

## Custom Compression Garments

Date of Origin: 09/2019

Last Review Date: 11/27/2024

Effective Date: 12/1/2024

Dates Reviewed: 11/19, 11/2020, 11/2021, 10/2022, 11/2023, 11/2024

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 the 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 the skeletal muscle pump, facilitate venous return, and improve lymphatic drainage.

### II. Criteria: CWQI HCS-0299

- 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. A physician or other qualified health care professional has provided a prescription and the required measurements for fitting
  - b. The garment has a gradient pressure aid with a degree of pressure of at least 18 mmHg
  - c. Conservative management (e.g. exercise, weight management) has failed to show improvement in symptoms
  - d. **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, or 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-phlebotic 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 pairs of 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 member’s condition
- C. Ready-made or custom-made compression garments, such as JOBST, Medi Strumpf, Sigvarus, Juvo, ReidSleeve, Solaris and CircAid may be covered
- D. Replacements are considered medically necessary if the member’s condition changes. The member’s physician would make this determination and provide clinical documentation indicating the condition changes necessitating the replacement(s)
- E. Indications that are **NOT** covered
  - a. For decreasing scarring for cosmetic purposes
  - b. For comfort or recreational purposes
  - c. Due to the lack of peer-reviewed literature evaluating the clinical use of compression garments for chest, trunk, neck, or labia lymphedema is considered experimental and investigational. These may include garments such as vests, Tribute vest, or torso garments such as Solaris
- F. Compression garments are considered experimental and investigational for treatment of severe peripheral arterial disease or septic phlebitis because they are contraindicated in these conditions.

### 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:

| Codes | Description   |
|-------|---|
| A6549 | Gradient compression stocking/sleeve, not otherwise specified |
| A4465 | Nonelastic binder for extremity                               |
|       |   |

**V. CPT or HCPC codes NOT covered:**

| Codes | Description |
|-------|-------------|
|       |             |

**VI. Annual Review History**

| Review Date | Revisions  | Effective Date |
|-------------|--|----------------|
| 11/2019     | New criteria   | 3/1/2020       |
| 11/2020     | Annual Review: Grammar updates. No content change  | 12/1/2020      |
| 11/2021     | Annual Review: No changes  | 12/1/2021      |
| 10/2022     | Annual Review: Section B; Clarified language ‘a maximum of 2 pairs of pressure gradient support stockings’ | 11/1/2022      |
| 11/2023     | Annual Review: Added Juvo, Solaris garments. No content changes  | 12/1/2023      |
| 11/2024     | Annual Review: No changes  | 12/1/2024      |

**VII. References**

1. Fletcher, L., Raab, S., Sanderson, S. & Vargo, L. (2014). Efficacy of compression socks to enhance recovery in distance athletes
2. Lim, C. S. & Davies, A. H. (2014). Graduated compression stockings. Canadian Medical Association Journal, 186 (10): E391-E398

**Appendix 1 – Applicable Diagnosis Codes:**

| Codes | Description |
|-------|-------------|
|       |             |

**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>. Additional indications may be covered at the discretion of the health plan.

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

| Jurisdiction(s): 5, 8 | NCD/LCD Document (s): |
|-----------------------|-----------------------|
|                       |                       |

| NCD/LCD Document (s): |
|-----------------------|
|                       |

| Medicare Part B Administrative Contractor (MAC) Jurisdictions |  |                                    |
|---|--|------------------------------------|
| Jurisdiction  | Applicable State/US Territory          | Contractor                         |
| F (2 & 3)   | AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ | Noridian Healthcare Solutions, LLC |