

Compression Stockings and Garments

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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.*

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
- 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.

The following **does not meet the definition of medical necessity**

- 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
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Considered Not Medically Necessary:

Coding	Description
E1399	Durable medical equipment, miscellaneous
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 – see E0682)
K1031	Nonpneumatic compression controller without calibrated gradient pressure (DELETED 1/1/2024 – see E0680 – E0681)
K1032	Nonpneumatic sequential compression garment, full leg (DELETED 1/1/2024 – see E0678)
K1033	Nonpneumatic sequential compression garment, half leg (DELETED 1/1/2024 – see 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: *

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.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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 phlebitic 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

