

## **The Office of Vermont Health Access Medical Policy**

**Subject: COMPRESSION GARMENTS**

**Last Review:** 2008

**Revision 3:**

**Revision 2:**

**Revision 1:**

**Original Effective:** 06/01/08

**Technical Revision:** 09/08/09

*Lymphedema garments are designed to maintain a reduced limb, not to reduce a limb. Lymphedema garments should only be ordered once the limb has been fully reduced by wrapping techniques and/or manual drainage/decongestive techniques. In order to avoid re-accumulation of edema, no time should be allowed to elapse between the receipt of the garment and the last reduction treatment.*

### **Description of Service or Procedure**

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#### **DEFINITIONS:**

**Gradient Compression stockings** are custom made or custom fitted supportive garments that are prescribed to prevent severe edema. They are ordered by the level of compression required in mmHg (millimeters of mercury). They provide more compression than garments that do not require MD prescription, such as support hose, or elastic surgical stockings such as TED hose.

**Lymphedema Sleeves** are custom made or custom fitted supportive garments that apply gradient pressure and are “worn to maintain reduction in the upper or lower limb achieved through manual lymph drainage and/or complex decongestive... therapy...” (Excellus).

**Prefabricated** or “Off the Shelf” or “ready-made” garments are manufactured in quantity without a specific patient in mind. These garments (e.g., TEDS or support hose) may not have adequate compression to require prescription.

**Custom Fitted** prefabricated garments are manufactured in quantity without a specific patient in mind, but require an MD prescription for the specific amount of compression needed to effect a medical result, and requires specific measurements to correctly fit the specific patient.

**Custom-fabricated** garments are individually made for a specific patient, providing a prescribed level of compression and fitting the patient precisely.

#### **Disclaimer**

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Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s Aid Category. Prior authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

## **Medicaid Rule**

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[7508 - 7508.7](#)

### **Coverage Position**

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Coverage of compression garments is subject to the terms, conditions and limitations of the beneficiary's Medicaid Orthotics and Supplies benefits.

Compression garments are covered when *medically necessary* per the medical need criteria set forth in the OVHA Clinical Guidelines.

**GUIDELINES:** The use of gradient compression garments is considered medically necessary if **all** of the following criteria are met:

- The individual has a medical condition resulting in the need for gradient compression to prevent complications of their disease process AND
- Where the device has been prescribed by a participating Medicaid provider knowledgeable in gradient compression, AND
- Where the device is properly evaluated for, and fitted by, a qualified professional practitioner with specialized skills in the area of gradient compression. This practitioner can be a physical or occupational therapist, a physician or an individual who has been certified to properly fit and measure gradient compression garments.

Documentation for individuals with venous stasis ulcers should include appropriate treatment for these ulcers, including:

- elevation
- exercise of the ankle to provide muscle pump action to decrease edema
- medication management of edema
- proper skin care and nutrition
- weight control
- smoking cessation
- debridement in the presence of necrotic tissue only
- antimicrobial treatment in the presence of high bacterial load only
- moist dressing
- absorptive dressing in the presence of copious secretion
- minimization of dressing change frequency to avoid damage to the granulation bed
- compression dressings, particularly short-stretch dressings that will continue to apply pressure as the edematous limb becomes smaller

Please note that Unna boots do not continue to apply pressure as the edematous limb becomes smaller because Unna boots are semi-rigid.

**Medicare Coverage:** Medicare covers gradient compression stockings only when “used to secure a primary dressing over an open venous stasis ulcer that has been treated by a physician or other healthcare professional requiring medically necessary debridement, and when the gradient stocking can be proven to deliver compression greater than 30 mm Hg and less than 50 mm Hg.” (CIGNA CMS)

### **Clinical Guidelines for Repeat Service or Procedure**

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Most manufacturers recommend replacement of garments every 4-6 months. It is Medicaid's expectation that beneficiaries will care for their garments properly so that they will be usable for at least the recommended

duration. *No more than 2 garments per limb should be ordered simultaneously, to avoid premature use of garments and because volume and gradient needs may change. All garments are limited to a maximum of three per limb per year (365 days).*

### **Type of Service or Procedure Covered**

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Orthotics (in cases involving severe edema) and Prosthetics (in cases involving lymphedema).

### **Type of Service or Procedure Not Covered**

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“Night Time Lymphedema Garments” (e.g., Solaris): There is currently inadequate medical evidence (conclusive research proving efficacy) for coverage of Solaris or similar garments that use minimal compression and a baffle system to attempt to decrease fibrosis and edema. These are sometimes known as “night time lymphedema garments” and are not covered (7102.2 - 7102.3).

