



## MEDICAL COVERAGE POLICY SERVICE: Compression Garments

Policy Number:	299
Effective Date:	03/01/2024
Last Review:	01/02/2024
Next Review:	01/02/2025

**Important note:** Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

**SERVICE:** Compression Garments - Supply Quantity Limits

**PRIOR AUTHORIZATION:** Not required.

**POLICY:** Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details. Not all plans cover this therapy.

**Note:** Unless otherwise indicated (see below), this policy will apply to all lines of business.

**For Medicare plans,** please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

**For Medicaid plans,** please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM). If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

**BSWHP may consider compression garments** (custom-made or custom-fitted elastic support garments that are fabricated to apply varying pressure gradients to an area) and **gradient compression stockings for the lower extremities (HCPCS codes A6531-A6541) medically necessary** for the following conditions:

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

**BSWHP may consider non-elastic gradient compression wrap (HCPCS code A6545) or non-elastic binder (HCPCS code A4465) medically necessary** when the member is unable to tolerate, put on, or remove, or be fitted with stockings or when the use of stockings is contraindicated.

Quantity limits for these garments are listed in the table below.

OTC support hose / stockings / garments are not covered.



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### BACKGROUND:

Static compression includes compression hosiery and compression bandages. These tools provide a constant pressure gradient.

Gradient or graduated compression garments (stocking, wraps, bandages) are typically used to treat conditions such as chronic venous insufficiency, venous stasis ulcers and edema; and are best for conditions without open wounds or severe swelling. These stockings deliver pressure to the leg to the that is highest at the ankle, and gradually decreasing up the leg to ensure blood flows toward the heart. Gradient compression stockings are available in a variety of pressure levels.

Inelastic gradient compression therapy provides a high working pressure with muscle contraction, and therefore during ambulation, but no resting pressure. Non-elastic binders are composed of material that is fastened with adjustable Velcro, hooks, loops or other straps to provide compression. These systems are made with materials that don't stretch, and therefore, do not conform to changes in leg volume. These include wraps and bandages and are best used with open wounds or significant swelling.

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.

Contraindications to the use of compression stockings include:

- Peripheral vascular disease
- Suspected or known acute venous thrombosis
- Severe peripheral neuropathy or other sensory impairment
- Massive leg edema or pulmonary edema from heart failure (care should be used to avoid fluid volume shifts)
- Acute cellulitis or infection

### CODES:

**Important note:**

*Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

CPT		
CPT Not Covered		



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HCPCS Codes	<p>A4465 Non-elastic binder for extremity            A6530 Gradient compression stocking, below knee, 18-30 mm Hg, ea            A6531 Gradient compression stocking, below knee, 30-40 mm Hg, ea            A6532 Gradient compression stocking, below knee, 40-50 mm Hg, ea            A6533 Gradient compression stocking, thigh length, 18-30 mm Hg, ea            A6534 Gradient compression stocking, thigh length; 30-40 mm Hg, ea            A6535 Gradient compression stocking, thigh length, 40-50 mm Hg, ea            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, ea            A6540 Gradient compression stocking, waist length, 30-40 mm Hg, ea            A6541 Gradient compression stocking, waist length, 40-50 mm Hg, ea            A6544 Gradient compression stocking, garter belt            A6545 Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg            A6549 Gradient compression stocking / sleeve, not otherwise specified</p>	<p>Qty limit 2 / month            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 8 / calendar yr            Qty limit 4 / calendar yr            Qty limit 4 / calendar yr            Qty limit 4 / calendar yr            Qty limit 4 / calendar yr            Qty limit 1 / 6 months</p>
ICD-10 Codes		
ICD-10 Codes Not Covered		

**\*Qty limits may vary for Medicaid and Medicare plans. Check applicable TMPPM and NCD / LCD limitations if applicable.**

**POLICY HISTORY:**

Status	Date	Action
New	12/01/2022	New policy
Reviewed	01/02/2024	Clarified where quantity limits apply and added missing HCPCS codes. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes



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### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Lim, Chung Sim, Davies, Alun H. Graduated Compression stockings. CMAJ July 08, 2014, 186 (10) E391-E398.
2. Cochrane Database System Review. 2021; 7:CD013397. Epub 2021 Jul 26.
3. PubMed: Compression bandages or stockings versus no compression for treating venous leg ulcers.

### Note:

*Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.*

*RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs.*