

Compression Stockings, Garments and Devices, DME 04

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<u>Effective Date</u>	01/1994
<u>Next Review Date</u>	1/2026
<u>Coverage Policy</u>	DME 04
<u>Version</u>	10

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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.

Custom-fitted or non-standard garments are uniquely sized and shaped to fit the exact dimensions of the affected extremity of a person to give accurate gradient compression to treat lymphedema and will require a specialty evaluation by an occupational therapist or wound care specialist in order to approve a custom garment.

Intermittent pneumatic compression devices with extremity pumps are used to administer pressure to the involved extremity, with a pump set to deliver a prescribed amount of pressure intermittently through one of many forms of sleeves. Portable devices allow for the continuation of intermittent sequential pneumatic compression after hospital discharge.

- Nonsegmented device (E0650), also known as a unicompartmental device, is a type of pneumatic compression device that has a single inflatable chamber.
- Segmented device without calibrated gradient pressure (E0651) is a pneumatic compression device (PCD) that has multiple outflow ports that lead to different segments on an appliance that inflate sequentially. In this device, either the same pressure is present in each segment or there is a predetermined pressure gradient in successive segments.
- Segmented device with calibrated gradient pressure (E0652) is a type of pneumatic compression device that has multiple outflow ports on the compressor that send pressurized air to different segments on the appliance sleeve. The segments inflate and deflate based on the compressor's pressures and cycle times.

Criteria:

Compression stockings, garments and devices are considered medically necessary with **ALL of the following**:

- Request is for **1 or more** of the following:
 - Off the shelf stocking; Or
 - Custom fitted for **1 or more** of the following:
 - Off the shelf or prefabricated doesn't meet the needs of the individual
 - Individual cannot tolerate or there has been a failure of a prefabricated item and still meets criteria.
- Garment request is for **1 or more** of the following:
 - Compression or gradient wraps or stocking for **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
 - +3 or greater edema in pregnancy
 - 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
 - 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
 - Pneumatic Compression Devices (PCD) may be covered for **1 or more** of the following:
 - PCD coded as E0650 or E0651 for treatment of primary or secondary lymphedema, as indicated by **ALL** of the following^[1]:
 - Diagnosis of lymphedema^{[1][2]}
 - Persistence of chronic and severe lymphedema, as indicated by **1 or more** of the following:
 - Marked hyperkeratosis with hyperplasia and hyperpigmentation
 - Papillomatosis cutis lymphostatica
 - Deformity of elephantiasis
 - Skin breakdown with persisting lymphorrhea
 - Detailed measurements over time confirming persistence of lymphedema with history evidencing likely etiology
 - Failure of 4-week trial of conservative therapy that included **ALL** of the following^[3]:
 - Regular and compliant use of appropriate compression bandage system or compression garment to provide adequate graduated compression^[4]
 - Regular exercise
 - Elevation of limb
 - Treating practitioner's medical necessity determination includes documentation of **ALL** of the following^[5]:
 - Patient's diagnosis and prognosis
 - Symptoms and objective findings, including measurements that establish severity of condition
 - Reason device is required, including treatments that have been tried and failed
 - Clinical response to initial treatment with device

- PCD coded as E0650 or E0651 for treatment of chronic venous insufficiency of lower extremity, as indicated by **ALL** of the following^[L1E]:
 - Edema in affected lower extremity
 - One or more venous stasis ulcer(s)
 - Failure of 6-month trial of conservative therapy (ie, no significant improvement in ulcer healing has occurred for continuous period of 6 months) that included **ALL** of the following^[Q]:
 - Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression^[N]
 - Medication (eg, diuretics and/or other treatment of congestive heart failure) or medication not appropriate
 - Regular exercise
 - Elevation of limb
 - Appropriate wound care for ulcer (including sharp debridement where appropriate)
- PCD coded as E0652 for treatment of lymphedema extending onto the abdomen, as indicated by **ALL** of the following^[B]:
 - Diagnosis of lymphedema of extremity^[K]
 - Persistence of chronic and severe lymphedema, as indicated by **1 or more** of the following:
 - Marked hyperkeratosis with hyperplasia and hyperpigmentation
 - Papillomatosis cutis lymphostatica
 - Deformity of elephantiasis
 - Skin breakdown with persisting lymphorrhea
 - Detailed measurements over time confirming persistence of lymphedema with history evidencing likely etiology
 - Failure of 4-week trial of conservative therapy that included **ALL** of the following^[M]:
 - Regular and compliant use of appropriate compression bandage system or compression garment to provide adequate graduated compression^[N]
 - Regular exercise
 - Elevation of limb
 - Individual has lymphedema extending onto chest, trunk, and/or abdomen that extends past limits of standard compression sleeve.
 - Failure of 4-week trial of conservative treatment with E0650 or E0651 that included **ALL** of the following^[S]:
 - At least 4 weeks of regular, daily, multiple-hour home usage of E0650 or E0651 after careful, in-person fitting, training, and supervision by technician who is skilled in and who regularly and successfully uses appliance provided
 - Compliant use of appropriate compression bandage system or compression garment to provide adequate graduated compression^[N]
 - Regular exercise
 - Elevation or elevation not appropriate
 - Manual lymphatic drainage (where available) and self-manual lymphatic drainage for at least 30 minutes per day
 - Evaluation of diet and implementation of any necessary change
 - Medication (eg, diuretics and/or other treatment of congestive heart failure) or medication not appropriate
 - Correction of anemia and/or hypoproteinemia or correction of anemia and/or hypoproteinemia not possible or not needed
- 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.

If requesting an overage amount, clinical documentation must be provided to support medical necessity.

Treatment for arterial insufficiency using pneumatic compression device, high pressure, rapid inflation/deflation cycle (E0675) is not medically necessary. (from LCD)

Compression Stockings, Garments and Devices are **considered not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Non-pneumatic compression device (Lymphedema pumps, The Dayspring®, Koya Dayspring System)
- Pneumatic Compression of the Chest and Truck (E0656, E0657)
- Post Partum Recovery Garment

Document History:

Revised Dates:

- 2025: January – updated criteria references updated
- 2024: April
- 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:

- 2024: October – no changes references updated
- 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

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
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
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
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each

A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient pressure wrap with adjustable straps, above knee, each
A6586	Gradient pressure wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each
A6588	Gradient pressure wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6593	Accessory for gradient compression garment or wrap with adjustable straps, non-otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each

Considered Not Medically Necessary:

Coding	Description
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage:
 - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
 - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - Medicaid
 - This medical policy express Sentara Health Plan’s determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider within 60 days of the date of service requested.

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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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