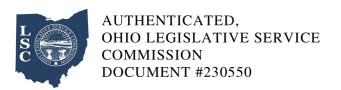


## Ohio Administrative Code Rule 5160-10-14 DMEPOS: compression garments.

Effective: July 16, 2018

(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) Coverage.
(1) The default certificate of medical necessity (CMN) form is the ODM 01905, "Certificate of Medical Necessity: Compression Garments" (rev. 7/2018).
(2) Payment may be made only for compression garments generating a pressure of at least eighteen millimeters of mercury (mm Hg).
(3) For a gradient compression garment, the provider must specify at least one clinical indication such as but not limited to the conditions specified in the following list:
(a) Elephantiasis;
(b) Lymphedema;
(c) Milroy's disease;
(d) Orthostatic hypotension;
(e) Post-thrombotic syndrome;
(f) Stasis dermatitis;
(g) Stasis ulcers;



- (h) Symptomatic chronic venous insufficiency (characterized by, for example, pain, swelling, ulcers, or severe varicose veins);
- (i) Symptomatic venous insufficiency associated with pregnancy; or
- (j) Thrombophlebitis.
- (4) 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) Payment for a post-burn compression garment cannot be made if no burn injury has occurred.
- (6) It is understood that because of the nature of certain applications, authorization for payment may be granted after an item has been dispensed.