	POLICIES AND PROCEDURES
Policy #: 404-1618	Lead Department: Utilization Management
Title: Compression Garments	
Original Date: 09/17/2012	Date Published: 12/10/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe Central California Alliance for Health's (the Alliance) guidelines for authorizing compression garments.

Policy:

The Alliance will authorize compression garments when they are medically necessary according to Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests* and meet the criteria listed below.

Definitions:

California Children's Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Compression garments: Pieces of clothing such as stockings, sleeves, etc. that are used to promote venous or lymphatic circulation.


Compression sleeves, gauntlets and gloves: Specialized garments which provide compression for treatment of lymphedema of the arm or hands.

Compression stockings: Specialized hosiery designed to prevent the occurrence or progression of lymphedema or venous disorders such as edema.

Pneumatic compression device: An inflatable garment that is intermittently inflated over a limb with a pump to improve circulation.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

Procedures:

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1. Screening Requirement
 - a. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 Screening and Referral for Medical Eligible 404-1319 *Children to California Children's Services (CCS) Program*.
 - b. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy 405-1319 Screening and Referral for Medical Eligible *Children to California Children's Services (CCS) Program*.

Authorization Requests will be reviewed by the prior authorization nurse using the following criteria:

1. **Graded compression stockings/garments** (e.g. ArmAssist, CircAid, Farrow Wraps, Jobst, Jovi, Juzo, ReidSleeve, Sigvaris).

The Alliance considers graded compression stockings/garments medically necessary per MCG Care Guideline Graduated Compression Stockings


Limitations:

Pre-manufactured and off-the-shelf pantyhose type support stockings without a compression rating are not an Alliance covered benefit. Custom-made elastic gradient rated compression stockings are an Alliance covered benefit and are reimbursable with authorization when medically necessary to treat symptomatic venous insufficiency or lymphedema in the lower extremities.

Gradient compression wrap, non-elastic, below knee, 30 – 50 mmHg compression rating, is reimbursable with authorization and frequency limit of 3 per limb, per 6-month period.

Providers billing for elastic gradient compression stockings must have a written prescription from a licensed practitioner for the item(s). A generic prescription for "elastic support stockings" is not acceptable.

Note:

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The Women's Health and Cancer Rights Act of 1998 mandates coverage of treatment for physical complications from a mastectomy, including lymphedema.

2. Pneumatic Compression devices

The Alliance covers pneumatic compression devices for Alliance members that meet all of the following criteria:

- a. The recipient has a confirmed diagnosis of primary or secondary lymphedema.
- b. Lymphedema is associated with functional impairment.
- c. Conservative medical therapies, (i.e. elevation of the affected limb, exercise, massage and/or use of an appropriate compression garment) have been tried for at least 30 days and failed to reduce prolonged lymphedema.
- d. The recipient has demonstrated compliance with the past recommended medical treatment(s).

OR

- e. Chronic Venous Insufficiency with venous stasis ulcers that have failed to heal after a 6-month trial of conservative therapy (i.e. compression garments, exercise and elevation).

3. Other Considerations

- a. For CCS WCM members, durable medical equipment that will be used for the treatment of a member's CCS eligible condition may be authorized when prescribed by a CCS paneled physician who is approved to treat the member's CCS eligible medical condition.


References:

Alliance Policies:

- 404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- 405-1319 – Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program
- 404-1601 – Durable Medical Equipment (DME) Authorization

Impacted Departments:

Claims

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Regulatory:

Legislative:

Contractual (Previous Contract):

Contractual (2024 Contract):

DHCS All Plan Letter:

NCQA:

Supersedes:

Other References:

Department of Health Care Services Medi-Cal. Provider Manuals, Durable Medical Equipment (DME): Bill for DME, pneumatic compressors. Accessed 9/1/2015.

MCG Care Guidelines

Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
☒ Medi-Cal
☒ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)
(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
05/19/2020	05/19/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG
05/17/2022	05/17/2022	Tisa Llamas, RN Prior Auth Supervisor	UMWG
10/20/2023	10/20/2023	Azura Sanchez UM Admin Assistant	UMWG
11/06/2024	11/06/2024	Lorna Metzger, PA Supervisor	UWMG