

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Gradient Compression Stockings

January 1, 2008
Updated October 1, 2008

GRADIENT COMPRESSION STOCKINGS

Gradient compression delivers a squeezing to the leg that is tightest at the ankle. The degree of squeezing or compression gradually decreases up the leg. A complete understanding of precisely how compression works remains unknown.

Compression is believed to increase the pressure in the tissues beneath the skin thus reducing excess leakage of fluid from the capillaries and increasing absorption of tissue fluid by the capillaries and lymphatic vessels. Compression therefore reduces and helps prevent swelling.

The physical presence of the stocking also helps control the size (diameter) of superficial veins beneath the stocking. The stocking does not allow these superficial veins to over expand with blood. This action helps prevent pooling. The venous blood then flows more quickly up the leg towards the heart.

ORIGINAL MEDICARE

Coverage of gradient compression stockings in the treatment of an open venous stasis ulcers is a benefit according to CMS Program Memorandum AB-03-090 dated June 20, 2003.¹ Effective for items furnished beginning 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.

Original Medicare limits the benefit as follows:

- The beneficiary must have an open venous stasis ulcer that has been treated by a physician or other healthcare professional requiring medically necessary debridement.
- The gradient stocking must be proven to deliver compression greater than 30 mm Hg. and less than 50 mm Hg.
- When a covered gradient compression stocking is provided to a patient with an open venous stasis ulcer, the modifier AW (item furnished in conjunction with a surgical dressing) must be appended or the claim will be denied as a noncovered service.
- Gradient compression stockings are noncovered for the following conditions:
 - Venous insufficiency without stasis ulcers
 - Prevention of stasis ulcers

¹ <http://www.cms.hhs.gov/Transmittals/Downloads/AB03090.pdf>

- Prevention of the reoccurrence of stasis ulcers that have healed
- Treatment of lymphedema in the absence of ulcers

MEDICARE ADVANTAGE

Additional coverage for gradient pressure stockings is provided to members under select Medicare Advantage private fee-for-service plans. The scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost-sharing are determined by the group

Conditions for Payment

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider² concept for group specific benefits. The table below specifies payment conditions for gradient compression stockings:

Conditions For Payment	
Eligible providers	DME/PO supplier
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable location	Home
Frequency	A6530, A6533-A6541: 8 per 12 months A6542-A6544: Any appropriate frequency A6549: Requires additional documentation for individual consideration.
HCPCS codes	A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6542, A6543, A6544, A6549
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

The maximum payment amount for the gradient compression stockings benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The provider will be paid the lesser of the allowable amount or the provider’s charge, minus the member’s cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member Cost-sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

² 2008 Terms and condition

The cost-sharing chart below identifies members with gradient compression stockings coverage:

Member Cost-Sharing Responsibilities			
Group Name and Number	Annual Deductible	Coinsurance	Out-of -Pocket Maximum
		Professional Claim	
	2008	2008	
State of MI Retirees 81820, 81821, 82828	\$0	None	Does not apply

Billing Instructions

1. Bill services on the CMS 1500 (8/05) claim form.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report the appropriate modifier (left - LT, right - RT) when billing HCPCS codes A6531 and A6532 for gradient compression stockings. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using LTRT modifiers and 2 units of service.
5. Report your National Provider Identifier number.
6. Send your paper claim to DMension Benefit Management at the following address:

Medicare Advantage
 DMension Benefit Management, P.O. Box 81700
 Rochester, MI 48308-1700