer to Attachment 2 for a claim sample using these modifiers.

- ForwardHealth *does not cover* Thromboembolic disease (T.E.D.) hose or any garment with gradient compression of less than 18 mmHg; garments with 15-20 mmHg are not covered. In addition, bandages and dressings are not covered as a separately reimbursable DME service.
- Confirm allowable diagnosis codes for requested procedure codes and include the diagnosis in the *primary* diagnosis code field on the claim. If attachments are not required to be sent with the claim, ForwardHealth requires the primary diagnosis code to be supported by the documents retained in the provider’s records. The claim may be denied or recouped if the documentation, whether attached to the claim or kept in the provider’s records, does not support the diagnosis code used.
- Request PA if a member has a diagnosis that is not an allowable diagnosis for claim submission without PA.
- Request PA if the life expectancy of the garment has been exceeded.
- If a member requires two different compression garments per body segment, submit *both* compression garment procedure codes on *one* claim with the required supporting documentation.
- If a member requires more than one compression garment (e.g., one arm, two legs, and a non-elastic wrap), ForwardHealth recommends providers submit all the member’s required compression garments on one claim, rather than submitting one claim for each garment. While ForwardHealth supports a provider’s flexibility in submitting claims, submitting claims as suggested may reduce denials for insufficient documentation (i.e., insufficient to either support the claim or to refute the apparent duplication of services).
- Maintain originals of all documents sent as attachments with claims.
- Limit claim attachments to only the required documentation. Photocopies of measuring tape strips and tracings/drawings of hands or feet should not be

sent as claim attachments. Providers should keep this documentation on file in their place of business.

## **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250

# ATTACHMENT 1

## Place of Service Codes and Policy Information for Gradient Compression Garments and Compression Burn Garments

Effective for dates of service (DOS) on and after May 1, 2011, the following place of service (POS) codes are allowable for providers billing for gradient compression garments and compression burn garments.

Code	Description	Code	Description
01	Pharmacy	14	Group Home
04	Homeless Shelter	31	Skilled Nursing Facility
05	Indian Health Service Free-Standing Facility	32	Nursing Facility
06	Indian Health Service Provider-Based Facility	33	Custodial Care Facility
07	Tribal 638 Free-Standing Facility	49	Independent Clinic
08	Tribal 638 Provider-Based Facility	50	Federally Qualified Health Center
11	Office	54	Intermediate Care Facility/Mentally Retarded
12	Home	72	Rural Health Clinic
13	Assisted Living Facility	99	Other Place of Service

Effective for DOS on and after May 1, 2011, the following policy information for compression burn garments and gradient compression garments takes effect.

Procedure Code	Description	Required Modifier	Reorder (RA) Modifier? <sup>1</sup>	Allowable Diagnosis Codes	Claim Attachment? <sup>2</sup>	NH <sup>3</sup>	Life Expectancy
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated		Y	946.2-946.5	Y	Y	8 per 12 months
A6502	Compression burn garment, chin strap, custom fabricated		Y	941.00-941.59	Y	Y	8 per 12 months
A6503	Compression burn garment, facial hood, custom fabricated		Y	940.0-940.1 or 941.00-941.59	Y	Y	8 per 12 months
A6504	Compression burn garment, glove to wrist, custom fabricated	LT	Y	944.00-944.58	Y	Y	8 per 12 months

<sup>1</sup> A "Y" in this column indicates a compression garment that must be billed with an "RA" modifier (Replacement of a DME, orthotic or prosthetic item) if the provider is replacing the member's compression garment using measurements currently on file.

<sup>2</sup> A "Y" in this column indicates claim attachments are required with this procedure code.

<sup>3</sup> A "Y" in this column indicates this compression garment is separately reimbursable for members who are nursing home residents.

<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?<sup>1</sup></b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?<sup>2</sup></b>	<b>NH<sup>3</sup></b>	<b>Life Expect- ancy</b>
A6504	Compression burn garment, glove to wrist, custom fabricated	RT	Y	944.00-944.58	Y	Y	8 per 12 months
A6505	Compression burn garment, glove to elbow, custom fabricated	LT	Y	943.00-943.59 and 944.00-944.58	Y	Y	8 per 12 months
	Compression burn garment, glove to elbow, custom fabricated	RT	Y	943.00-943.59 and 944.00-944.58	Y	Y	8 per 12 months
A6506	Compression burn garment, glove to axilla, custom fabricated	LT	Y	943.00-943.59 and 944.00-944.58	Y	Y	8 per 12 months
	Compression burn garment, glove to axilla, custom fabricated	RT	Y	943.00-943.59 and 944.00-944.58	Y	Y	8 per 12 months
A6507	Compression burn garment, foot to knee length, custom fabricated	LT	Y	945.00-945.54	Y	Y	8 per 12 months
	Compression burn garment, foot to knee length, custom fabricated	RT	Y	945.00-945.54	Y	Y	8 per 12 months
A6508	Compression burn garment, foot to thigh length, custom fabricated	LT	Y	945.00-945.59	Y	Y	8 per 12 months
	Compression burn garment, foot to thigh length, custom fabricated	RT	Y	945.00-945.59	Y	Y	8 per 12 months
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated		Y	942.00-942.54	Y	Y	8 per 12 months

<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?<sup>1</sup></b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?<sup>2</sup></b>	<b>NH<sup>3</sup></b>	<b>Life Expect- ancy</b>
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated		Y	942.00-942.59 and 943.00-943.59	Y	Y	8 per 12 months
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated		Y	942.00-942.59	Y	Y	8 per 12 months
A6512	Compression burn garment, not otherwise classified		Y	946.2-946.5 or 949.2-949.5	Y	Y	8 per 12 months
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated		Y	940.0-940.1 or 941.00-941.59	Y	Y	8 per 12 months
A6530	Gradient compression stocking, below knee, 18-30 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, below knee, 18-30 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6531	Gradient compression stocking, below knee, 30-40 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, below knee, 30-40 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6532	Gradient compression stocking, below knee, 40-50 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, below knee, 40-50 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months



<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?<sup>1</sup></b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?<sup>2</sup></b>	<b>NH<sup>3</sup></b>	<b>Life Expect- ancy</b>
A6533	Gradient compression stocking, thigh length, 18-30 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, thigh length, 18-30 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6534	Gradient compression stocking, thigh length, 30-40 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, thigh length, 30-40 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6535	Gradient compression stocking, thigh length, 40-50 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, thigh length, 40-50 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6536	Gradient compression stocking, full length/chap style, 18-30 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6536	Gradient compression stocking, full length/chap style, 18-30 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6537	Gradient compression stocking, full length/chap style, 30-40 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, full length/chap style, 30-40 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months

<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?<sup>1</sup></b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?<sup>2</sup></b>	<b>NH<sup>3</sup></b>	<b>Life Expect- ancy</b>
A6538	Gradient compression stocking, full length/chap style, 40-50 mm-Hg, each	LT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
	Gradient compression stocking, full length/chap style, 40-50 mm-Hg, each	RT	N	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6539	Gradient compression stocking, waist length, 18-30 mm-Hg, each		N	454.0-454.9; 456.4-456.6; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6540	Gradient compression stocking, waist length, 30-40 mm-Hg, each		N	454.0-454.9; 456.4-456.6; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6541	Gradient compression stocking, waist length, 40-50 mm-Hg, each		N	454.0-454.9; 456.4-456.6; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	N	Y	3 per 12 months
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	LT	Y	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months
	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	RT	Y	454.0-454.9; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months
A6549	Gradient compression stocking/sleeve, not otherwise specified	LT	Y	454.0-454.9; 456.4-456.6; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months
	Gradient compression stocking/sleeve, not otherwise specified	RT	Y	454.0-454.9; 456.4-456.6; 457.1; 459.10-459.19; 459.81; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months

