



POLICY & PROCEDURE

Policy Title:	Compression Materials (upper/lower extremity)	Number & Version:	UM_COMPRESSION
Functional Unit:	Utilization Management	Effective Date:	07/10/2023
Policy Owner (Title):	Director, Utilization Management	Page Number:	1 of 6

I. POLICY STATEMENT and PURPOSE

The purpose of this policy is to describe the circumstances under which gradient compression materials (sleeves, stockings, gauntlets, gloves, wraps or bandages) on upper or lower extremities would or would not be considered medically necessary for members under the guidelines used for clinical review of organizational determinations.

II. BACKGROUND

Studies have shown that, compared with usual care, compression stockings are effective in preventing venous leg (stasis) ulcer recurrence and likely to be cost-effective. Wearing compression stockings helps to reduce the risk of recurrence by about half in those with a healed venous leg ulcer (Health Quality Ontario, 2019). Multiple randomized controlled trials demonstrated that healing outcomes (including time to healing) for lower extremities are better when patients receive compression compared with no compression (O'Meara, 2012).

Compression therapy is considered the main resource for lymphedema treatment, both in the volume reduction phase and in the maintenance phase (Bergmann, 2021). Treatment of lymphedema with the application of high compression bandage systems, however, continues to be **non-covered** by Medicare (CMS, 2020).

III. SCOPE

This Policy applies to gradient compression materials (sleeves, stockings, gauntlets, gloves, wraps or bandages) on upper or lower extremities.

IV. DEFINITIONS

Gradient (may also be referred to as “graduated”) Compression Stockings, Sleeves, or Wraps: Gradient Compression Stockings, Sleeves, or Wraps are specialized hosiery or bandaging material that are tightest distally and become less constrictive proximally. They can be used to help increase circulation, prevent the formation of blood clots, reduce lymphedema, and treat ulcers of the lower legs. Arterial pressure can be increased when veins, arteries and muscles beneath the skin, arterial pressure are compressed. Increased pressure leads to improved blood flow, decreasing the pooling of blood in the lower legs and feet, and swelling, or improving lymphatic drainage (Bergmann, 2021) (Lim, 2014).

Primary lymphedema is an inherited or congenital condition that causes a defect of the lymphatics system, most often because of genetic mutation. Primary lymphedema can be subdivided into 3 categories: 1) congenital lymphedema; 2) lymphedema praecox, occurring at puberty or the beginning of the third decade; or 3) lymphedema tarda (manifests after age 35) (Sleigh, 2022).



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Secondary lymphedema results from obstruction to the lymphatic system. The most common cause of lymphedema worldwide is filariasis caused by infection by *Wuchereria Bancroft*. In developed countries, most secondary lymphedema cases are due to malignancy or related to the treatment of malignancy as a result of excision of lymph nodes, local radiation treatment, or medical therapy. Breast cancer is the most common cancer associated with secondary lymphedema in developed countries (Sleigh, 2022).

Venous Stasis Ulcer: Venous stasis ulcers are open sores that occur when the blood flow through the veins in the leg is not working properly. Blood backs up in the veins, causing pressure to build. If not treated, increased pressure and excess fluid in the affected area can cause an open sore (ulcer) to form. Most venous ulcers occur on the leg, above the ankle and can be slow healing (A.D.A.M., 2020).

Medically Necessary – Covered Services rendered by a Health Care Provider that the Plan determines are:

- 1) Safe and effective
- 2) Not experimental or investigational
- 3) Appropriate for patients,
 - a) including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is—
 - i) furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member,
 - ii) furnished in a setting appropriate to the patient's medical needs and condition,
 - iii) ordered and furnished by qualified personnel,
 - iv) one that meets, but does not exceed, the patient's medical need; and
 - v) is at least as beneficial as existing and available medically appropriate alternatives.

V. OWNERSHIP & TRAINING

The Director of Utilization Management is responsible for administration, oversight, and training regarding performance under this Policy.

VI. PROTOCOLS / COVERAGE POLICY

Gradient Compression Stockings/Wraps ARE considered covered / medically necessary only when ordered by a physician for the treatment of venous stasis ulcers of the **lower extremities** that have been surgically created, modified, or debrided. Utilization of a gradient compression wrap (A6545) is limited to one per 6 months per leg (CMS LCD 33831, 2021)



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Based upon the assessment of peer-reviewed literature there is evidence that supports the treatment of lower extremity venous stasis ulcers by Gradient Compression Stockings/Wraps (Rabe, 2018).

