

MEDICAL POLICY

**SUBJECT: SURGICAL STOCKINGS AND
COMPRESSION GARMENTS**

EFFECTIVE DATE: 10/18/01

**REVISED DATE: 05/23/02, 05/22/03, 06/24/04, 12/02/04,
06/23/05, 06/22/06, 08/23/07, 10/23/08,
10/28/09, 08/26/10**

ARCHIVED DATE: 08/25/11

**EDITED DATE: 08/23/12, 08/22/13, 08/28/14, 08/27/15,
08/25/16, 08/25/17, 08/23/18**

POLICY NUMBER: 1.01.14

CATEGORY: Equipment/ Supplies

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- *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.*
- *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.*
- *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT:

- I. Prescription custom made or custom fitted surgical stockings/graduated-compression garments (e.g., Jobst, Sigvaris, Circaid, Juzo, ReidSleeve®, Sigvaris, Solaris, including the Tribute™ garment, and Belisse® garments) are considered **medically appropriate** for the following indications:
 - A. Venous insufficiency;
 - B. Ulceration due to chronic venous insufficiency;
 - C. Varicose veins;
 - D. Phlebitis/Thrombophlebitis;
 - E. Deep vein thrombosis (DVT) prophylaxis during pregnancy and postpartum, or immobilization due to surgery, trauma or debilitation;
 - F. Orthostatic hypotension;
 - G. Chronic Lymphedema;
 - H. Intractable lymphedema of the upper extremity subsequent to lymph node dissection related to cancer surgery;
 - I. Edema following surgery, fracture, burns or other trauma.
- II. Two pair of graduated compression stockings (GCS), on initial prescription, are considered **medically appropriate**. Any subsequent GCS within the same calendar year will require medical necessity review (e.g., change in size, unusual drainage, wear that renders them ineffective).
- III. Based upon our criteria and review of the peer-reviewed literature, GCS solely for the purpose of air travel in those individuals at low-risk for DVT are **not medically necessary**, as they do not improve patient outcomes.

Refer to Corporate Medical Policy #1.01.17 regarding Pneumatic Compression Device/Lymphedema Pumps.

Refer to Corporate Medical Policy #1.01.51 regarding Limb Pneumatic Compression Devices for Venous Thromboembolism Prophylaxis.

POLICY GUIDELINES:

Graduated compression hosiery (e.g., TED's and support hose) with pressures less than 30 mmHg are available without physician prescription/order and are **ineligible for coverage** under most Health Plan contracts.

DESCRIPTION:

Surgical stockings or graduated compression garments, are custom-made or custom-fitted support for the lower extremities. They are available by physician prescription/order only in situations where they can prevent thrombi formation, severe pitting edema, and are ordered by the level of compression that they provide (e.g., 18-30 mmHg to 40-50 mmHg). Graduated compression garments are usually indicated following surgery, stroke, during pregnancy, for varicose veins and occasionally in other special situations. Graduated compression garments can be prescribed for chronic lymphedema (that which has been present for greater than 3 months).

Heavy elastic surgical stockings with compression less than 30 mmHg, such as TEDs, provide more support than support hose, but are available without a physician's prescription/order.

Support hose are pantyhose that are widely available without a physician's prescription/order.

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A *lymphedema sleeve* is a custom-fabricated garment that applies gradient pressure to an affected limb and is worn to reduce or maintain the volume of the upper limb (e.g., ReidSleeve®, ArmAssist, Jobst, Juzo, Circaid, Sigvaris, Tribute™ by Solaris). There are two types of lymphedema sleeves; those made of specialized elastic knit two-way stretch sleeves or stockings (e.g., Jobst or Juzo) and those in which gradient compression is achieved through high to low pressure ratios created by variations in density, type, size, proportion and insertion pressure of foam (e.g., Reidsleeve® or Tribute by Solaris). The elastic garments are usually prescribed for the initial treatment of lymphedema and worn under clothing during the day (including while exercising). Lymphedema sleeves such as the Reidsleeve® or Tribute™ by Solaris garments are used in addition to the elastic garments and typically after decongestive therapy to maintain limb volume. They can replace bandaging of the affected extremity and are usually worn at night. These garments are usually prescribed for intractable lymphedema (lymphedema which has been difficult to manage and nonresponsive to decongestive treatment).