### **When Service or Procedure Is Covered**

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Compression garments are covered when medically necessary per the medical need criteria set forth in the OVHA Clinical Guidelines. Examples of related diagnoses include venous insufficiency with severe edema, lymphedema, DVT prophylaxis, thrombophlebitis/phlebitis.

Custom items are covered only with prior authorization (PA) from the OVHA. The PA request must include a clear explanation of why the “ready made” (“off-the-shelf”) item cannot be used instead. Medicaid regulation 7102.2 requires the least expensive, medically appropriate item be supplied. Therefore, in situations where an off-the-shelf garment is commercially available, the ordering and dispensing of a custom fabricated garment requires documentation by the prescribing physician that demonstrates the medical need for a custom item.

When the rationale for a custom garment is that the beneficiary cannot don the garment without custom features (such as zippers), documentation is required that demonstrates that the beneficiary has received training in proper donning and doffing techniques, has had the opportunity to trial donning and doffing devices, and has failed to be able to don/doff garments in spite of these efforts. Some individuals benefit from 2 layer systems with an inner, slippery sleeve that makes donning easier.

When an individual has failed the above trials, then use of a zippered garment may be considered, providing that the zipper is not contraindicated for the condition. If a zippered garment is not medically appropriate, a Velcro gradient garment such as a Circ Aid may be considered.

Regardless of whether a prior authorization is required or not, the combination prescription/DME provider medical necessity form must be completed, current for the billed date of service and available in the beneficiary’s chart for legal and auditing purposes.

### **When Service or Procedure Is Not Covered**

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When the OVHA criteria are not met, when authorization (when required) is not obtained in advance of ordering or supplying the item, when the item is not the least expensive appropriate alternative (7102.2 - 7102.3), when the item is investigational.

### **Coding/Billing Information**

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Use the Fee Schedule on the OVHA website (<http://ovha.vermont.gov/provider-services/provider/ProviderManuals/>) to verify pricing and the need for prior authorization.

**Modifiers:** Most codes require modifier RT (right) or modifier LT (left) to identify the involved side. When both sides are involved, bill both items on the same claim: one line for the right side with modifier RT and one line for the left side with modifier LT, with one unit of service each. For codes that already involve bilateral (such as “waist length”), one unit of the base code without modifiers represents one garment involving bilateral extremities.

**Codes covered when medically necessary:**

- HCPCS (use most current manual to determine proper coding)

**Additional Information**

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The beneficiary receiving compression garments may require concomitant physical or occupational therapy to

- educate the beneficiary on appropriate skin care, and
- gradually increase wear-time, and
- provide assessment/reassessment of appropriate fit and function of the garment, and
- provide an exercise program for the affected body part.

Without this treatment, the garment user may be at risk for loss of skin integrity, loss of edema control, impaired function, and pain.

**Contraindications/Precautions:**

- Improperly fitted or inadequate garments can do more harm than good to an individual. It is vital that gradient compression garments be appropriately assessed and reassessed, and properly constructed to provide the appropriate level of support. It is Medicaid’s expectation that the provider who delivers the garment to the patient is fully certified and that they have witnessed and documented that the garment is properly fitted to the individual. This documentation must be available in the beneficiary’s medical records for auditing purposes.
- Individuals with congestive heart failure may experience fluid overload with aggressive compression.
- Individuals with fragile skin may experience shearing with application.
- Compression garments can be uncomfortable to wear, however they do not control edema if they are not worn consistently. Patients must be educated as to the importance of maintaining an appropriate wear schedule to avoid an increase in volume that would impair proper fit. It is not appropriate for patients to continue to repeatedly cycle back through volume reducing Therapy programs (such as manual lymph drainage/decongestive therapy) due to inconsistent garment wear. Individuals who can not tolerate garments may be candidates for wraps, Velcro garments such as CircAids or ReidSleeves, or compression pumps.
- Other contraindications/precautions include acute infection/inflammation, cardiac edema, arterial disease, acute vascular blockage, uncontrolled hypertension, insensate limb, latex allergy.

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*The Medicaid Rule only lists coverage availability, it does not guarantee individual determinations of medical  
necessity. Please check with the appropriate department to determine if the service/item in question is a  
covered service/item under a particular benefit plan. Use of Medicaid rule is not intended to replace  
independent medical judgment for treatment of individuals.*

*This document has been classified as public information.*

