
Medical Policy



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***Current Policy Effective Date: 5/1/26**
(See policy history boxes for previous effective dates)

Title: Pressure Gradient Garments and Support Stockings

Description

Pressure gradient garments and support stockings are elastic sleeves or stockings that apply graduated compression to limbs, torso, and head and neck. They work by reducing swelling (edema), improving venous blood flow, preventing blood clots (like Deep Vein Thrombosis), and are used in the treatment of conditions such as venous insufficiency, lymphedema and varicose veins. They may also be used to minimize contractures and scarring in individuals suffering burn injuries.

Medical Policy Statement

Pressure gradient garments and supports stockings are established when criteria are met.

Inclusionary and Exclusionary Guidelines

The garments must be obtained from a Health Plan approved supplier.

Inclusions:

1. Pressure Gradient Support Garments:

The pressure gradient support garments must be at or above 18 mmHg and meet **one** of the following criteria:

- Pressure gradient support stockings for the treatment of severe circulatory conditions, moderate to severe varicose veins during pregnancy or post-surgical care.
- Treatment of complications of chronic venous insufficiency:

- Varicose veins (except spider veins)
- Stasis dermatitis (venous eczema)
- Venous ulcers (stasis ulcers)
- Venous edema
- Lipodermatosclerosis
- Treatment of phlebitis and thrombophlebitis
- Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.)
- Post-thrombotic syndrome (post-phlebitic syndrome)
- Chronic intractable lymphedema (lasting longer than 3 months), including lymphedema as a physical complication of mastectomy (e.g., lymphedema sleeves)
- Edema following surgery, fracture, burns, or other trauma
- Post sclerotherapy
- Postural hypotension/orthostatic hypotension
- Severe edema in pregnancy
- Deep vein thrombosis (DVT) prophylaxis during pregnancy and postpartum
- Edema accompanying paraplegia, quadriplegia, etc.
- Significant burn with risk of post burn contracture, skin grafting and hypertrophic scarring

2. Burn Pressure Garments:

To enhance healing, reduce swelling, treat contractures and hypertrophic scars suffered by severely burned patients.

3. Custom-ordered/fitted compression garments or surgical stockings (e.g., Jobst, Sigvaris, Circaid, Juzo, ReidSleeve®, Sigvaris, Solaris, including the Tribute™ garment, and Belisse® garments)

Custom-ordered/fitted compression garments (e.g., stocking/burn garment/gradient pressure aid garment/sleeve) for patients when the garment functions as a gradient pressure aid with a degree of pressure which is at least 18 mm Hg, requires a physician order (prescription) to be dispensed, standard compression garments have been tried and/or ruled out, and meets **one or more** of the following conditions:

- Treatment of complications of chronic venous insufficiency:
 - Varicose veins (except spider veins)
 - Stasis dermatitis (venous eczema)
 - Venous ulcers (stasis ulcers)
 - Venous edema
 - Lipodermatosclerosis
- Treatment of phlebitis and thrombophlebitis
- Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.)
- Post-thrombotic syndrome (post-phlebitic syndrome)
- Chronic intractable lymphedema (lasting longer than 3 months), including lymphedema as a physical complication of mastectomy (e.g., lymphedema sleeves).
- Edema following surgery, fracture, burns, or other trauma
- Post sclerotherapy
- Postural hypotension/orthostatic hypotension
- Severe edema in pregnancy
- DVT prophylaxis during pregnancy and postpartum

- Edema accompanying paraplegia, quadriplegia, etc.
- Significant burn with risk of post burn contracture, skin grafting and hypertrophic scarring

Exclusions:

- Pressure garments of any kind (including burn pressure garments) for individuals that do not have coverage for external prosthetics or orthotics.
- Pressure garments and non-prescription support garments such as “support hose” used for comfort, or for conditions other than described above. Support hose A4490 - A4510 are not covered.
- Over the counter TED hose, elastic stockings, support hose, foot coverings, leotards, surgical leggings and fabric supports that typically have a compression of less than 18 mm Hg are not a benefit.
- Pressure garments worn by a patient in order to provide sensory and body awareness for conditions characterized by impaired motor control, such as autism, autism spectrum disorder, proprioceptive deficits, deep-sensory deficits or hypersensitivity.
- Gradient compression stockings solely for the purpose of air travel in those individuals at low risk for DVT.
- Silver impregnated compression stockings are not considered established because there is insufficient evidence that silver impregnated compression stockings are superior to standard compression stockings.
- Compression garments for members with severe peripheral arterial disease or septic phlebitis because they are contraindicated in these conditions.
- Gradient compression garments/stockings for any one of the following conditions with or without a written physician’s order (this list may not be all inclusive):
 - Backache
 - Carpal tunnel syndrome
 - Cellulitis
 - Chest pain
 - Chronic airway obstruction
 - Cystocele
 - Esophageal reflux
 - Fibromatosis
 - Hammer toe
 - Lupus erythematosus
 - Neurogenic bladder
 - Osteoarthritis
 - Osteomyelitis
 - Paralysis agitans
 - Sleep apnea
 - Sprained and/or strained joints or ligaments
 - Tendonitis
 - Urine retention

