

Compression Garments (Gradient) for the Extremities

Policy Number:

MM.01.015

Line(s) of Business:

HMO; PPO; QUEST Integration

Section:

DME

Place(s) of Service:

Home

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I. Description

Gradient compression garments are typically two-way stretch knit that can be used to treat conditions such as; chronic venous insufficiency, venous stasis ulcers and lymphedema. These stockings deliver pressure to the leg that is highest at the ankle, with the amount of compression gradually decreasing from distal to proximal leg. Gradient compression stockings are available in a variety of pressure levels, e.g. 20-30 mm Hg, 30-40 mm Hg).

Non-elastic gradient compression wraps and binders work in a similar manner as, and can be an alternative to, gradient compression stockings. Non-elastic binders are composed of material that is fastened with adjustable Velcro, hooks, loops or other straps to provide compression.

Gradient compression garments may be custom-fitted or custom fabricated. Custom-fitted prefabricated garments are manufactured without a specific patient in mind, but require a medical provider prescription for the specific amount of compression needed to affect a medical result and requires specific measurement to correctly fit the specific patient.

II. Criteria/Guidelines

A. Gradient compression stockings for the lower extremities (HCPCS codes A6530-A6541) are covered (subject to Limitations and Administrative Guidelines) for the following:

1. Complications of chronic venous insufficiency, e.g., symptomatic varicose veins, venous edema, venous stasis ulcers
2. Lymphedema
3. Post-thrombotic syndrome
4. Prevention of thrombosis post-operatively
5. Orthostatic hypotension
6. Edema related to hemi-, para-, quadriplegia/plegia

B. A non-elastic gradient compression wrap (HCPCS code A6545) or non-elastic binder (HCPCS code A4465) is covered (subject to Limitations and Administrative Guidelines) as an alternative

to gradient compression stockings when the patient is unable to tolerate, don and doff despite instruction, or be fitted with stockings or when the use of stockings are contraindicated.

- C. Gradient compression garments for the upper extremities (HCPCS codes S8420-S8428) are covered (subject to Limitations and Administrative Guidelines) when prescribed as part of a complete decongestive therapy (CDT) program for patients with intractable lymphedema.
- D. Mastectomy sleeves (HCPCS code L8010) are covered (subject to Limitations and Administrative Guidelines) when prescribed as part of a post-mastectomy comprehensive CDT program.

III. Limitations

- A. Gradient compression garments are covered when prescribed by a physician. Level of compression must be specified.
- B. Gradient compression garments for the upper extremities and gradient compression stockings for the lower extremities are limited to two pairs every six months.
- C. Gradient compression wraps or binders are limited to one per limb every six months.
- D. Over the counter support hose/stockings and are not covered.
- E. Custom fitted and custom fabricated garments must be properly evaluated and fitted by a qualified practitioner with specialized skills in the evaluation of gradient compression, e.g., physical or occupational therapist, a physician, or a supplying provider who has been certified to properly measure and fit gradient compression garments.

IV. Administrative Guidelines:

- A. Precertification is not required. Documentation supporting medical necessity must be kept in the patient's medical record and made available upon request.
- B. When billing for gradient compression garments report the appropriate modifier (left-LT, right-RT).
- C. Applicable codes:

HCPCS	Description
A4465	Non-elastic binder for extremity
A6530	Gradient compression stocking; 18-30 mm Hg
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532	Gradient compression stocking ; 40-50 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6534	Gradient compression stocking ; 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, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each
A6538	Gradient compression stocking, full length/chap style; 40-50 mm Hg, each
A6539	Gradient compression stocking, waist; 18-30 mm Hg, each
A6540	Gradient compression stocking, waist; 30-40 mm Hg, each
A6541	Gradient compression stocking, waist;40-50 mm Hg, each

A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each
A6549	Gradient compression stocking, not otherwise specified
L8010	Mastectomy sleeve
S8420	Gradient pressure aid (sleeve and glove combination), custom made
S8421	Gradient pressure aid (sleeve and glove combination), ready made
S8422	Gradient pressure aid (sleeve and glove combination), medium weight
S8423	Gradient pressure aid (sleeve and glove combination), custom made, heavy weight
S8424	Gradient pressure aid (sleeve), ready made
S8425	Gradient pressure aid (glove), custom made, medium weight
S8426	Gradient pressure aid (glove), custom made, heavy weight
S8427	Gradient pressure aid (glove), ready made
S8428	Gradient pressure aid (gauntlet), ready made

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

1. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. The Women's Health and Cancer Rights Act (WHCRA) of 1998.
2. Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD) for Surgical Dressings (L11460). Effective 11/01/2013
3. UptoDate. Compression therapy for the treatment of chronic venous insufficiency. Last updated August 18, 2014.
4. UptoDate. Prevention and treatment of lymphedema. Last updated June 16, 2014.

5. UptoDate. Prevention of venous thromboembolic disease in surgical patients. Last updated March 18, 2015.
6. UptoDate. Post-thrombotic (postphlebotic) syndrome. Last updated July 15, 2014.
7. UptoDate. Treatment of orthostatic and postprandial hypotension. Last updated September 22, 2014.