The Tribute™ by Solaris garment can also be used for the treatment of lymphedema of the lower extremity as well as, the upper extremity. The lower extremity garment is boot-shaped, applies gradient compression to the lower extremity and usually replaces bandaging of the affected lower extremity.

The Compressure Comfort® Bra by Belisse® is contoured similarly to a bra however it is not considered a mastectomy bra. The garment applies gentle compression all around the torso and is used for treatment of lymphedema of the armpit, chest, breast, and/or back.

RATIONALE:

There are a number of medical conditions for which gradient compression stockings are considered standard of practice. These conditions include, but are not limited to:

- I. complications of venous insufficiency with or without stasis ulcers,
- II. treatment of chronic lymphedema, or
- III. postural hypotension.

The American College of Chest Physicians (ACCP) guidelines for prevention of venous thromboembolism recommend:

- I. mechanical methods (including GCS) for prevention of DVT be used primarily in patients who are at high risk of bleeding or as an adjunct to anticoagulant-based prophylaxis, and
- II. long distance travelers at high risk for venous thromboembolism (VTE) may benefit from the use of properly fitted gradient compression stockings for prevention of DVT.

Conservative medical practices that may be used in the management of varicose veins include leg elevation, analgesia for symptom relief, avoidance of prolonged periods of standing and compression therapy. The use of custom-fit compression stockings with pressure gradients, is often attempted prior to more invasive procedures. The stockings should be put on when first arising in the morning, preferably before getting out of bed.

The Women’s Health and Cancer Rights Act of 1998 mandates coverage for treatment of physical complications of mastectomy including lymphedema for all contracts that provide medical and surgical benefits.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE PROTOCOL AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT: No codes(s)

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<u>HCPCS:</u>	A4490 (NMN)	Surgical stockings above knee length, each
	A4495 (NMN)	Surgical stocking thigh length, each
	A4500 (NMN)	Surgical stocking below knee length, each
	A4510 (NMN)	Surgical stocking full-length, each
	A6530 (NMN)	Gradient compression stocking; below knee, 18-30 mmHg, each
	A6531	below knee, 30-40 mmHg, each
	A6532	below knee, 40-50 mmHg, each
	A6533 (NMN)	thigh length, 18-30 mmHg, each
	A6534	thigh length, 30-40 mmHg, each
	A6535	thigh length, 40-50 mmHg, each
	A6536 (NMN)	full length/chap style, 18-30 mmHg, each
	A6537	full length/chap style, 30-40 mmHg, each
	A6538	full length/chap style, 40-50 mmHg, each
	A6539 (NMN)	waist length, 18-30 mmHg, each
	A6540	waist length, 30-40 mmHg, each
	A6541	waist length, 40-50 mmHg, each
	A6544 (NMN)	garter belt
	A6545	Gradient compression wrap non-elastic, below knee, 30-50 mmHg, each
	A6549	Gradient compression stocking/sleeve, not otherwise specified
	L8010	Breast prosthesis, mastectomy sleeve
<u>ICD-10</u>	I50.20-I50.23	Acute or chronic systolic (congestive) heart failure (code range)
	I50.30-I50.33	Acute or chronic diastolic (congestive) heart failure (code range)
	I50.40-I50.43	Acute or chronic combined systolic (congestive) and diastolic (congestive) heart failure (code range)
	I50.9	Heart failure, unspecified
	I67.89	Other cerebrovascular disease
	I70.231-I70.249	Atherosclerosis of native arteries of lower extremity with ulceration of thigh (code range)
	I70.331-I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the lower extremity with ulceration of thigh (code range)
	I70.431-I70.449	Atherosclerosis of autologous vein bypass graft(s) of the lower extremity with ulceration of thigh (code range)