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

A6501	A6502	A6503	A6504	A6505	A6506
A6507	A6508	A6509	A6510	A6511	A6512
A6513	A6515	A6516	A6517	A6518	A6519
A6520	A6521	A6522	A6523	A6524	A6525
A6526	A6527	A6528	A6529	A6530	A6531
A6532	A6533	A6534	A6535	A6536	A6537
A6538	A6539	A6540	A6541	A6544	A6545
A6549	A6552	A6553	A6554	A6555	A6556
A6557	A6558	A6559	A6560	A6561	A6562
A6563	A6564	A6565	A6566	A6567	A6568
A6569	A6570	A6571	A6572	A6573	A6574
A6575	A6576	A6577	A6578	A6579	A6580
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	A6610	A6611	S8420	S8421
S8422	S8423	S8424	S8425	S8426	S8427
S8428	S8429				

Other codes (investigational, not medically necessary, etc.):

A4467	A4490	A4495	A4500	A4510
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Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Background

Gradient compression garments and support stockings are used to give external compression to areas of the body, such as the extremities, which prevents or reduces swelling, enhances venous circulation and prevents venous pooling and venous hypertension in individuals with incompetent venous circulation (i.e., varicose veins). They may also be used as prophylaxis against venous thrombosis and to enhance healing of extremity wounds by reducing venous pressure and edema. Special silicone compression garments may be prescribed in burn patients to minimize scarring responses in deep burns.

Some garments are custom made from precise measurements of the body and can vary from lymphedema sleeves for the arm, knee-length to full-length stockings, waist-high leotard, to various other body parts such as the hands. Custom-ordered/fitted compression garments require fitting and measuring by a specially trained individual and require a physician's order. Advances in technology allow many compression garments to be pre-made. Very few need to be custom made unless the degree of gradient pressure is one that cannot be provided in a pre-made garment.

A *lymphedema sleeve* is a custom-fabricated garment that applies gradient pressure to a limb affected by loss of lymphatic channels, usually as a result of cancer surgery and/or radiation therapy. It is worn to reduce or maintain the volume of the upper limb (e.g., ReidSleeve®, ArmAssist, Jobst, Juzo, Circaid, Sigvaris, Tribute™ by Solaris). There are two types of lymphedema sleeves; those made of specialized elastic knit two-way stretch sleeves or stockings (e.g., Jobst or Juzo) and those in which gradient compression is achieved through high to low pressure ratios created by variations in density, type, size, proportion and insertion pressure of foam (e.g., Reidsleeve® or Tribute by Solaris). Elastic garments are usually prescribed for the initial treatment of lymphedema and worn under clothing during the day (including while exercising). Lymphedema sleeves such as the Reidsleeve® or Tribute™ by Solaris garments are used in addition to the elastic garments and typically after decongestive therapy to maintain limb volume. These sleeves can replace bandaging of the affected extremity and are usually worn at night. They are usually prescribed for intractable lymphedema (lymphedema which has been difficult to manage and nonresponsive to decongestive treatment). The Tribute™ by Solaris garment can also be used for the treatment of lymphedema of the lower extremity. The garment is boot-shaped, applies gradient compression to the lower extremity and usually replaces bandaging of the affected extremity.

The Compressure Comfort® Bra by Belisse® is contoured similarly to a bra however it is not considered a mastectomy bra. The garment applies gentle compression all around the torso and is used for treatment of lymphedema of the armpit, chest, breast, and/or back.

High compression support stockings, socks and hosiery provide increased support for relief from:

- Moderate to severe varicosities (varicose veins)
- Moderate edema (swelling) of legs, ankles and feet
- Moderate to severe varicose veins during pregnancy
- Severe edema and lymphedema

They may also be used for:

- Management of active venous ulcerations
- Preventing recurrence of venous ulcerations
- Preventing post-thrombotic syndrome. This is a complication that may follow deep vein thrombosis and includes symptoms such as edema, purpura, increased skin pigmentation, itchiness, rash, ulceration and cellulitis.

Summary of Evidence

For individuals who wear pressure gradient garments or support stockings for severe circulatory conditions, including chronic venous insufficiency, treatment of lymphedema, or to assist in treatment following burn injuries, as supported by the evidence in the rationale section, the evidence is sufficient to determine that the technology results in an improvement in the net health outcomes.

Rationale

Evidence reviews assess clinical evidence to determine whether the use of a technology improves the net health outcome. Broadly defined, health outcomes are length of life, quality of life, and ability to function including benefits and harms. Every clinical condition has specific outcomes that are important to individuals and to managing the course of that condition. Validated outcome measures are necessary to ascertain whether a condition improves or worsens; and whether the magnitude of that change is clinically significant. The net health outcome is a balance of benefits and harms. The following is a summary of the key literature to date.

