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COMPRESSION GARMENT QUESTIONNAIRE

Date: _____

Prevention of Lymphedema Treatment of Lymphedema Vascular Other: _____

Post mastectomy/lumpectomy? _____

Frequency of wear recommended: _____

Arm Sleeve Gauntlet Glove Knee High Thigh High Pantyhose Other _____

Glove if fluid accumulates in fingers Gauntlet only for prevention of lymphedema or if in hand, but not fingers

Left Right Bilateral Ready-made or Custom garment likely needed?

First fitting for compression garments? _____ When & where fitted last? _____

Type of garment currently wearing (manufacturer), if known: _____

Are you seeing a PT for your lymphedema? Who/Where? _____

It is best to measure for CG's when the fluid is at its lowest – am is best, if possible. Do what you can to make measuring optimal – wear your current garment or keep limb wrapped day of fitting, do not overuse limb the previous day, pump before your appointment if you are using a lymphedema pump. *Statement read?* _____

For men coming for thigh or waist high, bring or wear a pair of shorts

Some insurance plans cover compression garments and some do not. Medicare never does, but some secondary plans do. UHC, Aetna depend on the plan, as they often fall under the category of disposable medical supplies. We suggest that you verify your coverage before your appointment.

Procedure codes:

Ready Made Arm Sleeve **L8010** Knee High **A6530, A6531** Thigh High **A6533, A6534** Waist **A6539, A6540**

A6549 – Gradient Compression Garments, not otherwise specified – Gauntlets, Gloves, Nighttime Compr Garments, Lymphedema Vests, Lymphedema Pads, & all Custom Compression Garments.

Have the insurance representative to check your plan to make sure the item is not excluded from your plan & if, covered, ask about your deductible, coinsurance/co-pay, maximum quantity limits & frequency of replacement.

Record the representative's name, date & time of call and ask for a reference number for your call.

We encourage you to go to our website to view some of our products, as well as our resource page for more information on lymphedema and garment wear & care. *Statement read?* _____

At appointment: Do you wish to receive a refill reminder by email or phone? _____
