

The Department of Vermont Health Access Medical Policy

Subject: COMPRESSION GARMENTS

Last Review: August 11, 2016

Revision 3: January 2, 2015

Revision 2: February 14, 2013

Revision 1: April 21, 2010

Original Effective: June 1, 2008

Description of Service or Procedure

Prefabricated or “Off the Shelf” or “ready-made” garments are manufactured in a quantity without a specific patient in mind. These garments (e.g., TED hose or support hose) may not have adequate compression to require a prescription.

Custom Fitted prefabricated garments are manufactured in a quantity without a specific patient in mind, but require a medical provider prescription for the specific amount of compression needed to effect a medical result, and requires specific measurements to correctly fit the specific patient.

Custom Fabricated garments are individually made for a specific patient, providing a prescribed level of compression and fitting specific to the patient.

Gradient Compression stockings are custom made or custom fitted supportive garments that are prescribed to prevent severe edema. They are prescribed using the level of compression required in millimeters of mercury (mmHg). These garments provide more compression than garments that do not require a provider prescription, such as support hose, or elastic surgical stockings such as TED hose.

Lymphedema Sleeves are custom made or custom fitted support garments that apply gradient pressure whose purpose is to maintain reduction of lymphedema.

Lymphedema garments are designed to maintain a reduced limb, not to reduce a limb. Lymphedema garments should be ordered only once the limb has been fully reduced by wrapping techniques and/or manual drainage/decongestive techniques. To avoid re-accumulation of edema, no time should be allowed to elapse between the receipt of the garment and the last reduction treatment. Garments must be ordered in a timely fashion so that their availability is specifically timed to correspond with the last reduction treatment.



Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

[7508](#) Prosthetic Devices “A prosthetic device is a replacement, corrective or supportive device to: 1) artificially replace a missing portion of the body; 2) prevent or correct physical deformity or malfunction; or 3) support a weak or deformed portion of the body. Prosthetics include orthotics. (Definition from 42 CFR §440.120(c).)”

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

Compression garments may be covered for beneficiaries:

- When the compression garments are prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act and, who is knowledgeable in the use of compression garments and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Criteria

The use of gradient compression garments is considered medically necessary when **all** of the following criteria are met:

- The beneficiary has a medical condition that results in the need for gradient compression to prevent complications from their disease process (e.g.: venous insufficiency with severe edema, lymphedema, deep vein thrombosis (DVT) prophylaxis, thrombophlebitis/phlebitis) AND
- **For custom fitted/fabricated garments only:** Where the device is properly evaluated and fitted by a qualified professional practitioner with specialized skills in the evaluation of gradient compression. This practitioner may be a physical or occupational therapist, a physician, or a supplying provider who has been certified to properly fit and measure gradient compression garments.

Documentation for individuals with venous stasis ulcers must include the following appropriate treatment for these ulcers consistent with the beneficiary's unique medical needs:

- elevation
- exercise of the ankle to provide muscle pump action to decrease edema
- medication management of edema
- proper skin care
- proper nutrition

- weight control
- smoking cessation
- debridement of necrotic tissue
- antimicrobial treatment
- moist dressing
- absorptive dressing in the presence of copious secretions
- minimization of frequent dressing changes to avoid damage to the granulation bed
- compression dressings, particularly short-stretch dressings, that will continue to apply pressure as the edematous limb becomes smaller

Please note: The Unna boots are semi-rigid and do not continue to apply pressure as the edematous limb becomes smaller.

Clinical guidelines for repeat service or procedure

Most manufacturers recommend replacement of garments every 4-6 months. Medicaid expects that beneficiaries will care for their garments properly so that they will be usable for at least the recommended duration. *No more than 2 garments per limb should be ordered simultaneously, to avoid premature use of garments and because volume and gradient needs may change. All garments are limited to a maximum of three types of garment per limb per year (365 days).*

Type of service or procedure covered

Custom items are covered only with a prior authorization (PA). The PA request must include a clear explanation of why “ready-made” (“off-the-shelf”) items cannot be used. Medicaid rule 7102.2 requires that the least expensive, medically appropriate item be supplied. Therefore, in situations where an off-the shelf garment is commercially available, the ordering and dispensing of a custom fabricated garment requires physician documentation that demonstrates the medical need for a custom garment.

When the rationale for a custom garment requires that the beneficiary cannot don the garment without custom features (such as zippers), documentation is required to demonstrate that the beneficiary has received training in proper donning and doffing techniques, has had the opportunity to trial donning and doffing devices, and has failed to don/doff garments in spite of these efforts. Some individuals benefit from two layer systems with an inner, slippery sleeve that makes donning easier.

When an individual has failed the above trials, then the use of a zippered garment may be considered, providing that the zipper is not contraindicated for the beneficiary’s condition. If a zippered garment is not medically appropriate, a Velcro gradient garment may be considered.

Regardless of whether a PA is required or not, the combination prescription/DME provider medical necessity form must be completed, current for the billed date of service and available in the beneficiary’s chart for legal and auditing purposes.

Type of service or procedure not covered (this list may not be all inclusive)

Night Time Lymphedema Garments: There is currently inadequate medical evidence proving efficacy for coverage of night time lymphedema garments or similar garments that use minimal compression and a baffle system to attempt to decrease fibrosis and edema. These are sometimes known as “night time

lymphedema garments” and are not covered. If there is documentation to support that the beneficiary’s edema increases during the night despite the positional change of lying in bed, compression garments or bandaging can be worn through the night.