Circulatory Disorders

Clinical evidence shows that pressure gradient garments and support stockings play a part in lowering the risk of deep vein thrombosis (DVT) in post-surgical patients and those hospitalized patients who are confined to bed. They are also used in the treatment of venous leg ulcers, severe circulatory conditions, burns and moderate to severe varicose veins during pregnancy.

The American College of Chest Physicians (ACCP) 2008 guidelines for prevention of venous thromboembolism recommend:

- Mechanical methods (including GCS) for prevention of DVT be used primarily in patients who are at high risk of bleeding or as an adjunct to anticoagulant-based prophylaxis, and
- Long distance travelers at high risk for venous thromboembolism (VTE) may benefit from the use of properly fitted gradient compression stockings for prevention of DVT.

Gohel et al (2005) evaluated the anatomical and hemodynamic effects of superficial venous surgery and compression on legs with chronic venous ulceration. Legs with open or recently healed ulceration and saphenous reflux were treated with multilayer compression bandaging or superficial venous surgery plus compression as part of a clinical trial. Venous duplex imaging was performed before treatment and at 1 year. Legs were stratified before surgery as having no deep reflux, segmental deep reflux or total deep reflux. Venous refill times (VRTs) were calculated before treatment and at 1 year using photoplethysmography, with and without a narrow below-knee cuff inflated to 80 mmHg. Of 214 legs investigated, 112 were treated with compression and 102 with compression plus surgery. Saphenous surgery abolished deep reflux in ten of 22 legs with segmental deep reflux and three of 17 with total deep reflux. Overall median (range) VRT increased from 10 (3-48) to 15 (4-48) 1 year after surgery ($P < 0.001$). Preoperative change in VRT on application of a below-knee tourniquet correlated with actual change in VRT following surgery.

In a Cochrane review, O'Meara et al (2012) completed a systematic review of all randomized controlled trials of the clinical effectiveness of compression bandage or stocking systems in the treatment of venous leg ulceration. Randomized controlled trials recruiting people with venous leg ulceration that evaluated any type of compression bandage system or compression hosiery were eligible for inclusion. Comparators included no compression (e.g., primary dressing alone, non-compressive bandage) or an alternative type of compression. Trials had to report an objective measure of ulcer healing in order to be included (primary outcome for the review). Secondary outcomes of the review included ulcer recurrence, costs, quality of life, pain, adverse events and withdrawals. There was no restriction on date, language or publication status of trials. Overall, 39 RCTs reporting 47 comparisons were included. Review question 1: there was reasonable evidence from seven RCTs that venous ulcers heal more rapidly with compression than without. Review question 2: findings from six trials of single-component

compression suggested that this strategy was less effective than multi-component compression. Evidence from compression systems with two components (3 trials) and three components (4 trials) suggested better outcomes when an elastic component was included. Different versions of compression with four-components (based on the Charing Cross four-layer bandage system) have similar effectiveness (3 trials). Compression with four components (variants of the Charing Cross four-layer bandage) is more effective than multi-component compression that includes a short-stretch bandage (6 trials). It is difficult to determine the relative effectiveness of the four-layer bandage compared with paste bandage systems because of differences in the paste systems (5 trials). There was no difference in effectiveness between the adjustable compression boot and compression bandages (2 trials) or between single-layer compression stockings and paste bandages (2 trials). Two-layer stockings appeared more effective than the short-stretch bandage (2 trials). The relative effectiveness of tubular compression when compared with compression bandages was not clear from current evidence (2 trials). Three trials reported ulcer recurrence; because of sparseness of data and trials not being primarily designed to assess this outcome, firm conclusions could not be drawn. Although several trials included cost data, only one reported a rigorously conducted cost-effectiveness analysis with findings suggesting that the four-layer bandage was more cost-effective than multi-component compression comprising a short-stretch bandage. Seven trials assessed health-related quality of life, and none observed significant differences between treatment groups. Several trials evaluated pain either as a stand-alone outcome, or as part of the assessment of adverse events. In general, the data did not indicate clear differences between treatment groups. It is possible that stockings could be associated with less pain than bandages but in view of scarcity of available data this requires further evaluation. Many of the trials reported adverse events and / or withdrawals. Overall, these outcomes appeared similar across different treatment groups.

Powell et al (2015) observed 22 patients with venous leg ulcers treated over 12 weeks with two-layer compression hosiery and a range of wound dressings. The mean duration of the ulcers was 10.5 months and 48% had a history of recurrent ulcers. Half the ulcers healed within 12 weeks; there was an increase in the proportion of patients reporting 'no impairment' to their mobility, but it was not significant. The ease of donning the two-layer hosiery was rated as excellent or good at 86% of control visits and the ease of doffing at 78%. In 95% of cases the clinicians said they would use the same combination of products again and 73% of patients were satisfied with it. Since patient comfort and satisfaction with both compression therapy and wound care are critical to the success of venous leg ulcer treatment, the above study supports the use of this technology.

