

**COMPRESSION GARMENT POLICY FOR ITEMS BILLED WITH HCPC A6549 (Effective 7/1/22 for Carefirst/BCBS, some Cigna plans and some UHC plans)**

**Depending upon your insurance plan, we may not be able to bill your insurance at this time for certain compression garments.** Medical providers are experiencing major difficulties in getting claims processed and paid correctly by several insurance companies for garments billed with **procedure code A6549**. This code applies to any compression garment that does not have a specific procedure code with a specific fee schedule, **including custom lower extremity garments, compression vests and lymphedema pads.**

We charge a \$50 consultation fee for our certified fitter to help you determine the best compression garment option(s) that will fit your needs and budget and to determine whether we are able to bill your insurance. This fee includes checking your insurance coverage, obtaining medical records from your referring provider that are necessary if we are billing your insurance and blocking off 60 minutes of time for your consultation. If you decide to purchase garments at your scheduled appointment, this fee is applied toward your purchase and you will be measured, fitted and instructed on wear and care. Custom garments will require at least one more visit and there is no additional charge for that fitting.

We are diligently attempting to work with insurance carriers to get our outstanding claims adjusted and paid at a fair fee schedule and to set industry guidelines for best practices to be able to resume billing for these items while getting paid fairly and timely. Currently, this applies to Carefirst BlueCross Blue Shield, some Cigna plans and some United HealthCare plans. **At this time, we are still able to bill these insurances for custom arm sleeves and gloves.**