

MEDICAL COVERAGE POLICY

SERVICE: Compression Garments

Policy Number:	299
Effective Date:	01/01/2023
Last Review:	12/01/2022
Next Review Date:	12/01/2023

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Supply Quantity Limits

PRIOR AUTHORIZATION: Not required.

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

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Compression garments are custom-made or custom-fitted elastic support garments that are fabricated to apply varying pressure gradients to an area. Gradient compression stockings for the lower extremities (HCPCS codes A6531-A6541) are considered 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/plegia

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

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

OTC support hose/stockings/garments are not covered.

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OVERVIEW:

Gradient compression garments are typically 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, and gradually decreasing up the leg. Gradient compression stockings are available in a variety of pressure levels.

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

CODES:

Important note:

CODES: 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 Codes:		
CPT Not Covered:		
HCPCS Codes	A4465 Non-elastic binder for extremity A6531 Gradient compression stocking, below knee, 30-40 mm Hg, each A6532 Gradient compression stocking, below knee, 40-50 mm Hg, each A6533 Gradient compression stocking, thigh length, 18-30 mm Hg, each A6534 Gradient compression stocking, thigh length; 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 length, 18-30 mm Hg, each A6540 Gradient compression stocking, waist length, 30-40 mm Hg, each A6541 Gradient compression stocking, waist length, 40-50 mm Hg, each A6545 Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each	Quantity limit of 2 per month Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 8 per calendar year Quantity limit of 4 per calendar year Quantity limit of 4 per calendar year Quantity limit of 4 per calendar year Quantity limit of 1 per 6 months



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ICD10 codes:		
ICD10 Not covered:		

CMS:

POLICY HISTORY:

Status	Date	Action
New	12/01/2022	New policy

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.

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 Plans.

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. Individual HMO plans are offered through FirstCare in West Texas.