

Section C Product Specific Information:

Provide the requested product specific information and answer the questions related to the products listed in **Section B – Product Information** of the **Coding Verification Review Application**.

Compression Garments

Garment Location: <input type="checkbox"/> Arm <input type="checkbox"/> Bra <input type="checkbox"/> Foot <input type="checkbox"/> Gauntlet <input type="checkbox"/> Genital <input type="checkbox"/> Glove <input type="checkbox"/> Leg <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Toe <input type="checkbox"/> Torso <input type="checkbox"/> Waist <input type="checkbox"/> Other: _____	
Is the compression garment for nighttime use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the compression garment custom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If custom, explain how product is custom fitted. Note: Provide supporting documentation, including an order form, if available.	
If custom, indicate the minimum number of circumferential measurements taken.	
Where applicable, list all gradient compression ranges for the product. Note: Testing documentation is required to be submitted along with application verifying values are accurate.	
Is this product also used as a surgical dressing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If also requesting a surgical dressing HCPCS code for this product be certain to include a completed copy of the **Section C – Surgical Dressings** form with your application.