Clinical Review Criteria
Compression Garments – Stockings/Sleeves

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Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
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<tr>
<td>National Coverage Determinations (NCD)</td>
<td>None</td>
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<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>Surgical Dressings (L33831)</td>
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<tr>
<td>Local Coverage Article</td>
<td>Surgical Dressings (A54563)</td>
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For Non-Medicare Members
Kaiser Permanente has elected to use the Graduated Compression Stockings/Sleeves (KP-0336) MCG* for medical necessity determinations.

Elastic stockings are generally stockings of 18-20 mm or less and can be purchased over the counter.

*The MCG are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:
- Last 12 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background
Compression garments are usually made of elastic material, and are used to promote venous or lymphatic circulation. Compression garments worn on the legs can help prevent deep vein thrombosis and reduce edema, and are useful in a variety of peripheral vascular conditions. Compression garments can come in varying degrees of compression. The higher degrees require a physician's prescription.

Evidence and Source Documents
2/12/1986: LITERATURE SEARCH
Articles: The use of JOBST products for the treatment of burns is medically appropriate.

12/31/1999: LITERATURE SEARCH
Articles: Effective Health Care, NHS Centre for Reviews and Dissemination, University of York, August 1997, Volume 3:4, ISSN: 0965-0288.
Twenty randomized controlled trials evaluated different forms of compression bandaging on venous ulcer healing in a wide range of age groups. Two of these incorporated economic evaluations, 2 compared compression...
stockings with compression bandages and 2 evaluated intermittent pneumatic compression. Overall the quality of trials is poor. Six RCT’s assessed whether compression therapy was better than no compression. These showed that compression provided by either Unna’s boot, 2-layer, 4 layer or short stretch bandages improve healing rates compared to treatment using no compression. One study showed that compression was more cost effective because of faster healing rates saving nursing time. High compression showed the best healing rates. A combination of 2 compression stockings has been shown to increase the rate of healing compared to a short stretch bandage.

Compression stockings have been found to be more effective than drug therapy in the prevention of recurrence of leg ulcers.

White Paper - Kaiser on Benefits of Compression Therapy:
Venous ulcers can be healed, and recurrence prevented through the use of compression therapy (not TED hose). Recommend coverage of two pair a year and patients must wear all day every day. Compression therapy can prevent serious complications of venous insufficiency and reduce treatment costs.

Federal Post-Mastectomy Reconstructive Surgery Mandate: December 21, 1998 AAHP memo:
The Federal post-mastectomy reconstructive surgery mandate was contained in the Women’s Health and Cancer Rights Act of 1998 that was included in the FY99 omnibus appropriations act (P.I., 105-277, enacted October 21, 1998). Under the new law most plans and insurers that provide coverage for medical and surgical benefits in connection with a mastectomy are required to provide reconstructive surgery benefits. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