Owen et al (2025) examined non-pharmacological management of orthostatic hypotension in older adults. The aim of compression garments is to reduce the volume of venous blood pooling in the lower extremities and splanchnic-mesenteric regions. The comparison of compression sites is consistent with blood volume distribution, showing that compression of the thigh or calf muscles alone provides no significant effect on the standing BP in people with orthostatic hypotension. Abdominal compression demonstrated an additive effect to limb compression in maintaining stable blood pressure in an older adult. The author concluded that abdominal compression in combination with full leg compression appears to be the most effective strategy for increasing standing blood pressure and improving symptoms.

Lymphedema/Edema

Ehmann et al (2016) performed a small pilot audit to record the performance of adjustable Velcro compression wraps and the experiences of patients and healthcare professionals using the system of self-care option for the management of venous and lymphatic leg conditions in both the treatment and maintenance phases. This audit was held within a 4-week review period. Participants included venous leg ulcer (VLU) patients with and without edema, and patients with lymphoedema. Where open wounds were present, they were managed with debridement, skin care and dressings according to clinical need. Lymphoedema patients received manual lymphatic drainage and skin care regimens as per standard practice. Patients, carers and health-care professionals applied the garments following assessment and training. Objective data recorded included a change in circumferential measurements and improvement in wound status. Observation of health-care professionals, patients and carers with regard to the comfort and ease of application/removal of the device were recorded. There were 17 patients included in the audit. Within the 4-week period a reduction in limb circumference was recorded in all cases. Improvements in open wounds were recorded in most cases. Following the 4-week audit period 94% of the application of the device was performed by either the patient (59%) or the carer (35%) thereby reducing the health-care professional contact that was required for application.

Moffatt et al (2021) reported on a multicountry prospective cohort study of patients with lymphedema, performed to identify predictive factors associated with limb volume reduction using different decongestive lymphatic therapy (DLT) systems: skin care, exercise, compression bandaging and manual lymphatic drainage for up to 4 weeks. Reduction in limb volume comparing DLT with (1) standard multilayer bandaging with inelastic material, and with (2) multilayer bandaging with Coban2, together with the identification of factors associated with limb volume changes. Out of 264 patients with upper or lower limb lymphedema, 133 used Coban2 and 131 used standard care. Following DLT, mean limb volume reduction was 941 mL using Coban2 compared with 814 mL using standard care. A difference of 127 mL was found (95% confidence interval -275 to 529 mL, $p = 0.53$). Of the 176 patients with leg swelling, 166 (94.3%) had a limb volume measurement after 28 days and were included in the risk factor analysis. Of these, 132 (79.5%) were female, with overall mean age of 60.1 years (standard deviation = 14.7), with secondary lymphedema in 102/163 (62.6%). Duration of lymphedema was >10 years in 75/161 (46.6%) and 99/166 (59.7%) were International Society of Lymphology late-stage II/III, indicating longstanding and/or a high frequency of patients with advanced stages of lymphedema. Ninety-one (54.8%) received Coban2 and 75 (45.2%) had standard care. Multivariable factors for a greater leg volume reduction were large initial leg volume ($p < 0.001$), DLT treatment duration of 4 weeks compared with 2 weeks ($p = 0.01$), and peripheral arterial disease ($p = 0.015$).

Ochalek et al (2019) reported on the further development of arm swelling in patients using compression sleeves or not, and to compare the quality of life in women treated due to breast cancer 2 years after surgery. Twenty from originally 23 patients who still wore their compression sleeves (15 mmHg) and 21 from 22 patients who had been randomized into the control group without compression could be seen after one more year. Arm volume measurements were performed, and quality of life (QLQ-C30 and QLQ-BR23 questionnaires) were assessed. Three of 20 patients in the compression group (CG) and 6 from 21 without compression showed arm lymphedema, defined by an increase of the arm volume exceeding 10% compared with the preoperative values. Significant improvement in several quality-of-life parameters was found in the CG group.

Reissbauer et al (2025) reported on a prospective, randomized controlled noninferiority trial on 24 patients with stage II to III bilateral leg lymphedema during a 10-day intensive complex decongestive therapy. Each patient received adjustable compression wraps on a randomized side, while the contralateral leg was treated with inelastic multilayer bandages. The primary outcome was the difference in volume reduction, measured by perimeter for lower leg volume, with a predefined noninferiority margin of 50 mL. Application time was measured. Subjective parameters were assessed with visual analogue scales (range, 0-100). Adjustable compression wraps were noninferior to inelastic multilayer bandages with a mean difference in volume reduction of 9.45 mL (95% confidence interval -30.40 to 49.26), with respect to the a priori defined noninferiority margin of 50 mL. In a subsequent test of superiority, intraindividual differences did not differ significantly ($P = .629$). Adjustable compression wraps took significantly less time to apply (8.4 minutes; $P < .001$), and patients rated them as more comfortable (median visual analogue scale difference, 30; $P < .001$). Both compression methods reduced skin tightness significantly, with no notable differences between treatments. Adjustable compression wraps showed fewer side effects, and 83.3% of participants indicated they would continue using them. No adverse events were attributed to the compression wraps.

