Compression Garments for Legs

Prescription Grade Compression Stockings

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Most compression garments require precertification. *Please refer to The Health Plan DME POS Authorization and Compensation Guide.*

NOTE: For inflatable/pneumatic compression appliances for the leg, please refer to the policy for pneumatic compression device policy.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 10.2, 160.7.1, 160.13, 280.13
Local Coverage Determination	None
Effective Date	For services performed on or after 03/01/10
Review/Revision Date	01/19, 10/18, 05/2018, 04/01/17, 02/01/16, 10/01/13
The Health Plan	All plans will follow The Health Plan guidelines

DESCRIPTION

This category includes non-elastic binders or individually fitted, prescription-graded compression stockings. Over-the-counter compression stockings, which do not require a physician's prescription, are not included, as they are not covered.

COVERAGE GUIDELINES

1. Treatment of any of the following complications of chronic venous insufficiency:

   a. Varicose veins (except spider veins)
   b. Stasis dermatitis (venous eczema)
   c. Venous ulcers (stasis ulcers)
   d. Venous edema
   e. Lipodermatosclerosis
2. Prevention of thrombosis in persons immobilized due to surgery, trauma, or general debilitation.
3. Post thrombotic syndrome (post phlebitic syndrome).
4. Selected individuals' w/chronic lymphedema.
5. Edema.
6. Post covered sclerotherapy – if the sclerotherapy was not a covered service, the compression stockings would not be covered.
7. Postural hypotension.
8. Severe edema in pregnancy.
9. Edema accompanying paraplegic, quadriplegia, etc.

Note: For West Virginia Medicaid only, codes **A6530, A6533, A6536, A6539** will be covered for the above diagnoses if custom or individually fitted and is a prescription graded item.

A6549 will require preauthorization. The provider is to submit an invoice and description of the item with precertification, as well as the reason the supplier is providing the item and note a more specific code.

Please refer to surgical dressing policy for coverage criteria for **A6545**.

NONCOVERAGE STATEMENT

1. Compression garments will not be covered for members with severe peripheral arterial disease or septic phlebitis, as they are not recommended for these conditions.
2. Gradient compression stocking will not be covered for air travel for an individual at low risk for DVT. They are not considered medically necessary as they do not improve patient outcomes.
3. Stockings purchased over the counter not requiring a prescription, which have a pressure less than 30 mmHg (Ted hose or pressure leotards) will not be covered.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

RT	RIGHT SIDE
LT	LEFT SIDE
LTRT	BILATERAL (TWO OF THE SAME HCPCS CODE/ITEM FURNISHED ON THE SAME DATE OF SERVICE, FOR THE SAME BODY PART)
	NOTE: THE RIGHT (RT) AND LEFT (LT) MODIFIERS MUST BE USED WITH CODES FOR COMPRESSION STOCKINGS. WHEN THE SAME CODE IS BILLED/FURNISHED FOR AN ITEM BILATERALLY (I.E., FOR BOTH THE RIGHT AND LEFT LEG) ON THE SAME DATE OF SERVICE,

	BILL BOTH ITEMS AS ONE CODE ON A SINGLE CLAIM LINE USING THE LTRT MODIFIER AND TWO UNITS OF SERVICE

HCPCS CODES

A6531	GRADIENT COMPRESSION STOCKING(S) BK, 30-40 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6532	GRADIENT COMPRESSION STOCKING(S) BK 40-50 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6534	GRADIENT COMPRESSION STOCKING(S) THIGH LENGTH, 30-40 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6535	GRADIENT COMPRESSION STOCKING(S) THIGH LENGTH, 40-50 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6537	GRADIENT COMPRESSION STOCKING(S) FULL LENGTH/CHAP-STYLE, 30-40 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6538	GRADIENT COMPRESSION STOCKING(S) FULL LENGTH/CHAP STYLE, 40-50 MMHG, EA – TWO INITIALLY, UP TO FOUR REPLACEMENTS PER YEAR
A6540	GRADIENT COMPRESSION STOCKING(S) WAIST LENGTH, 30-40 MMHG, EA – TWO INITIALLY, AND UP TO FOUR REPLACEMENTS PER YEAR
A6541	GRADIENT COMPRESSION STOCKING(S) WAIST LENGTH, 40-50 MMHG, EA – TWO INITIALLY, AND UP TO FOUR REPLACEMENTS PER YEAR
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BK 30-50 MMHG, EA (NEW CODE 2009)
	NOTE: FOR **BILATERAL** APPLICATION FOR ANY OF THE ABOVE CODES, THAT WOULD BE FOUR INITIALLY AND UP TO EIGHT REPLACEMENTS PER YEAR
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED

ICD-10 CODES

G81.00-G81.94,G81.11	HEMIPLEGIA AND HEMIPARASIS
G82.50-G83.9	OTHER PARALYTIC SYNDROMES
I80.00-I80.3	PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL OR DEEP VESSELS OF LOWER EXTREMITIES
I83.009-I83.019, I83.29, I 83.899	VARICOSE VEINS OF LOWER EXTREMITIES W/ULCER, W/INFLAMMATION, W/ULCER AND INFLAMMATION OR W/OTHER COMPLICATIONS
I89.0-I98.1	OTHER LYMPHEDEMA, LYMPHANGITIS, AND OTHER AND UNSPECIFIED NONINFECTIOUS DISORDERS OF LYMPHATIC CHANNELS
I95.1	ORTHOSTATIC HYPOTENSION
I87.009-I87.099	POSTPHLEBITIC SYNDROME
I87.1	COMPRESSION OF VEIN
012.00,012.20, O26.00,012.01-012.03	EDEMA OR EXCESSIVE WEIGHT GAIN IN PREGNANCY, W/O MENTION OF HYPERTENSION
022.00-087.4	VARICOSE VEINS OF LEGS IN PREGNANCY AND PUERPERIUM
Q27.32	LOWER LIMB VESSEL ANOMALY
Q82.0	HEREDITARY EDEMA OF LEG(S)
R60.0, R60.1, R60.9	EDEMA
R53.81	DEBILITY, UNSPECIFIED
Z74.01	BED CONFINEMENT STATUS

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
    a. Member's name
    b. Date

c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification if the item requires precertification, or with the claim, if no precertification was required
d. Order must include diagnosis code
e. Physician signature with date. Date stamps are not appropriate
f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used
The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request usually with precertification per The Health Plan policy.
3. Proof of delivery to be kept on file by the provider of the item.

   Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), and all of the required information is not included, The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

   Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

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INTERNET LINKS AND SOURCES

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