PROVIDER POLICIES & PROCEDURES

COMPRESSION GARMENTS (A6549/A4465)

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 compression 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.

Compression garments for the extremities, elastic or non-elastic, are used to promote venous or lymphatic circulation. Compression garments are available in varying degrees of compression. Those worn on the legs can help prevent deep vein thrombosis and reduce edema. These garments are also useful in the treatment of peripheral vascular conditions. A sleeve may be needed for lymphedema of the arm and a glove or gauntlet may also be used if lymphedema is present in the hand.

Elastic garments may be custom-fitted or prefabricated and have varying degrees of elasticity. It is essential that the garment fit correctly and provide adequate, graduated compression.

Non-elastic compression garments utilize a non-elastic material that is fastened by adjustable hooks and loops to provide compression. These garments can be worn during the day or night. Both custom-made and prefabricated garments are available.

CLINICAL GUIDELINE

Coverage decisions for compression garments will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage decisions 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:

Custom-made gradient compression garments (stockings, sleeves, gauntlets, gloves, brassiere, panty) are typically considered medically necessary:

I. For individuals who have one or more of the following:
   - A. Complications of chronic venous insufficiency:
     1. Lipodermatosclerosis
     2. Stasis dermatitis
     3. Varicose veins (except spider veins)
     4. Venous edema
     5. Venous ulcers
   - B. Edema associated with paraplegia, quadriplegia, etc.
   - C. Edema following surgery, fracture, burns or other trauma
   - D. Lymphedema

E. Documented, symptomatic lipedema
F. Need for compression post-sclerotherapy (applies to pressure gradient support stockings only)
G. Post-thrombotic syndrome
H. Clinically significant postural hypotension with documented changes in systolic/diastolic pressures
I. Risk of thrombosis secondary to immobilization
J. Severe edema in pregnancy
K. Documented post-mastectomy edema (garments not for prophylactic use) **AND**

II. When more conservative management has failed to yield improvement in symptoms e.g., weight management, exercise, reduction in sodium intake, body positioning, compressive bandaging (**for compression stockings only**); and

AND

III. When the garments:
A. Provide accurate and consistent gradient compression to manage the individual's symptoms; **and**
B. Are uniquely sized and/or shaped and custom made to fit the exact dimensions of the affected extremity due to the size and/or shape of the individual's limb or are fabricated from a unique fabric or material; and
C. Are at or above 18 mmHg.

Note:
A garment cannot be considered "custom" or "not otherwise specified" for any of the following alone:
- Inclusion of zippers, reinforced areas or liners.
- The sole process of taking measurements.
- Accommodation of a large, small, tall or short size.

When a garment meets the description of a specific code, the provider is required to use the specific code when requesting authorization and billing for items.

Non-elastic binders (stockings, sleeves) are typically considered medically necessary:

I. For individuals who have one or more of the following:
A. Treatment of any of the following documented complications of chronic venous insufficiency:
1. Lipodermatosclerosis
2. Stasis dermatitis
3. Varicose veins (except spider veins)
4. Venous edema
5. Venous ulcers
B. Edema associated with paraplegia, quadriplegia, etc.
C. Edema following surgery, fracture, burns or other trauma
D. Chronic lymphedema
E. Need for compression post-sclerotherapy (applies to pressure gradient support stockings only)
F. Post-thrombotic syndrome
G. Clinically significant postural hypotension with documented changes in systolic/diastolic pressures
H. Risk of thrombosis secondary to immobilization

I. Severe edema in pregnancy
J. Continuing requirement for bandaging 23 hours per day after completion of intensive lymphedema treatment
K. Documented inability of the individual or caregiver to perform bandaging independently.

AND

II. When more conservative management has failed to yield improvement in symptoms e.g., weight management, exercise, reduction in sodium intake, body positioning, compressive bandaging;

AND

III. When the binder provides continuous compression using adjustable hook and loop or buckle straps and requires circumferential and length measurements for proper fitting.

Investigational and Not Medically Necessary

- Compression garments are typically considered experimental and investigational for all other indications.
- Silver impregnated compression stockings are typically considered not medically necessary because there is insufficient evidence that silver impregnated compression stockings are superior to standard compression stockings.
- Compression garments are typically considered experimental and investigational for individuals with severe peripheral arterial disease or septic phlebitis because they are contraindicated in these conditions.
- Compression garments for the chest and trunk. The role of chest and trunk garments in the treatment of lymphedema is unclear. There is a lack of evidence supporting the clinical validity and utility of these items.

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 of compression garments is required. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

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

1. Fully completed State of Connecticut, Department of Social Services HUSKY Health Program Prior Authorization Request form (to include physician's order and signature);
2. A prescription from a licensed physician enrolled in the Connecticut Medical Assistance Program (CMAP) that includes the following:
    - Diagnosis
    - The type of garment prescribed, including the body part, type of material, and the measurement of prescribed compression (mmHG for gradient compression garments).
    - If submitting the prior authorization request with HCPCS code A6549 – reason why the request is not being submitted with a more specific code
    - Quantity needed

3. Clinical information supporting the medical necessity of the item;
4. Pricing information (Actual Acquisition Cost*);
5. Documentation supporting consistent use of the item as prescribed by the treating physician (replacement requests only); and
6. Other information as requested.