Burn Injury

DeBruler et al (2018) examined the effects of early cessation of pressure garment therapy on pressure garment therapy on scar properties. Full thickness burn injuries were created along the dorsum of red Duroc pigs. The burn eschar was excised, and wound sites autografted with split-thickness skin. Scars were treated with pressure garments within 1 week of injury and pressure was maintained for either 29 weeks (continuous pressure) or for 17 weeks followed by cessation of pressure for an additional 12 weeks (pressure released); scars receiving no treatment served as controls. Scars that underwent pressure garment therapy were significantly smoother and less contracted with decreased scar height compared to control scars at 17 weeks. These benefits were maintained in the continuous pressure group until week 29. In the pressure released group, grafts significantly contracted and became more raised, harder and rougher after the therapy was discontinued. Pressure cessation also resulted in large changes in collagen fiber orientation and increases in collagen fiber thickness. The results suggest that pressure garment therapy effectively improves scar properties following severe burn injury; however, early cessation of the therapy results in substantial loss of these improvements.

DeBruler et al (2019) examined the early treatment of postburn scarring. Full-thickness burns were created on red Duroc pigs, burn eschar was excised, and the wound bed was grafted with split-thickness autografts. Grafts were treated with pressure garments immediately, 1 week (early), or 5 weeks (delayed) after grafting with nontreated grafts as controls. Scar morphology, biomechanics, and gene expression were measured at multiple time points up to 17 weeks after grafting. Grafts that received pressure within 1 week after grafting exhibited no reduction in engraftment rates. Immediate and early application of pressure resulted in scars with decreased contraction, reduced scar thickness, and improved biomechanics compared with controls. Pressure garment therapy did not alter expression of collagen I, collagen III, or transforming growth factor $\beta 1$ at the time points investigated; however, expression of matrix metalloproteinase 1 was significantly elevated in the immediate pressure garment therapy group at week 3, whereas the delayed pressure garment therapy and control groups approached baseline levels at this time point.

De Decker et al (2023) conducted a systematic review in order to give a complete and comprehensive overview of the currently available clinical evidence of pressure therapy. A systematic search for articles concerning the use of pressure therapy in the treatment and prevention of scars was performed in 3 different databases (Pubmed, Embase, and Cochrane library) according to the PRISMA statement. Only case series, case-control studies, cohort studies, and RCTs were included. The qualitative assessment was done by 2 separate reviewers with the appropriate quality assessment tools. The search yielded 1458 articles. After deduplication and removal of ineligible records, 1280 records were screened on title and abstract. Full text screening was done for 23 articles and ultimately 17 articles were included. Comparisons between pressure or no pressure, low vs high pressure, short vs long duration and early vs late start of treatment were investigated. The authors concluded that there is sufficient evidence that indicates the value of prophylactic and curative use of pressure therapy for scar management. The evidence suggests that pressure therapy is capable of improving scar color, thickness, pain, and scar quality in general. Evidence also recommends commencing pressure therapy prior to 2 months after injury and using a minimal pressure of 20-25 mmHg. To be effective, treatment duration should be at least 12 months and even preferably up to 18-24 months.

SUPPLEMENTAL INFORMATION

CLINICAL INPUT FROM PHYSICIAN SPECIALTY SOCIETIES AND ACADEMIC MEDICAL CENTERS

N/A

PRACTICE GUIDELINES AND POSITION STATEMENTS

American Venous Forum (AVF), Society for Vascular Surgery, and American Vein and Lymphatic Society

A collaborative set of guidelines for the management of varicose veins of the lower extremities was developed in 2024. The guidelines state that compression garments of various strengths, in addition to a healthy lifestyle, weight loss, exercise, and the avoidance of prolonged standing or sitting, have long been recommended to patients with varicose veins to decrease the pain, discomfort, and swelling caused by the congestion due to refluxing and dilated superficial veins. Compression has been shown to decrease acute symptoms; however, no evidence has shown that long-term compression is either curative or can arrest or reverse the progression of chronic venous disease (CVD).

National Lymphedema Network (NLN)

According to the NLN position statement on Lymphedema Diagnosis and Treatment (2025), "Compression garments assist venous and lymphatic return by exerting external pressure. Made of knitted elastic fibers, the garments provide positive pressure on the limb when worn. They reduce interstitial fluid formation, prevent lymphatic reflux, and support muscle pumping by offering an inelastic barrier. This facilitates lymphatic fluid transport, enhances oxygen and nutrient delivery to the skin, and prevents swelling recurrence. Compression garments are a key component of the maintenance phase of complete decongestive therapy (CDT), helping to sustain volume reduction achieved during treatment."

