Sentara Health Plans

Medicaid

Compression Stockings, Garments and Devices, DME 04

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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.*.

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 standard pneumatic compression device that has a single inflatable chamber.
- Segmented device without calibrated gradient pressure *(E0651)* is a standard 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
    - **Pneumatic Compression Devices (PCD)** with **standard pressure (E0650 or E0651)** and associated appliances (E0655, E0660, E0665-E0669, E0671-E0673) or with **calibrated gradient pressure (E0652)** and associated appliances (E0667-E0670) may be covered for **1 or more** of the following:
        - **PCD (Standard)** for treatment of primary or secondary lymphedema, as indicated by **ALL** of the following:
            - Diagnosis of lymphedema
            - 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:
                - Regular and compliant use of appropriate compression bandage system or compression garment to provide adequate graduated compression
                - Regular exercise
                - Elevation of limb
            - Treating practitioner's medical necessity determination includes documentation of **ALL** of the following:
                - 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 (Standard)** for treatment of chronic venous insufficiency of lower extremity, as indicated by **ALL** of the following:
            - 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:
    - Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
    - 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 (Gradient)** for treatment of lymphedema extending onto the abdomen, as indicated by **ALL** of the following:
    - Diagnosis of lymphedema of extremity
    - 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:
        - Regular and compliant use of appropriate compression bandage system or compression garment to provide adequate graduated compression
        - Regular exercise
        - Elevation of limb
    - Individual has lymphedema extending onto the 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:
        - 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
        - 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
- **PCD (Gradient)** for treatment of lymphedema of the head and neck as indicated by **ALL** of the following:
    - Individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a non-segmented device in conjunction with a segmented appliance
- **Intermittent pneumatic compression** with extremity pump may be indicated when **ALL** of the following are present:
    - Appropriate clinical situation, as indicated by **1 or more** of the following:
        - Deep venous thrombosis prevention for immobile patient

- Lymphedema, when patient is participating in complete decongestive therapy program, as indicated by **1 or more** of the following
  - For initial reductive phase, with **ALL** of the following:
    - Lymphedema is symptomatic, as indicated by **1 or more** of the following:
      - Discomfort
      - Heaviness
      - Pain
      - Recurrent skin infections
      - Reduced function
    - Patient unable to perform other compression intervention (eg, compression garment, bandage, manual lymph drainage), or failure of other compression intervention to relieve symptoms after 4 or more weeks of treatment
  - For maintenance phase, when patient unable to perform other compression intervention (eg, compression garment, bandage, manual lymph drainage), or failure of other compression intervention to maintain initial reductive phase results
- Venous leg ulcers, when other compression interventions are inappropriate, as indicated by **1 or more** of the following
  - Failure of other compression intervention (eg, stockings, bandages) to heal ulcer after 6 or more months of treatment, and patient is not candidate for other interventions (eg, saphenous vein ablation)
  - Patient unable or unwilling to use all other compression interventions
- No deep venous thrombosis (acute)
- No recurrent cancer in affected area
- No untreated cellulitis in involved extremity

- **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.

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
- Post Partum Recovery Garment

Document History:

Revised Dates:

- 2026: July – Implementation date of November 1, 2026. Annual review completed. Update codes to align with authorization requirements, references updated .
- 2025: January – updated criteria references updated
- 2024: December – Adding procedure and codes to exceptions. E0656, E0657

- 2024: June – Added criteria from DME 245 – Lymphedema Pump for Head and Neck and code E0652. Added criteria from MCG A-0340 and associated codes - E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676
- 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:

- 2025: Sept – Implementation date of January 1, 2026. Annual review completed, references updated. Moved E0677 – E0682 to not covered to align with current not medically necessary items. Added new 10/1/2025 HCPCS E0658, E0659.
- 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

Origination Date: January 1994

Coding:

Medically **necessary** with criteria:

Coding	Description
A4465	Nonelastic binder for extremity
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full-length, each
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 openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom

A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom
A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
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
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, 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
E0650	Pneumatic compressor, nonsegmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure

E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified

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
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
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

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.

Policy Approach and 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
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**

- 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 by 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.
    - **Documentation Requirements** **Chapter 4: Covered Services and Limitations (DME)** DME Chapter IV (updated 12.5.25)_Final.pdf Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) | MES appendix-b-21-excel-version-with-all-categories-of-appendix-b-2025.xlsx
        - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
        - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
        - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
    - **Repair vs. Replacement Guidelines**
        - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
        - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
            - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
            - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and

- If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.

- **Rental vs. Purchase Guideline**
  - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
  - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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 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