

Policy Number: CP-IFP21-014A

Effective Date: July 1, 2024

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.

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 Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare | |
| UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP) | |
| UCare Connect + Medicare (HMO D-SNP) | |
| 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.

Indications that are Not covered

- 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 | | |
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| <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 |

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

| Prior authorization | |
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| Not required | |

| Related policies and documentation | |
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| <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 | |
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| <i>Links to the UCare contracts, Center for Medicare and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i> | |
| 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. |