National Institute for Health and Clinical Excellence (NICE)

NICE in their 2013 clinical guidelines for Varicose Veins: Diagnosis and Management stated that consideration may be given to compression hosiery for symptom relief of leg swelling associated with varicose veins.

In 2015, NICE published a guideline on Early and Locally Advanced Breast Cancer: Diagnosis and Management last updated April 2025. The recommendation includes offering compression therapy as the first stage of lymphedema management.

Ongoing and Unpublished Clinical Trials

Some currently unpublished trials that might influence this review are listed in Table . **Summary of Key Trials**

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT04881318	Compression Garments in the Community with POTS (COM-COM-POTS)	30	Dec 2024 (recruiting)
NCT07220226	Venous Compression in Fontan	20	Nov 2027
NCT06964828	Proof of Concept, Randomized, and Crossover Study, to Assess the Effectiveness of Two Types of Compression Garments in Lipedema (LipeGar)	34	Jul 2027 (recruiting)
NCT07125092	A Study to Evaluate the Clinical Benefit and Safety of Medical Compression Garments in the Management of Patients with Lipedema (LIP'EX)	30	Oct 2026 (not yet recruiting)
NCT02429557	Hemodynamic Mechanisms of Abdominal Compression in the Treatment of Orthostatic Hypotension in Autonomic Failure	29	Dec 2026 (recruiting)

Regulatory Status

The Women's Health and Cancer Rights Act of 1998 mandates coverage for treatment of physical complications of mastectomy including lymphedema for all contracts that provide medical and surgical benefits.

The FDA classifies compression stockings for general medical purposes as a class I device exempt from FDA 510k pre-market notification requirements.

Government Regulations

National:

There is currently no National Coverage Determination (NCD) for Surgical Stockings and Compression Garments. Please refer to the following NCD Durable Medical Equipment Reference List website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&bc=AgAAqAAAAAAA&>.

Local:

CGS Administrators, LLC

Local Coverage Determination (LCD) L33831 Surgical Dressings

Original effective date 10/01/2015

Revision effective date 01/01/2024

Gradient Compression Wrap (A6545)

A gradient compression wrap is only covered when it is used as a primary or secondary dressing over wounds that meet the statutory requirements for a qualifying wound (surgically created or modified or debrided).

Claims for gradient compression wraps used without a qualifying wound or when used for other non-qualifying conditions will be denied as statutorily non-covered, no benefit. Refer to the related Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES for information about the statutory benefit requirements.

Utilization of a gradient compression wrap (A6545) is limited to one per 6 months per leg. Quantities exceeding this amount will be denied as not reasonable and necessary. Refer to the related Surgical Dressings Policy Article NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES section for information concerning non-coverage once the ulcer has healed.

Compression Burn Garments (A6501-A6513)

Compression burn garment codes are found in the Group 1 code list.

CGS Administrators, LLC

Local Coverage Article Surgical Dressings – Policy Article (A54563)

Original effective date 10/01/2015

Revision effective date 12/05/2024

Gradient compression stockings (A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549) are non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing; however, they may be considered for coverage under the lymphedema compression treatment items benefit and billed in accordance with CMS Final Rule CMS-1780-F.

GRADIENT COMPRESSION STOCKINGS/WRAPS (A6531, A6532, A6545)

A gradient compression stocking described by codes A6531 or A6532 or a non-elastic gradient compression wrap described by code A6545 is only covered when it is used in the treatment of an open venous stasis ulcer that meets the qualifying wound requirements described above.

Codes A6531, A6532, and A6545 are non-covered for the following conditions:

- Venous insufficiency without stasis ulcers;
- Prevention of stasis ulcers;
- Prevention of the recurrence of stasis ulcers that have healed;
- Treatment of lymphedema in the absence of ulcers.

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing, as there is no qualifying wound. Claims for these uses will be denied as non-covered, no benefit.

COMPRESSION BURN GARMENTS (A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513)

Compression burn garments are covered under the Surgical Dressings benefit when they are used to reduce hypertrophic scarring and joint contractures following a burn injury.

**MLN Matters Number: MM13286 Related Change Request (CR) Number: CR 13286
Lymphedema Compression Treatment Items: Implementation Effective Date: January 1, 2024. Related CR Release Date: July 18, 2024, Revised**

Section 4133 of the Consolidated Appropriations Act (CAA), 2023, establishes a new Medicare DMEPOS benefit category for standard and custom-fitted compression garments and additional lymphedema compression treatment items to service a medical purpose. Starting January 1, 2024, authorized practitioners may prescribe these items to treat lymphedema. Medicare did not cover compression garments for treating lymphedema before the CAA legislation as there was no benefit category.

CMS will add 2 new indicators to the Alpha-Numeric HCPCS file for lymphedema compression treatment items:

- A HCPCS pricing indicator of 40
- A HCPCS Berenson-Eggers Type of Service (BETOS) Code of O1L

TOS indicator S will apply to the new codes for lymphedema compression treatment items. The January 2024 Alpha-Numeric HCPCS file will include these pricing indicators.

