

Highmark Commercial Medical Policy- PA, WV, DE, NY

Medical Policy:	E-9-019020
Topic (or Title):	Non-Custom/Custom-Made Gradient Compression Garments/Stockings/Sleeves
Section:	Durable Medical Equipment
Effective Date:	April 1 October 13 , 2025
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Annual Review:	May 2024 August 2025

Gradient compression garments are stretch knit fabrics that are worn over an area of the body. They can be used to treat lymphedema and various venous stasis ulcers; to prevent clots; and/or to provide general comfort.

Custom-made gradient compression stockings are tailored to the specific individual's measurements.

Policy Position

Custom-made Gradient Compression Garments/Stockings/Sleeves

Custom-made gradient compression stockings/sleeves may be considered medically necessary when prescribed and documented by a health care provider (i.e., physician, physician assistant, or certified registered nurse practitioner) when **ANY ONE** of the following are met:

- Failure for a prefabricated garment to fit properly; **or**
- Failure to provide the therapeutic support (i.e., lost elasticity, tears, etc.); **or**
- Reinforced areas (e.g., heels) or zippers alone are not unique and do not constitute a custom garment; **or**
- Documentation for diagnosis of obesity (BMI measurement not applicable); **or**
- Documentation for diagnosis of venous insufficiency.

AND

When **ALL** of the following criteria are met:

- A written, signed, and dated order must be received by the supplier before dispensing custom-made gradient compression stockings/sleeve; **and**
- A qualified health care professional must document the clinical characteristic of the individual's affected area that is requiring a compression stockings/sleeve (i.e., physician, physician assistant, certified registered nurse practitioner, or nurse); **and**
- Complete documentation of medical assessment and covered diagnosis.

AND

ANY ONE of the following:

- Lymphedema; **or**
- Burns (addressed separately below); **or**
- Varicose veins (except spider veins); **or**
- Chronic venous insufficiency; **or**
- Venous stasis disease; **or**
- Venous valvular insufficiency; **or**
- Venous insufficiency; **or**
- Post thrombotic syndrome; **or**

- Venous ulcer (stasis ulcer), including **ANY ONE** of the following:
 - Edema; **or**
 - Venous; **or**
 - Lymph; **or**
 - Post traumatic; **or**
 - Post-surgical; **or**
 - Lipedema; **or**
 - Angiodysplasia; **or**
 - Prevention of thrombosis post-operatively; **or**
 - Post sclerotherapy; **or**
 - Documented thrombosis risk; **or**
 - Venous eczema; **or**
 - Lipodermatosclerosis.

- Custom-made gradient garments will only be dispensed in the amount prescribed by the physician, physician assistant, or nurse practitioner.

Replacement Custom-Made Gradient Compression Garments/Stockings/Sleeves

Custom-made gradient compression garments/stocking/sleeve replacements, when replaced prior to six (6) months, are considered medically necessary when **ANY ONE** of the following are met:

- Compression garment cannot be repaired (i.e., lost elasticity, tears, etc.); **or**
- Changes in physical condition (e.g., change in size, unusual drainage, wear that weakened the support); **and**
- A yearly written, signed, and dated order must be received by the supplier before dispensing replacement custom-made gradient compression stockings/sleeve.

Quality Level Limits

ONLY six (6) individual (or three (3) pairs per individual for a total of three (3) pairs) of pressure gradient support garments/stockings/sleeves (in any combination i.e. knee-high, thigh-high etc.) will be dispensed at initial disbursement and every six (6) months thereafter. A pair is two (2) of the same items.

Any custom-made gradient compression garment/stocking/sleeve not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

A6515	A6516	A6517	A6518	A6519	A6611	A6521
A6523	A6525	A6527	A6529	A6549	A6553	A6555
A6556	A6557	A6558	A6559	A6560	A6561	A6562
A6563	A6564	A6565	A6567	A6569	A6571	A6573
A6574	A6576	A6577	A6579	A6580	A6610	S8420
S8422	S8423	S8425	S8426	S8429	S8430	

Custom- Made Burn Compression Gradient Support Garments/Stockings/Sleeves

The following information is **ONLY** for those individuals with burn injuries and need custom-made compression gradient support garments/stockings/sleeves for management of edema, hypertrophic scarring, and joint contractures.

Custom-made burn compression gradient support garments/stockings/sleeves may be considered medically necessary when **ALL** of the following criteria are met:

- When prescribed and documented by a health care provider (i.e., physician, physician assistant, or certified registered nurse practitioner); **and**
- A written, signed, and dated order must be received by the supplier before dispensing custom-made gradient compression stockings/sleeve; **and**
- A qualified health care professional must document the clinical characteristic of the individual's affected area that is requiring a compression stockings/sleeve (i.e., physician, physician assistant, certified registered nurse practitioner, or nurse); **and**
- Burns must be classified as **ANY ONE** of the following:
 - Second (2nd) degree burns; **or**
 - Third (3rd) degree burns.

Quality Level Limits

ONLY eight (8) individual (or four (4) pairs) of custom-made burn compression gradient support garment/stockings/sleeves will be dispensed at initial disbursement and every three (3) months thereafter.

