

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.015
REVISION DATE: 7/2009
ANNUAL APPROVAL DATE: 9/2009
PAGE NUMBER: 1 of 6

SUBJECT: Gradient Compression Garments/Stockings
INDEX TITLE: Medical Management
ORIGINAL DATE: June 2007

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
OH ()		WV ()		PA ()	All (X) Other ()
HMO (X)	PPO (X)	Specialty Needs Plan (X)		Part D ()	PFFS () All ()
PID-CHIP:					
Free ()			Sub ()		All (X)
APPLICABLE TO:					
Community Care ()		Work Partners ()			

I. POLICY

It is the policy of UPMC Health Plan to cover Gradient Compression Garments/Stockings for use in the home setting when they are medically necessary, according to the indications outlined in this policy and covered by the member's specific benefit plan.

II. DEFINITIONS

Compression Sleeves covers the entire arm from the wrist to the shoulder. Some examples include: Reid Sleeve, Sigvaris, Juzo, and CircAid.

Compression Stockings/Hose are worn over the legs as a knee-high; however, the compression hose commonly used for treating lymphedema extends to the hip. When both legs are involved, a panty-hose style may be used. Compression stockings often leave the toes exposed to avoid pressure points or the formation of calluses. They are available in a wide range of styles, sizes, and compression strengths. In addition for use in treating lymphedema, this type of garment is also used to treat other conditions such as chronic venous insufficiency and varicose veins that involve swelling of the legs.

Compression Gauntlets and Gloves are compression garments for the hands. Gauntlets are separate garments from the compression sleeve and are used to make it easier to place and remove both garments.

Custom-made-Gradient Compression Garment - is a garment requiring a unique fitting or the application of special materials (e.g., Elvarex). The uses of zippers or reinforced areas such as heels are not considered unique materials.

Elastic Stockings - (refer to Over-the-Counter Garments /Elastic Stockings).

Lymphedema Sleeve is a custom fabricated garment that applies gradient pressure and is worn to maintain reduction in the upper or lower limb achieved through manual lymph drainage and/or complex decongestive physiotherapy of the limb. (Refer to MP .075 Lymphedema Pumps and Appliances policy).

Non-Elastic Binders for Extremity are sleeves that slide over affected extremity to provide continuous static compression using adjustable Velcro, hook and loop or buckle straps rather than elastic . Some examples include: LegAssist, CircAid, and Reid Sleeve).

Over-the-Counter Garments/Elastic Stockings are available over-the-counter with or without a prescription. Examples include: thromboembolic disease (TED) hose, elastic stockings, surgical leggings, pressure leotards and anti-embolism stockings.

Ready-to-Wear Gradient Compression Garments - examples include: Jobst, SigVarus and Venes.

III. PURPOSE

The purpose of this policy is to describe coverage for Gradient Compression Garments/Stockings.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Gradient Compression Garments are specialized elastic knit two-way stretch stockings, sleeves, gloves, gauntlets or non-elastic binders that provide pressure compression. They are used to promote venous and/or lymphatic circulation or to treat and prevent complications from poor circulation.

There are two (2) types of compression garments: ready-to-wear and custom-made, either can be worn under clothing throughout the day. Compression garments are not worn while sleeping because they provide too much compression when the body is inactive at rest.

Compression garments are prescribed to the recipient to provide the correct amount of pressure to enhance the control of swelling. Too little compression is ineffective and too much compression can damage the tissues.

Compression garments are prescribed by a physician and are custom measured by a trained licensed professional to ensure the garment stays comfortably in place and fits smoothly without wrinkles or bulges that can damage the tissues. Circumferential and length measurements are required for the fitting.

B. Indications

(Refer to Variations section)

Post Mastectomy Lymphedema.

C. Limitations

1. The garments(s) must be specifically ordered for the member by a licensed physician.
2. A written, signed and dated order must be received by the supplier before billing for Gradient Compression Garments/Stockings.
3. Gradient Compression Garments are limited to four (4) pair per year.
4. A qualified health care professional must measure the member's extremity.

(Refer to Variations section)

D. Variations

Commercial, Medicare and CHIP Products

Indications

Gradient Compression Garments/Stockings are covered when **both** of the following are met:

1. There is a prescription from the treating physician,
AND
2. The member has one (1) of following medically necessary conditions:
 - Open ulcer,
 - To secure a primary dressing over an open venous stasis ulcer that has been treated by a physician or other health care professional requiring medically necessary debridement,
 - Lymphedema treatment,
 - Prevention of stasis ulcers and reoccurrence of stasis ulcers that have healed,
 - Venous Insufficiency,
 - Edema-chronic, following trauma, burns, surgery, fractures, venous, severe with pregnancy, associated with paraplegia and quadriplegia,
 - Deep venous thrombosis (DVT) prophylaxis during pregnancy and postpartum
 - Post thromboti/ phlebitic syndrome,

- Post sclerotherapy,
- For prevention of thrombosis in immobilized persons,
- Phlebitis/Thrombophlebitis,
- Postural hypotension,
- Lipodermatosclerosis,
- Varicose veins (not spider veins).

Non-Elastic Binders & Gradient Pressure garments (ready made or custom made):

- Non-elastic binders & gradient pressure garments which are readymade or custom made are only covered for lymphedema treatment when there is a prescription from the treating physician.

Limitations

Not Covered:

- Over-the-counter garments and stockings
- All other medical conditions not listed as covered in this policy.

Medical Assistance Product

Indications

- Gradient Compression Garments, including over-the-counter Compression Garments and Elastic Stockings are covered when they are on the plan's fee schedule.

F. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

H. References

1. Division of Medical Assistance, Compression Garments, Clinical Coverage Policy no.: 1A Revised December 1/2003, End Date: August 1, 2005.
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3. Wisconsin Medicaid and BadgerCare update: Medical Necessity and Claims Submission Requirements for Compression Garments, January 2007, No 2007-06,
<http://dhfs.wisconsin.gov/Medicaid/updates/2007/2007pdfs/2007-06.pdf>

4. Univera Healthcare Medical Policy: surgical Stockings and Compression Garments, Policy number 1.01.14, revised 6/22/06,
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5. Cigna Government Services, Center for Medicare and Medicaid Services: Coverage of Compression Garments in the Treatment of venous Stasis Ulcers, July 15,2003,
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7. ECRI Nonelastic Compression Garments for Treatment of Lymphedema, Hotline Service, updated 3/5/2007.
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<http://www.pabulletin.com/secure/data/vol35/35-50/2279.html>
9. Purdon’s Pennsylvania Statutes and Consolidated Statutes Annotated, Act 2007-81 , Title 40 P.S. Insurance (Refs and Annos) , Chapter 2. Insurance Companies, Article VI (B) Health and Accident Insurance (Refs and Annos), § 764d Mastectomy and Breast Reconstruction. Effective June 28, 2002. Electronic Update 2007. Westlaw 40 P.S. § 764d.
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11. NHIC LCD Surgical Dressings, # L11471, effective 1-08-09.
http://www.medicarenhic.com/dme/medical_review/mr_lcds/mr_lcd_current/L11471_2009-01-01_PA_2009-01.pdf

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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