The evidence suggests that when using compression bandages (wraps) or stockings, complete wound healing occurs more quickly, and more people have wounds completely healed. The use of compression bandages or stockings likely also improves quality of life and reduces pain (Shi, 2021).

Gradient Compression Stockings / Wraps ARE NOT considered covered / medically necessary in the following circumstances:

- Venous insufficiency **without** stasis ulcers
- Prevention of stasis ulcers
- Prevention of the recurrence of stasis ulcers that have healed
- Treatment of lymphedema in the absence of ulcers

Treatment of **lymphedema with the application of high compression bandage systems continues to be non-covered by Medicare** (CMS, 2020).

VII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs)	None
CMS Local Coverage Determinations (LCDs)	L33831 Surgical Dressings
CMS Local Coverage Article (LCAs)	A54563 Surgical Dressings, A53287 High Compression Bandage System Clarification

VIII. PROFESSIONAL REFERENCES / CITATIONS

1. A.D.A.M. Medical Encyclopedia [Internet]. National Library of Medicine, U. S. & National Institutes of Health, U.S. MedlinePlus. United States. June 16, 2020. Lymphedema. *Medical Encyclopedia*. Accessed at: <https://medlineplus.gov/lymphedema.html> on May 10, 2023.
2. Bergmann, Anke et al. "Conservative treatment of lymphedema: the state of the art." *Jornal vascular brasileiro* vol. 20 e20200091. 11 Oct. 2021, doi:10.1590/1677-5449.200091. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8565523/> on May 17, 2023.
3. Centers for Medicare and Medicaid Services (CMS). Billing and Coding: High Compression Bandage System Clarification. April 29, 2020. Local Coverage Article.

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10. Shi, C., Dumville, J. C., Cullum, N., Connaughton, E., & Norman, G. (2021). Compression bandages or stockings versus no compression for treating venous leg ulcers. *The Cochrane database of systematic reviews*, 7(7), CD013397. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/34308565/> on May 10, 2023.



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IX. RELATED POLICIES / PROCEDURES

None

X. ATTACHMENTS

As per Section VII.

APPROVALS:

	Printed Name	Signature
Senior Medical Director, UM:	<u>Michael Fusco, MD</u>	
Corporate Chief Medical Officer (QMMC Chair):	<u>Debbie Zimmerman, MD</u>	

VERSION HISTORY:

Version #	Date	Author	Purpose/Summary of Major Changes
01	04/01/2022	Gina Vehige	Original Issue. Approved by QMMC 05/13/2022
02	05/10/2023	Gina Vehige	No changes to conclusions for lower extremities. Added material related to upper extremity compression which is non-covered by Medicare. Changed policy title to reflect inclusion of upper extremity guidance. Added MAC Coverage Table last page. FINAL Approved by MMC 6/30/2023; Effective 07/10/2023



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**Medicare Administrative Contractors (MACs)
As of June 2021**

MAC Jurisdiction	Processes Part A & Part B Claims for the following states/territories:	MAC
DME A	Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont	Noridian Healthcare Solutions, LLC
DME B	Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, Wisconsin	CGS Administrators, LLC
DME C	Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, U.S. Virgin Islands	CGS Administrators, LLC
DME D	Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
5	Iowa, Kansas, Missouri, Nebraska	Wisconsin Physicians Service Government Health Administrators
6	Illinois, Minnesota, Wisconsin **HH + H for the following states: Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Wisconsin and Washington	National Government Services, Inc.
8	Indiana, Michigan	Wisconsin Physicians Service Government Health Administrators
15	Kentucky, Ohio **HH + H for the following states: Delaware, District of Columbia, Colorado, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Wyoming	CGS Administrators, LLC
E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	Noridian Healthcare Solutions, LLC
F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	Noridian Healthcare Solutions, LLC
H	Arkansas, Colorado, New Mexico, Oklahoma, Texas, Louisiana, Mississippi	Novitas Solutions, Inc.
J	Alabama, Georgia, Tennessee	Palmetto GBA, LLC
K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont **HH + H for the following states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	National Government Services, Inc.
L	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania (includes Part B for counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	Novitas Solutions, Inc.
M	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia) **HH + H for the following states: Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, and Texas	Palmetto GBA, LLC
N	Florida, Puerto Rico, U.S. Virgin Islands	First Coast Service Options, Inc.

**Also Processes Home Health and Hospice claims