State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
www.dvha.vermont.gov

Agency of Human Services
[Phone] 802-879-5903
[Fax] 802-879-5963

The Department of Vermont Health Access Clinical Criteria

Subject: Compression Garments
Last Review: March 22, 2023*
Past Revisions: January 20, 2022, January 28, 2020, February 14, 2018, August 11, 2016, January 2, 2015, February 14, 2013, April 21, 2010, and June 1, 2008

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Prefabricated or "Off the Shelf" or "ready-made" garments are manufactured in 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 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 that are 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). The amount of compression decreases distally to proximally. 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 when 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 or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

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 (42 CFR §440.120(c).
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

Compression garments may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding compression garments, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Coverage Criteria

Compression garments may be covered for members when:

- The member has a medical condition that results in the need for 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 garment s properly evaluated and fitted by a qualified professional practitioner with specialized skills in the evaluation of compression. This practitioner may be a physical or occupational therapist, a physician, an advanced practice provider, or a supplying provider who has been certified to properly fit and measure compression garments.

Documentation for individuals with venous stasis ulcers must include the following appropriate treatment for these ulcers consistent with the member'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 and matrix
- compression dressings, particularly short-stretch dressings, that will continue to apply pressure as the edematous limb becomes smaller

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Note: Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Most manufacturers recommend replacement of garments every 4-6 months. Medicaid expects that members will care for their garments properly so that the garments 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. The recommended garment limitation is a maximum of three types of garments per limb per year (365 days).***

Type of service or procedure covered

As of 1/1/23, only garments with procedure codes that "not otherwise specified" require prior authorization (PA). The PA request must include a clear explanation of a garment with a more specific procedure code cannot be used. Medicaid rule 7102.2 requires that the least expensive, medically appropriate item be supplied. Therefore, in situations where a specifically coded garment is commercially available, the ordering and dispensing of a garment "not otherwise specified" (NOS) requires physician/advance practice provider documentation that demonstrates the medical need for that garment.

When the medical necessity rationale for a "not otherwise specified" procedure code requires that the member cannot don the garment without custom features (such as zippers), documentation is required to demonstrate that the member 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 despite these efforts. Some members 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 member's condition. If a zippered garment is not medically appropriate, a Velcro gradient garment may be considered.

Prior authorization requirements can be found on the Vermont Medicaid fee schedules found at: http://vtmedicaid.com/#/feeSchedule. **If a PA is required, the Provider's Order for Compression Garments form must be completed and submitted to the DVHA along with supporting clinical documentation.** This form also includes an Information Sheet which lists precautions, contraindications, and compression dosage. The form is available at: https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms

If no PA is required, the Provider's Order for Compression Garments form must be completed and must be available in the member'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 member's edema increases during the night despite the positional change of lying in bed, compression garments or bandaging can be worn through the night.

Compression garments for expediting the recovery from exercise-induced delayed onset muscles soreness to enhance performance: the ordering provider must demonstrate that the garments meet the bar of medical necessity and is not used for athletic performance enhancement alone.

Additional Information

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

- educate the member 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 member 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. 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 or licensed and that the provider has witnessed and documented that the garment is properly fitted to the individual. This documentation must be available in the member's medical records for auditing purposes.

Members with congestive heart failure, renal or liver disease may experience fluid overload with aggressive compression.

Members 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 and properly. Members 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. Members 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, acute cellulitis, acute myocardial infarction, undiagnosed untreated cancer, severe peripheral arterial disease, acute deep vein thrombosis or thrombophlebitis, arterial bypass grafting, fabric sensitivities, peripheral neuropathy, 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.

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