

Policy Number: CP-IFP20-014A

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DME: Compression Stockings & Wraps (IFP)

The purpose of this policy is to provide clarity and specificity for DME: Compression Stockings & Wraps (DME) coverage for IFP. Compression garments are a tight-fitting, elastic garment, such as a sleeve or stocking. Compression garments are used in the treatment of lymphedema (swelling caused by a buildup of lymph fluid in tissue) and are also used to improve blood flow in an extremity.

- Compression stockings are the most common mode of compression therapy.
- Compression wraps or bandages are also common options

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment

Definitions or summary

Gradient Compression Stockings are made in multiple compression support levels. **Not all levels are considered eligible for coverage.**

- 15-20 mmHg
- 20-30 mmHg
- 30-40 mmHg* *see below under covered*
- 40-50 mmHg* *see below under covered*
- Elastic covering for the foot, ankle, or leg that places firm, even pressure on an extremity. External compression reduces swelling and increases the velocity of blood flow in both superficial and deep veins
- Graduated compression stockings exert more pressure at the ankle and pressure gradually decreases proximally to permit venous return.
- Used to manage edema, preventing deep vein thrombosis (DVT) of the leg and in the treatment of varicose veins.

Medical grade compression garments

- Prefabricated ready-made garments are generally produced using a circular knit material.
 - Circular knit fabrics do not have a seam and can be produced using finer and sheerer materials.
- Custom made garments are generally made from flat knit material.
 - Higher levels of pressure (>50mmHg) can only be achieved with flat knit garments.
 - Flat knit garments are denser but provide a more precise fit, but because of their construction when stretched over a limb there are more holes for the skin to breath

Gradient Compression Wrap

- A gradient compression wrap or a non-elastic gradient compression wrap is used in the treatment of an open venous stasis ulcer.
- Used to treat lymphedema in the extremities

Coverage policy

COVERED

- Must be prescribed by a health care provider and be part of a treatment plan
- Provided by contracted, in-network DME vendor
- Four (4) garments per affected limb (leg or arm) **per calendar year.**
 - When *both* legs or arms are affected, 4 pairs are covered (8 total) **per calendar year.**
 - When only one leg or arm is affected, 2 pairs – 4 individual stockings – are covered **per calendar year.**
 - Two (2) nighttime garments per body area, every two (2) years (24 months)
- Conditions for which compression stockings and wraps (prefabricated or custom made) may be indicated include, but are not limited to, the following:
 - Atherosclerosis

- Congestive heart failure
- Lymphedema
- Orthostatic hypotension
- Peripheral edema
- Stasis dermatitis
- Thrombophlebitis
 - Including phlebitis of superficial and deep vessels of lower extremities
 - Including superficial and deep thrombophlebitis in pregnancy
 - Varicose veins
- Venous insufficiency
- Venous ulcers (also referred to as stasis ulcers)
- Compression / lymphedema bandages are covered for intractable lymphedema of the extremities.
 - Bandages & compression garments may be covered at the same time if necessary
 - Stocking liners, when used for ulcer care
- Gradient compression stockings, any length, **30mmHg-50mmHg***
- Medical grade prefabricated or custom-made compression support garments, such as JOBST, Medi Strumpf
 - Ordered by a physician and the garments are used for:
 - Burn patients to decrease contractures
 - Treatment of post-mastectomy lymphedema
 - Miscellaneous items, such as garters, zippers or adhesive lotions are covered when deemed essential to the use of the garment.

Services not covered include but not limited to:

- Gradient compression stockings, any length, **8-30 mm HG**
- Over the Counter (OTC) support hose/stockings/garments (e.g., medical support hose, fabric supports, elastic stockings with no degree of pressure, surgical leggings)
- Items which are primarily for comfort, convenience or recreation are excluded from coverage.
- Compression Garments when used to decrease scarring for cosmetic purposes.
- Compression garments for the abdomen, chest, genitals, trunk, or neck for any indication other than burns.

CPT/ HCPCS/ICD-10 Codes		
<p><i>*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.</i></p>		
CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
A6520		Gradient compression garment, glove, padded, for nighttime use, each
A6521		Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522		Gradient compression garment, arm, padded, for nighttime use, each
A6523		Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524		Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525		Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526		Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527		Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528		Gradient compression garment, bra, for nighttime use, each
A6529		Gradient compression garment, bra, for nighttime use, custom, each
A6531	LT/RT	Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532	LT/RT	Gradient compression stocking, below knee, 40-50 mm Hg, each
A6534	LT/RT	Gradient compression stocking, thigh length, 30-40 mm Hg, each
A6535	LT/RT	Gradient compression stocking, thigh length, 40-50 mm Hg, each
A6537	LT/RT	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each
A6538	LT/RT	Gradient compression stocking, full length/chap style, 40-50 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
A6544		Gradient compression stocking, garter belt
A6545		Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each
A6549		Gradient compression stocking, not otherwise specified (code requires submission of invoice for payment)
A6552		Gradient compression stocking, below knee, 30-40 mm Hg, each
A6553		Gradient compression stocking, below knee, 30-40 mm Hg, custom, each
A6554		Gradient compression stocking, below knee, 40 mm Hg or greater, each

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
A6555		Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each
A6557		Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each
A6558		Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each
A6560		Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each
A6561		Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each
A6563		Gradient compression stocking, waist length, 30-40 mm Hg, custom, each
A6564		Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each
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), custom made, medium weight
S8423		Gradient pressure aid (sleeve), 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
S8429		Gradient pressure exterior wrap
I89.0		Lymphedema, not elsewhere classified
I97.2		Postmastectomy lymphedema syndrome
I97.89-		Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0-		Hereditary lymphedema

*CPT is a registered trademark of the American Medical Association.

Prior authorization	
Not required	

Related policies and documentation	
<i>References to other Policies or Documentation that may be relevant to this Policy.</i>	
Policy Number	Policy Description
CP-IFP21-006A	Durable Medical Equipment (DME)
CP-IFP21-0020A	DME: Pneumatic Compression and Lymphedema Pumps

References and source documents	
Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy	
Individual & Family Plans Member Contract:	

Coverage policy development and revision history		
Version	Date	Note (s)
V1	Dec.01,2021	New policy Original Effective Date
	Nov.30,2022	Annual review; no changes
	Oct.16,2023	Annual Review: No substantive change Added DME to the Title
	May 22, 2024	Made due to lymphedema being added to NCD, effective 1/1/24. Added additional codes as reference.
	Oct.2,2024	Annual Review: No substantive change
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1, 2025	Annual Review; aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract