Custom compression garments

Date of Origin: 09/2019               Last Review Date: 11/27/2019               Effective Date: 3/1/2020

Dates Reviewed: 11/19

Developed By: Medical Necessity Criteria Committee

I. Description

Compression garments are used by patients suffering from poor circulation and lower extremity edema. The increased external compression provided by the garments enhances extrastitial fluid return to the vascular system. A persistent accumulation of extrastitial fluid in the lower extremity increases pressure on free nerve endings causing pain, swelling, and may limit standing mobility. Compression therapy is frequently used in conditions involving venous and lymphatic insufficiency in the lower limbs, including varicosities, lymphedema, venous eczema and ulceration, deep vein thrombosis and post-thrombotic syndrome. There are many forms of compression therapy that include elastic and non-elastic bandages, boots, hosiery or stockings, and pneumatic devices.

Graduated compression stockings work by exerting the greatest degree of compression at the ankle, with the level of compression gradually decreasing up the garment. The pressure gradient ensures upward flow of blood toward the heart instead of refluxing downward to the foot or laterally into the superficial veins. The application of adequate graduated compression reduces the diameter of major veins, which increases the velocity and volume of blood flow. Graduation compression can reverse venous hypertension, augment skeletal-muscle pump, facilitate venous return and improve lymphatic drainage.

II. Criteria: CWQI HCS

A. Moda Health considers custom-ordered or fitted compression garments such as gradient pressure aid garment or sleeve, medically necessary when ALL the following requirements are met;
   a. Need a physician or qualified health care professional prescription and require measurements for fitting
   b. The garment has a gradient pressure aid with a degree of pressure at least 18 mmHg
   c. Conservative management has failed to show improvement in symptoms e.g. exercise, weight management
   d. And one or more of the following;
      i. Chronic lymphedema, including lymphedema as a complication of mastectomy
      ii. Deep vein thrombosis (DVT) prophylaxis during pregnancy and postpartum
      iii. Severe edema in pregnancy
      iv. Moderate to severe varicose veins during pregnancy
      v. Post-mastectomy edema
      vi. Edema with paraplegia, quadriplegia etc
      vii. Edema following surgery, fracture, burns, any other trauma
viii. Prevention of thrombosis in immobilized persons (e.g. immobilization due to surgery, trauma, general debilitation, etc)
ix. Postural hypertension with documented changes in systolic/diastolic pressures
x. Post sclerotherapy
xi. Post-thrombotic syndrome (post-phlebitic syndrome)

xii. Orthostatic hypotension

xiii. Treatment of complications of chronic venous insufficiency that include:
   1. Lipodermatosclerosis
   2. Stasis dermatitis (venous eczema)
   3. Varicose veins (except spider veins)
   4. Venous edema
   5. Venous ulcers (stasis ulcers)

B. A maximum of 2 pressure gradient support stockings every six months will be considered medically necessary. Additional support garments will be covered if the member’s primary physician determines the need either due to significant weight gain or loss and/or change in patient’s condition
C. Ready-made or custom-made compression garments, such as JOBST, Medi Strumpf, Sigvaris, ReidSleeve and CircAid may be covered
D. Replacements are considered medically necessary if the patient condition changes, the patient’s physician would make this determination and provide clinical documentation that indicates the need
E. Indications that are NOT covered
   a. If used for decreasing scarring for cosmetic purposes
   b. If used for comfort, or recreational purposes
   c. Due to lack of peer-reviewed literature evaluating the clinical use of compression garments for the chest, trunk, neck or labia lymphedema, is considered experimental and investigational. These may include garments such as vests, such as Tribute vest, torso garment such as Solaris

III. Information Submitted with the Prior Authorization Request:
   1. Clinical or chart notes from the prescribing provider detailing the need for the custom compression stockings
   2. Prescription and physician order from the member’s treating physician

IV. CPT or HCPC codes covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>A6549</td>
<td>Gradient compression stocking/sleeve, not otherwise specified</td>
</tr>
<tr>
<td>A4465</td>
<td>Nonelastic binder for extremity</td>
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V. CPT or HCPC codes NOT covered:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
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</table>
VI. Annual Review History

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<th>Revisions</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>11/2019</td>
<td>New criteria</td>
<td>3/1/2020</td>
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VII. References


Appendix 1 – Applicable Diagnosis Codes:

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<tr>
<th>Codes</th>
<th>Description</th>
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Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: [http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx](http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx). Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

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<th>NCD/LCD Document(s):</th>
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NCD/LCD Document(s):

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<th>NCD/LCD Document(s):</th>
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Medicare Part B Administrative Contractor (MAC) Jurisdictions

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<th>Contractor</th>
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<tbody>
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<td>F (2 &amp; 3)</td>
<td>AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ</td>
<td>Noridian Healthcare Solutions, LLC</td>
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