We added a new Common Working File (CWF) category for lymphedema compression treatment items. Some codes that describe lymphedema compression treatment items, A6530-A6549, are currently in CWF category 21 for surgical dressings, with codes A6531, A6532, and A6545 describing garments currently covered as secondary surgical dressings. We are keeping codes A6531, A6532, and A6545, with a modification to the descriptor to add “used as a surgical dressing,” for use in billing surgical dressings. Starting January 1, 2024, use the following new codes with lymphedema compression treatment items only:

- A6552 - Gradient compression stocking, below knee, 30-40 mmhg, each
- A6554 - Gradient compression stocking, below knee, 40 mmhg or greater, each
- A6583 - Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each

Per Section 4133 of the CAA, 2023, only enrolled DMEPOS suppliers may provide lymphedema compression treatment items. The DME MACs will process all claims for lymphedema compression treatment items. We will add the codes for these items to CWF category 60, as well as the new CWF category added specifically for these items. Suppliers of lymphedema compression treatment items will be subject to the DMEPOS:

- Supplier standards
- Accreditation requirements
- Quality standards
- All other requirements that apply to enrolled DMEPOS suppliers Lymphedema

compression treatment items are subject to the DMEPOS Competitive Bidding Program (CBP).

We added lymphedema compression treatment item codes and national Medicare payment amounts to the DMEPOS fee schedule file for processing claims with dates of service on or after January 1, 2024. Coinsurance and Medicare Part B deductible apply. Payment is equal to 80% of the lesser of the supplier's actual charge or the national payment amount on the DMEPOS fee schedule file. We will update the national payment amounts annually. Also, the field on the DMEPOS fee schedule file for the payment category indicator for lymphedema compression treatment items codes will include indicator LC for lymphedema compression treatment items.

The general scope of the new benefit includes the following:

- Standard daytime gradient compression garments
- Custom daytime gradient compression garments
- Nighttime gradient compression garments
- Gradient compression wraps
- Accessories, such as zippers, linings, paddings, or fillers, necessary for the effective use of a gradient compression garment or wrap
- Compression bandaging systems and supplies

Custom-fitted or non-standard garments are uniquely sized and shaped to fit the exact dimensions of the affected extremity of a person to give accurate gradient compression to treat lymphedema. Gradient compression garments are designed differently for daytime or nighttime use. Daytime garments give a higher level of compression. Nighttime garments offer milder compression and are less snug against the skin.

Payment for all necessary services associated with providing gradient compression garments and wraps, including fitting and measurements, is included in the national payment amounts made to the supplier of the item.

The frequency limitations for replacement of lymphedema compression treatment items are:

- Once every 6 months for 3 gradient compression garments or wraps with adjustable straps per each affected extremity or part of the body
- Once every 2 years for 2 nighttime garments per each affected extremity or part of the body

We will deny payment if you exceed frequency limitations unless a replacement is needed due to a change in medical need or because a garment or wrap is lost, stolen, or irreparably damaged. When you bill for replacement, you must use the RA modifier.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Lymphedema – Surgical Treatments
 - Compression Pumps for Lymphedema
 - Pneumatic Compression Pumps and Appliances for Venous Ulcers
 - Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
 - Bioimpedance Devices for Cancer Related Extremity Lymphedema
 - Treatment of Varicose Veins/Venous Insufficiency
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References

1. Centers for Medicare and Medicaid Services. CGS Administrators, LLC. Local Coverage Determination (LCD) Surgical Dressings, L33831, effective 01/01/2024. <https://www.cms.gov/medicare-coverage-database/>. Accessed January 2026.
2. Centers for Medicare and Medicaid Services. CGS Administrators, LLC. Local Coverage Article. Surgical Dressings – Policy Article, A54563, effective 01/01/2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=54563&ver=41&keyword=compression%20burn%20garment&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1> Accessed January 2026.
3. CMS MLN Matters Number: MM13286 Related Change Request (CR) Number: CR 13286 Lymphedema Compression Treatment Items: Implementation Effective Date: January 1, 2024. [https://www.cms.gov/files/document/mm13286-lymphedema-compression-treatment-items-implementation](https://www.cms.gov/files/document/mm13286-lymphedema-compression-treatment-items-implementation.pdf).pdf Accessed January 2026.
4. De Decker I, Beeckman A, Hoeksema H, et al. Pressure therapy for scars: myth or reality? A systematic review. *Burns*. Jun 2023; 49(4): 741-756.
5. DeBruler DM, Baumann ME, Blackstone BN, et al. Role of early application of pressure garments following burn injury and autografting. *Plast Reconstr Surg*. Feb 2019; 143(2):310-321.
6. DeBruler DM, Zbinden JC, Baumann ME, et al. Early cessation of pressure garment therapy results in scar contraction and thickening. *PLoS One*. June 2018; 13(6): e0197558
7. Ehmann S, Whitaker JC, Hampton S and Collarte A. Multinational, pilot audit of a Velcro adjustable compression wrap system for venous and lymphatic conditions. *J Wound Care*. Sep 2016; 25(9): 513-520.
8. Geerts WH, et al. Prevention of venous thromboembolism -American College of Chest Physicians evidence-based clinical practice guidelines (8th Edition). *Chest* 2008;133(6 Suppl):3815-4513.
9. Gohel MS, et al. Randomized clinical trial of compression plus surgery versus compression alone in chronic venous ulceration (ESCHAR study) - haemodynamic and anatomical changes. *Brit J Surg* 2005 Mar;92(3):291-7.
10. Houtermans-Auckel JP, et al. To wear or not to wear compression stocking after varicose vein stripping: a randomized control trial. *Eur J Vasc Endovasc Surg* 2009 Jul; Epub ahead of print.
11. Jaccard Y, Singer E, Degischer S, et al. Effect of silver-threads-containing compression stockings on the cutaneous microcirculation: A double-blind, randomized cross-over study. *Clin Hemorheol Microcirc*. 2007;36(1):65-73.
12. Jones, Richard H. Management of Varicose Veins. *Am Fam Physician*. Volume 78, Number 11, 2008, pp. 1289-1294.

13. Kerchner, Katherine, MD, et al. Lower extremity lymphedema- Update: Pathophysiology, diagnosis and treatment guidelines. J Am Acad Dermatol. Volume 59, 2008, pp. 324-331.
14. Liu R, Kwok YL, Li Y, Lao TT, Zhang X, Dai XQ. Objective evaluation of skin pressure distribution of graduated elastic compression stockings. Dermatol Surg. 2005 Jun;31(6):615-24.
15. Moffatt CJ, Burian E, Karlsmark T, et al. Factors predicting limb volume reduction using compression bandaging within decongestive lymphatic therapy in lymphedema: a multicountry prospective study. Lymphat Res Biol. Oct 2021; 19(5): 412-422.
16. O'Brien, James G, MD and Shobha A. Chennubhotla, MD. Treatment of Edema. American Family Physician. Volume 71, Number 11, June 1, 2005, pp. 2111-2117.
17. Ochalek K, Partsch H, Gradalski T, and Szygula Z. Do compression sleeves reduce the incidence of arm lymphedema and improve quality of life? Two-year results from a prospective randomized trial in breast cancer survivors. Lymphat Res Biol. Feb 2019; 17(1): 70-77.
18. O'Meara S, Cullum NA, Nelson EA. Compression for venous leg ulcers. Cochrane Database Syst Rev. 2009;(1):CD000265.
19. Owen CM, and Frith J. Strategies for non-pharmacological management of orthostatic hypotension in older people: bridging pathophysiology and practice. Br J Hosp Med. Dec 2025. 86(12): 1-17.
20. Partsh H, Damstra RJ, Mosti G. Dose finding for an optimal compression pressure to reduce chronic edema of the extremities. Int Angiol. 2011 Dec;30(6):527-33.
21. Powell G, Wicks G, and Will K. Managing venous ulcers using compression therapy and dressings. British J Nursing. 24(15): S42.
22. Reissauer A, Tsatrafilis E, Kornappel S, et al. A randomized controlled non-inferiority study of adjustable compression wraps compared with inelastic multilayer bandaging used in the intensive complex decongestive therapy of lower leg lymphedema. J Vasc Surg Venous Lymphat Disord. Jul 2025; 13(4): 102214.
23. Wagner S. Lymphedema and lipedema – an overview of conservative treatment. Vasa. 2011 Jul;40(4):271-9. Review.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through January 2026, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
5/1/24	2/21/24		Joint policy established Vendor: Northwood Per code update nomenclature revised for codes A6531, A6532, A6535, A6538, A6541, A6545, and A6549 effective 1/1/2024. Per code update added codes A6552 to A6610 under EST effective 1/1/2024. This is a related change request (CR) number: CR 13286 Lymphedema Compression Treatment Items: Implementation effective date: 1/1/24. (ky)
5/1/25	2/18/25		Routine maintenance Vendor: Northwood (ky)
9/1/25	6/17/25		Code-update, new codes payable EFD 4/1/25: A6515-A6516, A6517, A6518, A6519, A6611. code L8010 is deleted EFD 3/31/25. Codes A6549, A6583, A6585, A6586, A6587, A6588 are revised EFD 4/1/25. Vendor: Northwood (ds)
5/1/26	2/17/26		Removed first bullet under exclusion section regarding limitation of 4 garments. Rationale updated, several references added. Routine policy maintenance, formatting changes made. Vendor: Northwood (ds)

Next Review Date: 1st Qtr., 2027

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN:	Revised:
BCBSM:	Revised:

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: PRESSURE GRADIENT GARMENTS AND SUPPORT STOCKINGS

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria apply
BCNA (Medicare Advantage)	See government section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Duplicate (back-up) equipment is not a covered benefit.