Additional Information

The beneficiary receiving compression garments may require concomitant physical or occupational therapy to:

- educate the beneficiary on appropriate skin care AND
- gradually increase wear-time AND
- provide assessment/reassessment of appropriate fit and function of the garment AND
- provide an exercise program for the affected body part.

Without this treatment, the beneficiary may be at risk for loss of skin integrity, loss of edema control, impaired function, and pain.

Contraindications/Precautions:

- Improperly fitted or inadequate garments may do more harm than good for an individual. It is vital that gradient compression garments be appropriately assessed and reassessed, and properly constructed to provide the appropriate level of support without risk to the integrity of fragile skin. It is Medicaid’s expectation that the provider who delivers the garment to the patient is fully certified and that the provider has witnessed and documented that the garment is properly fitted to the individual. This documentation must be available in the beneficiary’s medical records for auditing purposes.
- Individuals with congestive heart failure, renal or liver disease may experience fluid overload with aggressive compression.
- Individuals with fragile skin may suffer shearing with application.
- Compression garments can be uncomfortable to wear; however, they will not control edema if not worn consistently. Patients must be educated as to the importance of maintaining an appropriate wear schedule to avoid an increase in fluid volume that would impair proper fit. It is not appropriate for patients to repeatedly cycle back through volume-reducing therapy programs (such as manual lymph drainage/decongestive therapy) due to inconsistent garment wear. Individuals who cannot tolerate garments may be candidates for wraps, Velcro garments, or compression pumps.
- Other contraindications/precautions include acute infection/inflammation, edema due to cardiac decompensation, arterial disease, acute vascular blockage, uncontrolled hypertension, insensate limb, and/or latex allergy.

Given the drainage pathways of the lymphatic system and the issues related to its disruption, garments that have truncal components may be necessary. Each case must be considered individually to determine the appropriateness of truncal compression.

References

- Andersen, L., Hojris, I., Erlandsen, M., & Andersen, J. (2000). Treatment of breast cancer related lymphedema with or without manual lymph drainage. *Acta Oncologica*, 39(3). Retrieved July 12, 2016, from: <http://informahealthcare.com/doi/pdf/10.1080/028418600750013186>
- Cohen, S., Payne, D., & Tunkel, R. (2001). Lymphedema strategies for management. Cancer rehabilitation in the new millennium. American Cancer Society. *Cancer*, 92. Retrieved October 24, 2014 from: [http://onlinelibrary.wiley.com/doi/10.1002/1097-0142\(20010815\)92:4%2B%3C980::AID-CNCR1410%3E3.0.CO;2-E/full](http://onlinelibrary.wiley.com/doi/10.1002/1097-0142(20010815)92:4%2B%3C980::AID-CNCR1410%3E3.0.CO;2-E/full)
- Gohel, S. et al. (2007). Long term results of compression therapy alone versus compression plus surgery in chronic venous ulceration (ESCHAR): Randomized controlled trial. *British Medical Journal*, 335:83. Retrieved July 12, 2016, from: <http://www.bmj.com/cgi/content/full/335/7610/83>
- Harris, S., Hugi, M., Olivotto, I., & Levine, M. (2001). Clinical practice guidelines for the care and treatment of breast cancer: 11. Lymphedema. *CMAJ*, 164(2). Retrieved July 12, 2016, from: <http://www.cmaj.ca/content/164/2/191.full.pdf+html>
- O'Meara, S., Cullum, N., Dumville, J., Nelson, E.A. Compression for Venous Leg Ulcers (Review). In: The Cochrane Library, Issue 3, 2013.
- Template for Practice:*
- Moffat, C.J. (2006). Compression hosiery in lymphoedema. *Lymphoedema Framework*. Retrieved July 12, 2016, from: http://www.lympho.org/mod_turbolead/upload/file/Lympho/Template_for_Practice_-_Compression_hosiery.pdf
 - Clark, M., & Krimmel, G. (2006). Lymphoedema and the construction and classification of compression hosiery. *Lymphoedema Framework*. Retrieved July 12, 2016, from: http://www.lympho.org/mod_turbolead/upload/file/Lympho/Template_for_Practice_-_Compression_hosiery.pdf
 - Partsch, H., & Junger, M. (2006). Evidence for the use of compression hosiery in lymphoedema. *Lymphoedema Framework*. Retrieved July 12, 2016, from: http://www.lympho.org/mod_turbolead/upload/file/Lympho/Template_for_Practice_-_Compression_hosiery.pdf
 - Doherty, D.C., Morgan, P.A., & Moffat, C.J. (2006). Role of hosiery in lower limb lymphoedema. *Lymphoedema Framework*. Retrieved July 12, 2016, from: http://www.lympho.org/mod_turbolead/upload/file/Lympho/Template_for_Practice_-_Compression_hosiery.pdf
- Tiwari, A., Cheng, K., Buttoni, M., Myint, F., & Hamilton, G. (2003). Differential Diagnosis, Investigation, and Current Treatment of Lower Limb Lymphedema. *Archives of Surgery*, 138. Retrieved July 12, 2016, from: <http://archsurg.jamanetwork.com/article.aspx?articleid=394351>
- Zajkowski, P., Proctor, M., Wakefield, T., Bloom, J., Blessing, B., & Greenfield, L. (2002). Compression Stockings and Venous Function. *Archives of Surgery*, 137. Retrieved July 12, 2016, from: <http://archsurg.ama-assn.org/cgi/reprint/137/9/1064>

Zuther, J. (2011). Compression garments for lymphedema – Custom or ready made? LymphedemaBlog. Retrieved July 12, 2016, from: <http://www.lymphedemablog.com/2011/05/12/compression-garments-for-lymphedema-custom-or-ready-made/>

This document has been classified as public information.