A custom-made burn compression gradient garment/stocking/sleeve is considered medically necessary when prescribed for the treatment and of burns in the management of the resulting edema, hypertrophic scarring and joint contractures following a burn injury.

Replacement of Custom-Made Burn Compression Gradient Support Garments/Stockings/Sleeves

Replacement of custom-made burn gradient compression support garments/stockings/sleeves, when dispensed prior to three (3) months, may be considered medically necessary when **ALL** of the following are met:

- Pre-measuring for changes must be performed before a new prescription is issued; **and**
- Documentation must support medical necessity; **and**
- Medical record must support documented changes in physical condition (e.g., change in size, drainage amount increased, etc.); **and**
- A written, signed, and dated order must be received by the supplier before dispensing replacements.

***Special Consideration for Replacements for Children – Burn Injuries Only**

Due to continuous growth changes in infants and children, special consideration to replacement frequency will be given to those burn injury individuals, ages zero (0) to four (4) years of age, regarding significant increased replacement frequencies that require less than three (3) months for any custom-made burn compression gradient support garment replacement. A yearly evaluation of an individual's condition is required to continue medical necessity for a custom fit garment.

Any custom-made burn gradient compression garment/stocking/sleeve not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

A6501	A6502	A6503	A6504	A6505	A6506	A6507
A6508	A6509	A6510	A6511	A6512	A6513	

Non-Custom-Made Gradient Compression Garments/Stockings/Sleeves

Non-custom-made gradient compression garments/stockings/sleeves may be considered medically necessary when **ALL** of the following are met:

- The garments(s) must be specifically ordered and documented by a health care provider (i.e., physician, physician assistant, or certified registered nurse practitioner) caring for an individual; **and**
- Documentation must support medical necessity; **and**
- A written, signed, and dated order must be received by the supplier before dispensing non-custom-made gradient compression garment or stocking; **and**
- A qualified health care professional must document the clinical characteristic of the individual's affected area that is requiring a compression stockings/sleeve (i.e., physician, physician assistant, certified registered nurse practitioner, or nurse).

AND

ANY ONE of the following:

- Lymphedema; **or**
- Varicose veins (except spider veins); **or**
- Chronic venous insufficiency; **or**
- Venous stasis disease; **or**
- Venous valvular insufficiency; **or**
- Venous insufficiency; **or**
- Post thrombotic syndrome; **or**
- Venous ulcer (stasis ulcer), including **ANY ONE** of the following:
 - Edema; **or**
 - Venous; **or**
 - Lymph; **or**
 - Post traumatic; **or**
 - Post-surgical; **or**
 - Lipedema.
- Angiodysplasia; **or**
- Prevention of thrombosis post-operatively; **or**
- Post sclerotherapy; **or**
- Documented thrombosis risk; **or**
- Venous eczema; **or**
- Lipodermatosclerosis.

Replacement of Non-Custom-Made Gradient Compression Garments/Stockings/Sleeves

Replacement of non-custom-made gradient compression garments/stockings/sleeves, when dispensed prior to six (6) months may be considered medically necessary when **ALL** of the following are met:

- Pre-measuring for changes must be performed before a new prescription is issued; **and**
- Documentation must support medical necessity; **and**
- A written, signed, and dated order must be received by the supplier before dispensing replacement of non-custom-made gradient compression garment/stocking.

AND

ANY ONE of the following:

- The compression garment cannot be repaired (i.e., lost elasticity, tears, etc.); **or**
- Changes in physical condition (e.g., change in size, unusual drainage, wear that weakened the support).

Quality Level Limits

ONLY six (6) individual (or three (3) pairs per individual for a total of three (3) pairs) of gradient compression garments/stockings/sleeves (in any combination i.e. knee-high, thigh high etc.) per six (6) months can be dispensed. A pair is two (2) of the same items.

Any non-custom-made compression garments not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

A6520	A6522	A6524	A6526	A6528	A6530	A6534
A6535	A6536	A6537	A6538	A6539	A6540	A6541
A6544	A6545	A6552	A6554	A6566	A6568	A6570
A6572	A6575	A6578	A6581	A6582	A6583	A6584
A6585	A6586	A6587	A6588	A6589	A6593	A6594
A6595	A6596	A6597	A6598	A6599	A6600	A6601
A6602	A6603	A6604	A6605	A6606	A6607	A6608
A6609	E0681	S8421	S8424	S8427	S8428	

Non-pneumatic active compression devices for upper or lower extremities, are considered medically necessary when the individual has **ONE** or more of the following conditions:

- Lymphedema; or
- Phlebolympheidema; or
- Venous insufficiency; or
- Lipedema.

Procedure Codes

[E0678](#) [E0679](#) [E0680](#) [E0682](#)

Place of Service: Outpatient

Dispensing of non-custom/custom-made gradient compression garments/stockings/sleeves is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Links

- [Link to Provider Resource Center for the Medical Policy Update 07/2016, Burn Criteria Add to Non-Custom/Custom-Made Gradient Compression Garments/Stockings/Sleeves](#)
 - [Link to References](#)
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This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
 - *Qualified sign language interpreters*
 - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*
- *Provides free language services to people whose primary language is not English, such as:*
 - *Qualified interpreters*
 - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

*U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)*

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance

Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。IDカードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

DRAFT