<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?<sup>1</sup></b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?<sup>2</sup></b>	<b>NH<sup>3</sup></b>	<b>Life Expect- ancy</b>
S8420	Gradient pressure aid (sleeve and glove combination), custom made	LT	Y	457.0	Y	Y	3 per 12 months
	Gradient pressure aid (sleeve and glove combination), custom made	RT	Y	457.0	Y	Y	3 per 12 months
S8421	Gradient pressure aid (sleeve and glove combination), ready made	LT	N	457.0	N	Y	3 per 12 months
	Gradient pressure aid (sleeve and glove combination), ready made	RT	N	457.0	N	Y	3 per 12 months
S8422	Gradient pressure aid (sleeve), custom made, medium weight	LT	Y	457.0	Y	Y	3 per 12 months
	Gradient pressure aid (sleeve), custom made, medium weight	RT	Y	457.0	Y	Y	3 per 12 months
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	LT	Y	457.0	Y	Y	3 per 12 months
	Gradient pressure aid (sleeve), custom made, heavy weight	RT	Y	457.0	Y	Y	3 per 12 months
S8424	Gradient pressure aid (sleeve) ready made	LT	N	457.0	N	Y	3 per 12 months
	Gradient pressure aid (sleeve) ready made	RT	N	457.0	N	Y	3 per 12 months
S8425	Gradient pressure aid (glove), custom made, medium weight	LT	Y	457.0	Y	Y	3 per 12 months
	Gradient pressure aid (glove), custom made, medium weight	RT	Y	457.0	Y	Y	3 per 12 months
S8426	Gradient pressure aid (glove), custom made, heavy weight	LT	Y	457.0	Y	Y	3 per 12 months
	Gradient pressure aid (glove), custom made, heavy weight	RT	Y	457.0	Y	Y	3 per 12 months

<b>Proc- edure Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Reorder (RA) Modifier?¹</b>	<b>Allowable Diagnosis Codes</b>	<b>Claim Attach- ment?²</b>	<b>NH³</b>	<b>Life Expect- ancy</b>
S8427	Gradient pressure aid (glove), ready made	LT	N	457.0	N	Y	3 per 12 months
	Gradient pressure aid (glove), ready made	RT	N	457.0	N	Y	3 per 12 months
S8428	Gradient pressure aid (gauntlet), ready made	LT	N	457.0	N	Y	3 per 12 months
	Gradient pressure aid (gauntlet), ready made	RT	N	457.0	N	Y	3 per 12 months
S8429	Gradient pressure exterior wrap	LT	Y	454.0-454.9; 457.0; 457.1; 459.10-459.19; 459.81; 456.3-456.6; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months
	Gradient pressure exterior wrap	RT	Y	454.0-454.9; 457.0; 457.1; 459.10-459.19; 459.81; 456.3-456.6; 646.10; 707.10-707.15; 707.19; 757.0	Y	Y	3 per 12 months

# ATTACHMENT 2

## Sample 1500 Health Insurance Claim Form for Gradient Compression Garments

**1500**

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>														
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK(LING) <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN)</small>					1a. INSURED'S I.D. NUMBER 1234567890 <small>(For Program in Item 1)</small>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MEMBER, IM A.					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME				
5. PATIENT'S ADDRESS (No., Street) 609 WILLOW ST CITY ANYTOWN STATE WI ZIP CODE 55555 TELEPHONE (Include Area Code) (XXX XXX-XXXX)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) O-I-P a. OTHER INSURED'S POLICY OR GROUP NUMBER					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE					11. INSURED'S POLICY GROUP OR FECA NUMBER M-7 a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete items 9 a-d.</i>				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.														
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____									
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE I.M. PRESCRIBING PROVIDER					17a. NPI 011111110 17b. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES					22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 454.2 3. 4.					23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER										F. \$ CHARGES G. DAYS OR UNITS H. I.D. QUA. I. ID. QUA. J. RENDERING PROVIDER ID. #				
1 01 10 11 13 A6532 LT 1 XX XX 1 ZZ 123456789X NPI 0111111110										2 01 10 11 13 A6532 RT 1 XX XX 1 ZZ 123456789X NPI 0111111110				
3										4				
5										6				
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>					26. PATIENT'S ACCOUNT NO. 1234JED					27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
28. TOTAL CHARGE \$ XXX XX					29. AMOUNT PAID \$ XX XX					30. BALANCE DUE \$ XX XX				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) I.M. Provider MM/DD/YY					32. SERVICE FACILITY LOCATION INFORMATION a. NPI b. ZZ123456789X					33. BILLING PROVIDER INFO & PH # I.M. PROVIDER 1 W WILLIAMS ST ANYTOWN WI 55555-1234				
SIGNED _____ DATE _____														

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APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION