



COMPRESSION WRAP REFERRAL INSTRUCTIONS LT

STEP 1:

- **DISCUSS REFERRAL WITH PATIENTS – Midwest will contact patient**
- **COMPLETE COMPRESSION WRAP ORDER FORM**
- **FAX items below to: (800)886-4201**
 - **ORDER FORM**
 - **DEMOGRAPHIC SHEET** (Patient insurance, address, phone, DOB)
 - **MEASUREMENT SHEET** (measurements if available)
 - **SIGNED PROGRESS NOTES** (insurance requires documentation below)
 - ***progress note***
 - Diagnoses of Lymphedema and/or CVI with secondary lymphedema

STEP 2:

- **MIDWEST COMPRESSION COMPLETES BENEFIT VERIFICATION AND ACQUIRES RX FROM PROVIDER**
 - **Note: Lymphedema Cares Act effective 1/1/24**
 - Medicare covers compression wraps with diagnosis I89.0 and RX
 - Patients are responsible for 20% co-insurance
 - Commercial plans will vary. Patients may be responsible for deductibles and/or co-insurance depending on the plan
- **MIDWEST COMPRESSION contacts patient to confirm order and delivery**



PH: 800.883.1549

FAX: 800.886.4201

info@midwestcompression.com