

## Medical Policy



### Pressure Gradient Garments and Support Stockings

#### Description

Pressure gradient garments are designed to promote and restore normal fluid circulation to the extremities as well as to minimize excessive scarring responses in burn victims. The garments are custom made from precise measurements of the body and can vary from lymphedema sleeves for the arm, knee length to full-length stockings, waist high leotard, to various other body parts such as the hands.

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High compression support stockings, socks and hosiery provide increased support for relief from:

- Moderate to severe varicosities (varicose veins)
- Moderate edema (swelling) of legs, ankles and feet
- Moderate to severe varicose veins during pregnancy
- Severe edema and lymphedema

They can also assist in:

- Management of active venous ulcerations
- Preventing recurrence of venous ulcerations
- Preventing post-thrombotic syndrome. This is a complication that may follow a deep vein thrombosis and includes symptoms such as edema, purpura, increased skin pigmentation, itchiness, rash, ulceration and cellulitis.

Clinical evidence shows that pressure gradient garments and support stockings play a part in lowering the risk of deep vein thrombosis in post-surgical patients and those patients confined to bed. They are also used in the treatment of venous leg ulcers, severe circulatory conditions, burns and high-risk pregnancy. There is no published literature to support the efficacy of the use of compression garments for the treatment of truncal edema.

A pressure garment is designed to promote and restore normal fluid circulation to the arms and legs as well as to lessen excessive scarring in burn victims. The garments are custom made from exact measurements of the body and can vary from lymphedema sleeves for the arm, knee length to full-length stockings, waist high leotard and to various other body parts such as the hands.

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**Inclusionary and Exclusionary Guidelines (clinically based guidelines that may support individual consideration and pre-authorization decisions):**

#### **INCLUSIONS**

##### **Pressure Gradient Support Garments:**

- Pressure gradient support stockings are covered when medically necessary for the treatment of severe circulatory conditions, high-risk pregnancy or post-surgical care.
- Garments must be at or above 18 mmHg.

##### **Limitations:**

- No more than four (4) support garments per year.
- Additional support garments will be covered if the member's primary care physician determines they are required due to significant gain or loss in weight or change in the patient's condition.

Elastic Stockings are not a covered benefit as they are available over the counter and do not require a physician prescription and are not considered reasonable and necessary.

Custom-ordered/fitted compression garments (e.g., stocking/burn garment/gradient pressure aid garment/sleeve) are considered reasonable and necessary for patients when the garment functions as a gradient pressure aid with a degree of pressure which is at least 18 mmHg, requires a physician order (prescription) to be dispensed, and meets **one or more** of the following conditions:

- Treatment of complications of chronic venous insufficiency:
  - Varicose veins (except spider veins)
  - Stasis dermatitis (venous eczema)
  - Venous ulcers (stasis ulcers)
  - Venous edema
  - Lipodermatosclerosis
- Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.).
- Post-thrombotic syndrome (post-phlebotic syndrome)
- Chronic lymphedema, including lymphedema as a physical complication of mastectomy.
- Edema following surgery, fracture, burns, or other trauma.
- Post sclerotherapy

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- Postural hypotension
- Severe edema in pregnancy
- DVT prophylaxis during pregnancy and postpartum.
- Edema accompanying paraplegia, quadriplegia, etc.
- Orthostatic hypotension
- Significant burn with risk of post burn contracture, skin grafting and hypertrophic scarring.

Compression garments for the chest, labia, trunk or neck are experimental and investigational. There is a lack of peer-reviewed published literature evaluating the clinical utility of compression garments for these types of lymphedema.

Compression garments for the legs are considered experimental and investigational for improving functional performance in individuals with Parkinson's disease.

Compression garments for the legs are considered experimental and investigational for management of delayed-onset muscle soreness.

#### **Burn Pressure Garments:**

- Covered for when medically necessary to enhance healing, reduce swelling, treat contractures and hypertrophic scars suffered by severely burned patients.