*Ref: DSS Pricing Policy for MEDS items available at:
http://www.huskyhealthct.org/providers/policies_procedures.html#

Requesting Authorization
Requests for the prior authorization of compression garments must be submitted by the ordering physician and faxed to the number listed on the request form. Questions regarding this form should be directed to the HUSKY Health Program Utilization Management Department at 1.800.440.5071 (select option for medical authorizations).

Initial Authorization
Two compression stockings per affected limb are typically considered medically necessary in the initial purchase (the second is for use while the first is in the laundry).

Two sleeves and/or two gloves per affected arm are typically considered medically necessary in the initial purchase (the second is for use while the first is in the laundry).

Because sleeves and gloves are separate items; if both are required for treatment, two gloves and two sleeves are typically considered medically necessary in the initial purchase.

Reauthorization/Replacement
1. Replacements are typically considered medically necessary when the compression garment cannot be repaired or when required due to a change in the individual's physical condition.
    a. For stockings, no more than two per affected limb, every six months are considered medically necessary for wear.
    b. For sleeves, no more than two per affected arm every six months are typically considered medically necessary.
    c. For gloves, if required for treatment with a sleeve, no more than two per affected hand every six months are typically considered medically necessary.
2. Documentation must demonstrate that the individual is compliant with the wearing of the item for the number of hours prescribed by the treating physician.
3. Documentation must demonstrate clinical improvement the member's medical condition.

EFFECTIVE DATE
This Policy for the prior authorization of compression garments for individuals covered under the HUSKY Health Program is effective June 1, 2018.

LIMITATIONS
N/A

CODES:

Code	Definition
A4465	Non-elastic binder for extremity
A6549	Gradient compression stocking/sleeve, not otherwise specified

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.
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. **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.
8. **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.

RESOURCES AND REFERENCES:

- UptoDate. Compression therapy for the treatment of chronic venous insufficiency. Last updated July 6, 2021.
- UptoDate. Clinical staging and conservative management of peripheral lymphedema. Last

updated November 16, 2022.
- UptoDate. Breast cancer-associated lymphedema. Last updated April 26, 2022.
- UptoDate. Treatment of orthostatic and postprandial hypotension. Last updated September 19,2022.
- UptoDate. Prevention of venous thromboembolic disease in surgical patients. Last updated February 17, 2023.
- US Department of Health and Human Services, Centers for Medicare and Medicaid Services. The Women's Health and Cancer Rights Act of 1998 (WHCRA). Available at: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet.html Accessed on: June 7, 2023.

PUBLICATION HISTORY

Status	Date	Action Taken
Original publication	April 2018	Approved by CHNCT Medical Policy Review Committee on February 14, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018.
Updated	January 2019	Reviewed with changes. Under Clinical Guideline section: Added "brassiere and panty" to list of covered custom-made compression garments. Based on feedback from community lymphedema therapists if lymphedema can be caught early it can be managed with compression panties for lower extremity edema. If use of garments is delayed until the edema travels to the limb, more difficult to treat and may result in additional medical complications. Brassieres can be used with arm sleeves for edema under the arm or along the chest wall. The use of brassieres helps to reduce arm volume and pain. Under Clinical Guideline section: Investigational and Not Medically Necessary Based on above recommendations, removed the following: • Compression garments for the abdomen, chest, genitals, trunk, head or neck are typically considered experimental and investigational due to a lack of peer-reviewed published literature evaluating the clinical utility of compression garments for these anatomical sites. • Compression bras for post-mastectomy lymphedema are typically considered experimental and investigational because their effectiveness for this indication has not been established.

		Under Procedure – Reauthorization Replacement section Changed replacement of stockings from per year to every six months based on manufacturers recommendation. Changes approved at the January 9, 2019 Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on March 19, 2019. Approved by DSS on March 27, 2019.
Reviewed	December 2019	Reviewed and approved without changes at the November 13, 2019 CHNCT Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on December 16, 2019. Approved by DSS on December 30, 2019.
Reviewed	December 2020	Removed need for specific measurements from documentation requirements section. Change approved at the October 14, 2020 Medical Reviewer meeting. Change approved by the CHNCT Clinical Quality Subcommittee on December 21, 2020. Approved by DSS on January 7, 2021.
Updated	December 2021	Update to Clinical Guideline section: • Added indication for documented, symptomatic lipedema • Clarified that use of compression garments for post-mastectomy lymphedema must be supported by documentation from the medical record • Added language that compression garments are not for prophylactic use post-mastectomy Changes approved at the CHNCT Medical Reviewer meeting on December 8, 2021. Changes approved by the CHNCT Clinical Quality Subcommittee on December 20, 2021. Approved by DSS on January 4, 2022.
Updated	May 2022	Updated Procedure section. Changed two pairs to two per affected limb throughout section. Changes approved at the June 8, 2022 Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on June 20, 2022. Approved by DSS on July 5, 2022.
Updated	June 2023	Moved “Compression garments for the chest and trunk from introduction to the list of investigational items. Added word “sole” to “The sole process of taking measurements” in Clinical Guideline section. Corrected typo in “venous ulcers”. Updated references. Changes approved at the June 14, 2023, CHNCT Medical Reviewer meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on June 19, 2023. Approved by DSS on June 28, 2023.