



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.