

## Compression Stockings and Garments

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<a href="#"><u>Version</u></a>	6

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details \*.**

### Purpose:

This policy addresses Compression Stockings and Garments.

### Description & Definitions:

Compression stockings are elastic stockings which are used to treat a variety of conditions. Compression garments are used to promote venous or lymphatic circulation.

Non-pneumatic compression device is a wearable therapeutic compression garment which allows patients to be mobile during daily activities while continuing to assist with extremity fluid flow and lymph drainage. (IE: Lymphedema pumps, The Dayspring®, Koya Dayspring System)

### Criteria:

Compression stockings and garments are considered medically necessary with **1 or more of the following:**

- **Compression stockings with 1 or more of the following:**
  - Lymphedema
  - Thrombophlebitis, phlebitis, varicose veins
  - Chronic venous insufficiency
  - Post cardiac bypass surgery
  - Venous ulcers (stasis ulcers)
  - Lipodermatosclerosis
  - Prevention of thrombosis in immobilized individual at low risk for venous thromboembolism
  - Prevention of thrombosis for neurosurgical individuals at moderate risk for venous thromboembolism
  - Edema following surgery, fracture, burns, or other trauma
  - Post sclerotherapy
  - Postural hypotension
  - Severe edema in pregnancy
  - Edema accompanying paraplegia or quadriplegia
  - Neurogenic edema following stroke
  - Edema secondary to severe cardiac failure

- Compression stockings for burns to prevent scarring and contraction of burn scars
- Truncal edema and the individual has failed all other conservative measures
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- Static compression sleeves (e.g., Reid sleeve, ArmAssist, Optiflow sleeves, CircAid, Tribute) with **ALL of the following**:
  - Individual with intractable lymphedema of the arms or legs
- Compression garment liners with **ALL of the following**:
  - Individual with ulcers or reduced circulation at risk for infection
  - 1 pair of silver or non-silver coated liner may be requested every 3 months

Two pairs of garments will be covered upon the initial request (for example: 2 pairs of static compression sleeves and/or gloves per affected arm or 2 pairs of compression stocking per affected leg or 2 compression garments per affected arm, leg, or trunk. Ex: 2 gloves for a single affected hand).

Either 1 pair of replacement garments every 3 months OR 2 pairs of replacement garments every 6 months for a maximum of 6 pairs (including the initial coverage) of garments per year is considered medically necessary.

Non-pneumatic compression device (Lymphedema pumps, The Dayspring®, Koya Dayspring System)

## Coding:

Medically necessary with criteria:

Coding	Description
A4465	Nonelastic binder for extremity
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm opening
A6510	Compression burn garment, trunk, including arms down to leg opening
A6511	Compression burn garment, lower trunk including leg openings (panty
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom f
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg,
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg,
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg,
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each
A6544	Gradient compression stocking, garter belt
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, ea
A6549	Gradient compression stocking, not otherwise specified

Considered Not Medically Necessary:

Coding	Description
K1024	Nonpneumatic compression controller with sequential calibrated gradient pressure (DELETED 1/1/2024 – see E0680-E0681)
K1025	Nonpneumatic sequential compression garment, full arm (DELETED 1/1/2024 – E0682)
K1031	Nonpneumatic compression controller without calibrated gradient pressure (DELETED 1/1/2024 – E0680 – E0681)
K1032	Nonpneumatic sequential compression garment, full leg (DELETED 1/1/2024 – E0678)
K1033	Nonpneumatic sequential compression garment, half leg (DELETED 1/1/2024 – E0679)
E0677	Nonpneumatic sequential compression garment, trunk
E0678	Nonpneumatic sequential compression garment, full leg
E0679	Nonpneumatic sequential compression garment, half leg
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure
E0681	Nonpneumatic compression controller without calibrated gradient pressure
E0682	Nonpneumatic sequential compression garment, full arm

## Document History:

Revised Dates:

- 2023: December
- 2019: September
- 2016: May
- 2015: March, June, July
- 2013: January
- 2012: January
- 2011: January, September
- 2008: September
- 2006: July
- 2005: November

Reviewed Dates:

- 2023: October
- 2022: October
- 2021: December
- 2020: December
- 2019: May
- 2018: July
- 2017: November
- 2016: January
- 2015: January
- 2014: January

- 2010: September, December
- 2009: September
- 2008: October
- 2005: September
- 2004: December
- 2001: August

Effective Date:

- January 1994

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

### Keywords:

SHP Compression Stockings and Garments, SHP Durable Medical Equipment 04, Lymphedema, Thrombophlebitis, phlebitis, varicose veins, Chronic venous insufficiency, Venous ulcers, stasis ulcers, Lipodermatosclerosis, Post thrombotic syndrome, post phlebotic syndrome, Edema, fracture, burns, trauma, Postural hypotension, Neurogenic edema, Static Compression Sleeves, Reid Sleeve, ArmAssist, Optiflow sleeves, CircAid, Tribute, silver coated liner, non-silver coated liner, Truncal edema