#### **Limitations:**

- None

#### **MEDICARE GUIDELINES:**

Northwood follows the Medicare policy Local Coverage Determination **Surgical Dressings (L33831)** and Policy Article **(A54563)** which states the following: In order for a beneficiary's item(s) to be eligible for reimbursement, all benefit requirements discussed below and the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met.

#### **Qualifying Wound**

Surgical dressings are covered when a **qualifying** wound is present. A qualifying wound is defined as either of the following:

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- A wound caused by, or treated by, a surgical procedure; or,
- A wound that requires debridement, regardless of the debridement technique.

The surgical procedure or debridement must be performed by a physician or other healthcare professional to the extent permissible under State law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive):

- Surgical (e.g., sharp instrument or laser)
- Mechanical (e.g., irrigation or wet-to-dry dressings)
- Chemical (e.g., topical application of enzymes) or
- Autolytic (e.g., application of occlusive dressings to an open wound).

Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the debridement agents themselves are noncovered.

### Qualifying Dressing Requirements

Products that are eligible to be classified as a surgical dressing include both:

- Primary dressings – Defined as therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin; and,
- Secondary dressings – Defined as materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

The following are examples of wound care items which are **non-covered** under the surgical dressing benefit because they do not meet the statutory definition of a dressing (not all-inclusive):

- Skin sealants or barriers (A6250)
- Wound cleansers (A6260) or irrigating solutions
- Solutions used to moisten gauze (e.g., saline)
- Silicone gel sheets (A6025)
- Topical antiseptics
- Topical antibiotics
- Enzymatic debriding agents
- Gauze or other dressings used to cleanse or debride a wound but not left on the wound
- First-aid type adhesive bandage (A6413)
- Any item listed in the latest edition of the Orange Book (e.g., an antibiotic-impregnated dressing which requires a prescription)

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- **Gradient compression stockings (A6530, A6533-A6544, A6549)**
- **Surgical stockings (A4490-A4510)**
- **Non-elastic binder for an extremity (A4465)**
- Small adhesive bandages (e.g., Band-Aid or similar product) are not primarily used for the treatment of wounds addressed in the Surgical Dressings policy.

#### Gradient Compression Stockings/Wraps (A6531, A6532, A6545)

A gradient compression stocking described by codes A6531 or A6532 or a non-elastic gradient compression wrap described by code A6545 is only covered when it is used in the treatment of an **open** venous stasis ulcer that meets the **qualifying** wound requirements described above.

Codes A6531, A6532, and A6545 are **non-covered** for the following conditions:

- Venous insufficiency without stasis ulcers;
- Prevention of stasis ulcers;
- Prevention of the reoccurrence of stasis ulcers that have healed;
- Treatment of lymphedema in the absence of ulcers.

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing, as there is no qualifying wound. Claims for these uses will be denied as non-covered, no benefit.

#### Gradient Compression Wrap (A6545)

A gradient compression wrap is only covered when it is used as a primary or secondary dressing over wounds that meet the statutory requirements for a qualifying wound (surgically created, modified or debrided).

Claims for gradient compression wraps used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit. Refer to the related Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES for information about the statutory benefit requirements.

Utilization of a gradient compression wrap (A6545) is limited to **one per 6 months per leg**. Quantities exceeding this amount will be denied as not reasonable and necessary. Refer to the related Surgical Dressings Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES section for information concerning non-coverage once the ulcer has healed.

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#### Compression Burn Garments (A6501-A6513)

Compression burn garments are covered under the Surgical Dressings benefit when they are used to reduce hypertrophic scarring and joint contractures following a burn injury.

#### Medicare Policy Specific Documentation Requirements

Claim lines for A6531, A6532 and A6545 without an AW modifier (A1-A9 modifiers are not required for these codes) will be rejected for missing information.

#### Medicare Coding Guidelines

For the compression stocking codes A6531 and A6532, one unit of service is generally for one stocking. However, if a manufacturer has a product consisting of two components that are designed to be worn simultaneously on the same leg, the two components must be billed as one claim line with one unit of service – e.g., a product that consists of an unzipped liner and a zippered stocking.