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- I70.531-I70.549 Atherosclerosis of nonautologous biological bypass graft(s) of the lower extremity with ulceration of thigh (code range)
- I70.631-I70.649 Atherosclerosis of nonbiological bypass graft(s) of the lower extremity with ulceration of thigh (code range)
- I70.731-I70.749 Atherosclerosis of other type of bypass graft(s) of the lower extremity with ulceration of thigh (code range)
- I80.00-I80.03 Phlebitis and thrombophlebitis of superficial vessels of lower extremity (code range)
- I80.10-I80.13 Phlebitis and thrombophlebitis of femoral vein (code range)
- I80.201-I80.209 Phlebitis and thrombophlebitis of unspecified deep vessels of the lower extremity (code range)
- I80.322-I80.219 Phlebitis and thrombophlebitis of iliac vein (code range)
- I80.221-I80.239 Phlebitis and thrombophlebitis of popliteal vein (code range)
- I80.291-I80.299 Phlebitis and thrombophlebitis of other deep vessels of lower extremity (code range)
- I80.3 Phlebitis and thrombophlebitis of lower extremities, unspecified
- I83.001-I83.93 Varicose veins of lower extremity with ulcer of thigh (code range)
- I87.2 Venous insufficiency (chronic) (peripheral)
- I87.9 Disorder of vein, unspecified
- I8.90 Lymphedema, not elsewhere classified
- I97.2 Postmastectomy lymphedema syndrome
- L97.101 Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin
- L97.109 Non-pressure chronic ulcer of unspecified thigh with unspecified severity
- L97.111 Non-pressure chronic ulcer of right thigh limited to breakdown of skin
- L97.119 Non-pressure chronic ulcer of right thigh with unspecified severity
- L97.121 Non-pressure chronic ulcer of left thigh limited to breakdown of skin
- L97.129 Non-pressure chronic ulcer of left thigh with unspecified severity
- L97.201 Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin
- L97.209 Non-pressure chronic ulcer of unspecified calf with unspecified severity
- L9.7211 Non-pressure chronic ulcer of right calf limited to breakdown of skin
- L97.219 Non-pressure chronic ulcer of right calf with unspecified severity
- L97.221 Non-pressure chronic ulcer of left calf limited to breakdown of skin
- L97.229 Non-pressure chronic ulcer of left calf with unspecified severity
- L97.301 Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin
- L97.309 Non-pressure chronic ulcer of unspecified ankle with unspecified severity

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- L97.311 Non-pressure chronic ulcer of right ankle limited to breakdown of skin
- L97.319 Non-pressure chronic ulcer of right ankle with unspecified severity
- L97.321 Non-pressure chronic ulcer of left ankle limited to breakdown of skin
- L97.329 Non-pressure chronic ulcer of left ankle with unspecified severity
- L97.401 Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin
- L97.409 Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity
- L97.411 Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
- L97.419 Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
- L97.421 Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
- L97.429 Non-pressure chronic ulcer of left heel and midfoot with unspecified severity
- L97.501 Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin
- L97.509 Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity
- L97.511 Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
- L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity
- L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
- L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity
- L97.801 Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin
- L97.809 Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity
- L97.811 Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
- L97.819 Non-pressure chronic ulcer of other part of right lower leg with unspecified severity
- L97.821 Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin
- L97.829 Non-pressure chronic ulcer of other part of left lower leg with unspecified severity
- L97.901 Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin
- L97.909 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
- L97.911 Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin
- L97.919 Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified

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	severity
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
O22.20-O22.23	Superficial thrombophlebitis in pregnancy (code range)
O22.30-O22.33	Deep phlebothrombosis in pregnancy (code range)
O22.50-O22.53	Cerebral venous thrombosis in pregnancy (code range)
O22.90-O22.93	Venous complication in pregnancy (code range)
O87.0-O87.9	Thrombophlebitis in the puerperium (code range)
Q82.0	Hereditary lymphedema
T80.1xxA	Vascular complications following infusion, transfusion and therapeutic injection, initial encounter
T81.718A	Complication of other artery following a procedure, not elsewhere classified, initial encounter
T8.1719A	Complication of unspecified artery following a procedure, not elsewhere classified, initial encounter
T81.72xA	Complication of vein following a procedure, not elsewhere classified, initial encounter

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KEY WORDS:

GCS, Gradient compression stockings, Graduated compression stockings, Lymphedema sleeve, Mastectomy sleeve, Belisse bra.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Surgical Stockings and Compression Garments. Please refer to the following NCD Durable Medical Equipment Reference List website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&bc=AgAAgAAAAAAA&>.