

JOBST® FARROWWRAP® FOR LYMPHEDEMA MANAGEMENT

JOBST®

**HCPSC Codes
Approved by
the PDAC**

JOBST® FARROWWRAP® CLASSIC (30-40 mmHg)

SHORT-STRETCH COMPRESSION WRAP

JOBST® FarrowWrap® CLASSIC is recommended for patients with moderate to severe edema and is designed to sit flat against skin folds and not dig into the skin. JOBST® FarrowWrap® CLASSIC is suitable for irregular shaped limbs and includes a pair of liners.



FOOTPIECE

Approved
HCPSC Code
A6587



LEGPIECE

Approved
HCPSC Code
A6583



THIGHPIECE + KNEEPIECE*

Approved
HCPSC Code
**A6585 +
A6584**

VARIATIONS: • Ready-to-Wear (RTW) • Custom-Made (CM) | **COLORS:**

TAN

JOBST® FARROWWRAP® STRONG (30-40 mmHg)

SHORT-STRETCH COMPRESSION WRAP

JOBST® FarrowWrap® STRONG is made with premium fabric with strong compression and a soft inner layer. It is suitable for patients with a good limb shape and moderate to severe edema - offering a reliable hold for fluctuating edema. JOBST® FarrowWrap® STRONG is suitable for minor skin folds and shape distortion and includes a pair of liners.



FOOTPIECE

Approved HCPSC Codes
A6587



LEGPIECE

Approved HCPSC Codes
A6583



KNEEPIECE

Approved HCPSC Code
A6584



THIGHPIECE + KNEEPIECE*

Approved HCPSC Code
A6585 + A6584

VARIATIONS: • Ready-to-Wear (RTW) • Trim-To-Fit (TTF) • Custom-Made (CM) | **COLORS:**

TAN

JOBST® FARROWWRAP® BASIC (30-40 mmHg)

SHORT-STRETCH COMPRESSION WRAP

JOBST® FarrowWrap® BASIC is the economically affordable solution for patients with moderate to severe chronic edema and regular limb shapes. The band length can be changed and trimmed as limb size reduces and it includes removable, double-sided VELCRO® brand tabs. It comes with a JOBST® FarrowHybrid compression sock**.



FOOTPIECE

Approved
HCPSC Code
A6587



LEGPIECE AND HYBRID LINER

Approved
HCPSC Codes
A6583 + A6594

COLORS:

TAN

**HCPCS Codes
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the PDAC**



JOBST® FARROWWRAP® 4000 (30-40 mmHg) **SHORT-STRETCH COMPRESSION WRAP**

JOBST® FarrowWrap® 4000 is ideal for patients with moderate to severe venous and lymphatic conditions with or without a venous leg ulcer present. JOBST® FarrowWrap® 4000 is made with an inner sleeve and includes just four bands for easy application. It comes with a JOBST® FarrowHybrid compression sock**.

**LEGPiece AND
HYBRID LINER**

Approved HCPCS Codes - **A6583 + A6594**

COLORS:

TAN

BLACK

JOBST® FARROWWRAP® LITE (20-30 mmHg) **SHORT-STRETCH COMPRESSION WRAP**

JOBST® FarrowWrap® LITE is made with a double laminated fabric which is durable and soft and offers a lower level of compression than other FarrowWrap® garments. JOBST® FarrowWrap® LITE is ideal for patient with mild to moderate edema and can support patients with sensitive skin and regular limb shapes. Includes a pair of liners.



FOOTPIECE

Approved
HCPCS Code
A6587



LEGPiece

Approved
HCPCS Code
A6584



THIGHPIECE + KNEEPIECE*

Approved
HCPCS Code
A6584 + A6585



ARMPiece

Approved
HCPCS Code
A6588



HAND GAUNTLET

Approved
HCPCS Code
A6582

VARIATIONS: • Ready-to-Wear (RTW) • Trim-To-Fit (TTF) • Custom-Made (CM) | **COLORS:**

TAN

BLACK

(only available
for armpiece)



JOBST® FARROWWRAP® TOE CAP (15-20 AND 20-30 mmHg) **READY-TO-WEAR COMPRESSION**

THE JOBST® FarrowWrap® Toe Cap is a trimmable, ready-to-wear garment for managing swelling in the forefoot and toes.

Approved HCPCS Codes - **A6572**

**TOE CAP
(15-20 MMHG
OR 20-30 MMHG)**

The following accessories use
the Verified HCPCS Code **A6593**:
All FarrowWrap® Accessories,
FarrowWrap® Liners, VELCRO®, and
Extra Bands

* Thighpiece comes with FarrowWrap® kneepiece.

** Note: The sock is a liner and only provides compression at the foot and ankle. Open wounds must be covered with an appropriate dressing before the compression garment is put on.

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The Centers for Medicare & Medicaid Services (CMS) uses the Palmetto GBA LLC, as the Pricing, Data Analysis, and Coding (PDAC) Contractor. The PDAC Contractor maintains the Product Classification List, located at <https://www4.palmettogba.com/pdac/dmecs/>. The DMEPOS Product Classification List is a searchable database containing products that have received HCPCS Coding Verification from the PDAC and their corresponding HCPCS codes. BSN Medical Inc., however, makes no representations as to the accuracy of the information contained within the Palmetto PDAC database, nor any representations as to whether its products are reimbursable under any government sponsored healthcare program and/or private-insurance program. It is the provider's sole responsibility, in consultation with the insurer, if necessary, to determine medical necessity, ensure coverage criteria is met, submit appropriate documentation, HCPCS Codes, modifiers, and charges for services rendered. RVT: 12/24

Disclaimer: The verified and approved HCPCS Codes listed, are also listed in the Palmetto PDAC Product Classification List (PCL). For Medicare claim purposes, this Product Classification List (PCL) is accepted as evidence of correct coding per the Standard Documentation Requirements for all Claims Submitted to DME MACs (ref: LCD Article: A55426). A HCPCS Code is never a guarantee of coverage and payment on the part of Medicare, private insurance or other payers. RVT: 12/24

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