



PROVIDER POLICIES & PROCEDURES

BURN GARMENTS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for burn garments. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A burn garment is a pressure garment that is worn after a burn to decrease severity of scarring, to help the scar mature, and to improve the healing of the injured skin. Also known as burn clothing or pressure garments, these garments apply constant pressure to the skin, supporting optimal scar management as you heal. Burn scars mature in nine (9) months to three (3) years. Burn garments are worn for at least six (6) months and sometimes as long as two (2) to three (3) years.

CLINICAL GUIDELINE

Coverage guidelines for burn garments are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Burn garments (i.e., body suit, gloves, vest, facial hood) may be considered medically necessary when the following criteria are met:

- A. Clinical documentation that there is a significant risk of post-burn skin contractures; and
- B. The burn garment(s) will mitigate the development of skin contractures and/or prevent the need for skin grafting.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for burn garments is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical supplies and durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on www.ct.gov/husky by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at www.ctdssmap.com.

The following information is needed to review requests for burn garments:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP) dated within the last twelve (12) months; and
3. Documentation from the treating provider, as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for a burn garment(s) outlining the individual’s treatment plan (for initial requests); and
4. Documentation of continued need of a burn garment(s) (for subsequent requests); and
5. Pricing information as outlined in the [DSS Pricing Policy for MEDS Items](#).

EFFECTIVE DATE

This policy for the prior authorization for burn garments for individuals covered under the HUSKY Health Program is effective May 01, 2024.

LIMITATIONS

Not Applicable

CODE:

Code	Description
A6501	Compression burn garment, bodysuit (head to foot); custom fabricated
A6502	Compression burn garment, chin strap; custom fabricated
A6503	Compression burn garment, facial hood; custom fabricated
A6504	Compression burn garment, glove to wrist; custom fabricated
A6505	Compression burn garment, glove to elbow; custom fabricated
A6506	Compression burn garment, glove to axilla; custom fabricated
A6507	Compression burn garment, foot to knee length; custom fabricated
A6508	Compression burn garment, foot to knee length; custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest); custom fabricated
A6510	Compression burn garment, trunk including arms down to leg openings (leotard)
A6511	Compression burn garment, lower trunk including leg openings (panty); custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal; custom fabricated

DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.

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3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
8. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
9. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Moiemmen N, Mathers J, Jones L, Bishop J, Kinghorn P, Monahan M, et al. Pressure garment to prevent abnormal scarring after burn injury in adults and children: the PEGASUS feasibility RCT and mixed-methods study. *Health Technol Assess* 2018; 22(36). doi:10.3310/hta22360
- Kisch T, Stang FH, Mailaender P, et al. Smart Scar Care—Industry 4.0 in Individualized Compression Garments: A Randomized Controlled Crossover Feasibility Study. *Plastic and Reconstructive Surgery - Global Open* 9(7):p e3683, July 2021. doi: 10.1097/GOX.0000000000003683
- Ormseth BH, Livermore NR, Schoenbrunner AR, & Janis JE. The Use of Postoperative Compression Garments in Plastic Surgery—Necessary or Not? A Practical Review. *Plastic & Reconstructive Surgery-Global Open* 11(9):p e5293, September 2023. | DOI: 10.1097/GOX.0000000000005293

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- Joo SY, Cho YS, Yoo JW, et al. Clinical Utility of the Portable Pressure-Measuring Device for Compression Garment Pressure Measurement on Hypertrophic Scars by Burn Injury during Compression Therapy. *Journal of Clinical Medicine*. 2022; 11(22):6743. <https://doi.org/10.3390/jcm11226743>

PUBLICATION HISTORY

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