IEHP UM Subcommittee Authorization Guidelines
Gradient Elastic Compression Stockings

Policy:
Individually fitted prescription graded compression stockings are considered medically necessary for members who have any of the following medical conditions:

A. Treatment of any of the following complications of chronic venous insufficiency:
   1. Varicose veins (except spider veins).
   2. Stasis dermatitis (venous eczema).
   3. Venous ulcers (stasis ulcers).
   4. Venous edema.
   5. Lipodermatosclerosis.

B. Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.).

C. Post thrombotic syndrome (post phlebitic syndrome).

D. Selected persons with chronic lymphedema.

E. Edema following surgery, fracture, burns, or other trauma.

F. Postural hypotension.

G. Severe edema in pregnancy.

H. Edema accompanying paraplegia, quadriplegia, etc.

Only pressure gradient support stockings are considered medically necessary for this indication; inflatable compression garments are not considered medically necessary for this indication.

Individually fitted prescription graded compression stockings
This applies only to pre-made or custom-made pressure gradient support stockings (e.g., Jobst, SigVarus, Venes, etc.) that have a pressure of 18 mm Hg or more, that require a physician’s prescription, and that require measurements for fitting.

Stockings purchased over the counter without a prescription, which have a pressure of less than 20 mm Hg (e.g., elastic stockings, surgical leggings, anti-embolism stockings (Ted hose) or pressure leotards) are not considered medically necessary because these supplies are not primarily medical in nature and because they have not been proven effective in preventing thromboembolism.

Replacements:
Replacements are considered medically necessary when the compression garment cannot be repaired or when required due to a change in the member’s physical condition. For pressure gradient support stockings, no more than four (4) replacements per year are considered medically necessary for wear. IEHP recommends dispensing at least two (2) stockings at each request.

**Contraindications:**

Compression garments are considered not medically necessary for members with severe peripheral arterial disease or septic phlebitis because they are contraindicated in these conditions.

**Background:**

**Venous Insufficiency in the Lower Extremities:**

Lower extremity venous insufficiency describes a condition in which blood that should return from the legs to the trunk instead flows retrograde back into the legs. This condition may be caused by deep venous insufficiency (the deep vein valves have been damaged due to deep vein thrombosis, which decreases hydrostatic venous pressure) or superficial venous incompetence (superficial valves have failed, leading to dilation of the superficial veins which allows backflow to occur), or both. Superficial venous incompetence is the more common cause of lower extremity venous insufficiency, and may be caused by direct injury, congenital condition, or pregnancy. Over time, venous insufficiency can cause pain, swelling, skin changes, and tissue breakdown. Untreated, it also puts patients at higher risk for superficial thrombophlebitis and deep vein thrombosis. The prevalence of this condition in US adults is estimated to be between 7% and 60%. (Feied et al.)

**Gradient Elastic Compression Stockings:**

Gradient elastic compression stockings are considered the “gold standard” treatment of choice for chronic venous insufficiency. Treatment goals of stocking use include symptom control, restoration of ability to walk, and prevention and/or healing of ulcers. (Nicoloff et al.)

Compression stockings are believed to work by two mechanisms. They increase the pressure in subdermal tissues, reducing leakage of fluid out of blood vessels, and increasing fluid absorption by blood and lymphatic vessels. They also physically restrict the size superficial veins can expand to, preventing edema and expediting return of blood to the heart. These stockings are tightest at the ankle, and gradually decrease in pressure as they extend up the leg.

**Medicare Patients:**

Compression stockings are covered as a benefit as a surgical dressing post-operatively.
Clinical Trials Reporting Patient-Oriented Outcomes:

<table>
<thead>
<tr>
<th>Citation</th>
<th>Device Used</th>
<th>Patient Characteristics</th>
<th>Findings/Conclusions</th>
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<tbody>
<tr>
<td>Benigni et al. 2003</td>
<td>Class 1 (10-15 mm Hg at ankle) compression stockings vs. reference control stockings</td>
<td>125 patients with early chronic venous disease</td>
<td>The compression stockings resulted in a significant improvement in pain and quality of life compared to control.</td>
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<tr>
<td>Motykie et al 2000</td>
<td>Graduated compression stockings</td>
<td>112 patients with chronic venous insufficiency</td>
<td>“A statistically significant improvement (p&lt;0.001) was reported in patient severity scores for lower extremity swelling, pain, skin discoloration, activity tolerance, depression, and sleeping problems after 1 and 16 months of treatment with compression stockings.”</td>
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Per the CMS Program Memorandum Transmittal AB-03-090: “The accepted standard of care for the treatment of venous stasis ulcers includes the use of sustained limb compression. In the past, gradient compression stockings have not been covered for this purpose. Effective for items furnished on or after October 1, 2003, gradient compression stockings that serve a therapeutic or protective function and that are needed to secure a primary dressing may be covered as surgical dressings when the requirements in the implementation section of this PM have been met.”

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March 3, 2010

Bibliography:

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