

Title:	Compression Garments and Pneumatic Compression Garments		
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Section:	UTILIZATION MANAGEMENT	Policy Number:	03-12
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Purpose

This policy provides the indications and contraindications necessary for the Quality Resource Management staff to make the most appropriate decision related to the medical necessity of the procedure listed.

DIAGNOSIS/CONDITION: Lymphedema, venous stasis

ICD-10 codes: I83.009, I83.019, I83.029, I83.209, I90.2

CPT-4/ HCPCS CODE AND DESCRIPTION: Gradient Compression Stocking Below Knee A6530- A6532

1.0 INDICATIONS

- Venous stasis ulcers
- Chronic venous insufficiency with stasis ulcers
- Lymphedema with trial of conservative management including manual decompression by an approved lymphedema specialist
- Significant burns
- Pneumatic compression devices are covered in the home setting for the treatment of lymphedema **if the patient has undergone a four-week trial of conservative therapy** and the treating physician determines that there has been no significant improvement or if significant symptoms remain after the trial. **The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb.**

2.0 CONTRAINDICATIONS

- Lack of medical management as noted in the Medicare criteria below

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3.0 VIEWS OF THE SOUTHEAST PERMANENTE MEDICAL GROUP

- TSPMG uses the Medicare guidelines for these items

4.0 CLINICAL SUMMARY:

Medicare memo compression hose: The accepted standard of care for the treatment of venous stasis ulcers includes the use of sustained limb compression. In the past, gradient compression stockings have not been covered for this purpose. Effective for items furnished on or after October 1, 2003, gradient compression stockings that serve a therapeutic or protective function and that are needed to secure a primary dressing may be covered as surgical dressings when the requirements in the implementation section of this PM have been met.

Implementation

Effective for items furnished on or after October 1, 2003, gradient compression stockings falling under the following codes may be covered when the beneficiary has 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.

Applicable Healthcare Common Procedure Coding System (HCPCS) Codes:

A6531- GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MMHG each

A6532- GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MMHG each

Medicare memo pneumatic compression for lymphedema: Pneumatic compression devices consist of an inflatable garment for the arm or leg and an electrical pneumatic pump that fills the garment with compressed air. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices. Pneumatic devices are covered for the treatment of lymphedema.

Lymphedema

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The accumulation of lymph fluid results from impairment to the normal clearing function of the lymphatic system and/or from an excessive production of lymph. Lymphedema is divided into two broad classes according to etiology. Primary lymphedema is a relatively uncommon, chronic condition which may be due to such causes as Milroy's Disease or congenital anomalies. Secondary lymphedema, which is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as surgical removal of lymph nodes or post radiation fibrosis, among other causes.

Pneumatic compression devices are covered in the home setting for the treatment of lymphedema **if the patient has undergone a four-week trial of conservative therapy** and the treating physician determines that there has been no significant improvement or if significant symptoms remain after

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the trial. **The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb.** The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression.

General Coverage Criteria

Pneumatic compression devices are covered **only** when prescribed by a physician and when they are used with appropriate physician oversight, i.e., physician evaluation of the patient's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment. (*Appropriate use requires an assessment and treatment by a lymphadema specialist before being fitted for pneumatic compression garments* KPGA)

4.0 REVIEW OF THE LITERATURE:

- CMS Statement: Effective for items furnished on or after October 1, 2003, gradient compression stockings that serve a therapeutic or protective function and that are needed to secure a primary dressing may be covered as surgical dressings when the requirements in the implementation section of this PM have been met.

5.0 REFERENCES:

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Approval

1/17/2023_____

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Date