The RT and/or LT modifiers must be used with codes A6531, A6532, and A6545 for gradient compression stockings and wraps. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using RTL modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

#### HCPCS Level II Codes and Description

A4465	Non-Elastic Binder for Extremity
A4490	Surgical Stocking, Above Knee Length, Each
A4495	Surgical Stocking, Thigh Length, Each
A4500	Surgical Stocking, Below Knee Length, Each
A4510	Surgical Stocking, Full Length, Each
A6501	Compression Burn Garment, Bodysuit (Head to Foot), Custom Fabricated
A6502	Compression Burn Garment, Chin Strap, Custom Fabricated
A6503	Compression Burn Garment, Facial Hood, Custom Fabricated
A6504	Compression Burn Garment, Glove to Wrist, Custom Fabricated
A6505	Compression Burn Garment, Glove to Elbow, Custom Fabricated.
A6506	Compression Burn Garment, Glove to Axilla, Custom Fabricated
A6507	Compression Burn Garment, Foot to Knee Length, Custom Fabricated

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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
A6530	Gradient Compression Stocking, Below Knee, 18-30 mmHg, Each
A6531	Gradient Compression Stocking, Below Knee, 30-40 mmHg, Each
A6532	Gradient Compression Stocking, Below Knee, 40-50 mmHg, Each
A6533	Gradient Compression Stocking, Below Knee, 18-30 mmHg, Each
A6534	Gradient Compression Stocking, Thigh Length, 30-40 mmHg, Each
A6535	Gradient Compression Stocking, Thigh Length, 40-50 mmHg, Each
A6536	Gradient Compression Stocking, Full Length, Chap Style 18-30 mmHg, Each
A6537	Gradient Compression Stocking, Full Length/Chap Style, 30-40 mmHg, Each
A6538	Gradient Compression Stocking, Full Length/Chap Style, 40-50 mmHg, Each
A6539	Gradient Compression Stocking, Waist Length, 18-30 mmHg Each
A6540	Gradient Compression Stocking, Waist Length, 30-40 mmHg, Each
A6541	Gradient Compression Stocking, Waist Length, 40-50 mmHg, Each
A6542	Gradient Compression Stocking Custom Made
A6543	Gradient Compression Stocking, Lymphedema
A6544	Gradient Compression Stocking, Garter Belt
A6545	Gradient Compression Wrap, Non-Elastic, Below Knee, 30-50 mmHg Each
A6549	Gradient Compression Stocking Not Otherwise Specified
L8010	Breast Prosthesis, Mastectomy Sleeve

#### Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

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The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation.

Northwood reserves the right to amend all policies without notice to providers or members.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

#### Cross Reference to Related Policies and Procedures

1. Aetna: Compression Garments for the Legs.  
[http://www.aetna.com/cpb/medical/data/400\\_499/0482.html](http://www.aetna.com/cpb/medical/data/400_499/0482.html) Accessed November 17, 2017; 11-13-19.
2. Blue Care Network of Michigan: Pressure Gradient Garments and Support Stockings Medical Policy. Accessed 11/14/19.
3. National Government Services, Inc. Jurisdiction B DME MAC, Surgical Dressings. Local Coverage Determination No. L33831.  
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831&ContrID=140> Revised date 7/24/2017.



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#### SPECIAL COVERAGE INFORMATION PER PLAN:

<b>WELLSENSE MEMBERS ONLY:</b>	The allowable for the (L8010) mastectomy sleeve is two (2) per year.
<b>HEALTH NEW ENGLAND COMMERICAL/SELF FUNDED PLANS:</b>	The allowable is no more than six (3 pairs) pressure gradient support garments per year.
<b>GIC GROUP:</b>	Effective through 6/30/019: Unlimited quantity of pressure gradient support stockings for GIC Group ONLY
<b>SHP</b>	<p>Security Health Plan includes the following diagnoses to be included in the criteria for coverage of compression stockings (<b>4 pair per calendar year</b>):</p> <p><b>I83-I83.899</b> Varicose veins of lower extremities  <b>I83.90</b> Asymptomatic varicose veins of unspecified lower extremity  <b>I89.0</b> Lymphedema, not elsewhere classified  <b>I97.2</b> Postmastectomy Lymphedema Syndrome  <b>I97.89</b> Other postprocedural complications and disorders of the circulatory system, not elsewhere classified  <b>O12.01</b> Gestational edema, first trimester  <b>O12.02</b> Gestational edema, second trimester  <b>O12.03</b> Gestational edema, third trimester  <b>O12.21</b> Gestational edema with proteinuria, first trimester  <b>O12.22</b> Gestational edema with proteinuria, second trimester  <b>O12.23</b> Gestational edema with proteinuria, third trimester  <b>O26.01</b> Excessive weight gain in pregnancy, first trimester  <b>O26.02</b> Excessive weight gain in pregnancy, second trimester</p>

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	<b>O26.03</b> Excessive weight gain in pregnancy, third trimester <b>Q82.0</b> Hereditary Lymphedema <b>R60.0</b> Localized Edema <b>R60.1</b> Generalized Edema <b>R60.9</b> Edema Unspecified
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### Applicable URAC Standard

Core 8	Staff operational tools and support
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### Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2008	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03		Annual review – policy update	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	8-24-11	Added ICD-9 code 459.81 Venous Insufficiency to graph	Susan Glomb	Dr. B. Almasri		
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		

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09	11-25-14	Annual Review. Added burn garments to this policy and removed them from the surgical dressing policy.	Susan Glomb	Dr. B. Almasri		
10	06-24-15	Added Security Health Plan inclusion of the following ICD-9 codes for coverage for compression stockings at 4 per calendar year. 454.9 Asymptomatic varicose veins. 782.3 Edema 646.13 Edema or excessive weight gain, antepartum.	Susan Glomb	Dr. B. Almasri		
11	12-15-15	Annual review. Updated policy with Medicare policy criteria and added ICD-10 Codes for SHP specifically. Removed reference to Diagnosis codes per Medicare policy.	Susan Glomb	Dr. B. Almasri		
12	04-11-17	Added to SHP approved diagnoses codes I 83-I 83.899 Varicose Veins of Lower Extremities.	Susan Glomb	Dr. C. Lerchin		
13	12-4-17	Annual review. Updated policy to reflect compression garments for legs are considered experimental and investigational for improving functional performance in Parkinson's disease.	Carol Dimech	Dr. C. Lerchin	December 2017	
14	1-11-18	Added new reference (Aetna) to policy.	Carol Dimech	Dr. C. Lerchin	January 2018	
15	4-20-18	Updated ICD-10 codes in SHP box to R60.0, R60.1 and R60.9 (number 0 was missing)	Carol Dimech	Dr. C. Lerchin	4-20-18	

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		from these codes).				
16	6-26-18	Added Medicare guidelines for Gradient Compression Stockings, Wraps and Burn Garments.	Carol Dimech	Dr. C. Lerchin	6/26/18	
17	10-10-18	Added HNE Commercial/Self-Funded groups allowable of 6/year compression stockings.	Carol Dimech	Dr. C. Lerchin	10-10-18	
18	11-20-18	Annual review. See above for changes.	Carol Dimech	Dr. C. Lerchin	11-20-18	
19	5-2-19	HNE GIC group allowed unlimited compression stockings effective only until 6/30/19.	Carol Dimech	Dr. C. Lerchin	5-2-19	
20	6-27-19	Added Well Sense criteria L8010 2/year allowed.	Carol Dimech	Dr. C. Lerchin	6-27-19	
21	11-13-19	Compression garments for the legs are considered experimental and investigational for management of delayed-onset muscle soreness. Added BCN of MI to reference list.	Carol Dimech	Dr. C. Lerchin	11-13-19	11-13-19
22	11-22-19	Annual review. Additional ICD-10 codes (I89.0, I97.2, I97.89, Q82.0) added to SHP box per Plan request.	Carol Dimech	Dr. C. Lerchin	11-22-19	11-22-19