

Gradient compression stockings

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Gradient compression stockings

Gradient compression stockings are specialized hosiery that are tightest at the ankles and become less constrictive up the leg. They're used to help increase circulation, prevent the formation of blood clots, and treat ulcers of the lower legs.

By compressing surface veins, arteries and muscles beneath the skin, arterial pressure is increased. The increased pressure leads to improved blood flow, decreasing the pooling of blood in the lower legs and feet, and swelling.

Original Medicare

Coverage of gradient compression stockings in the treatment of an open venous stasis ulcer is a benefit under Original Medicare. Gradient compression stockings that serve a therapeutic or protective function and that are needed to secure a primary dressing may be covered as a surgical dressing benefit.

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 health care professional requiring medically necessary removal of dead, damaged or infected tissue.
- 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 added or the claim will be denied as a noncovered service.
- Gradient compression stockings aren't covered for the following conditions:
 - Venous insufficiency without stasis ulcers
 - Prevention of stasis ulcers
 - Prevention of the reoccurrence of stasis ulcers that have healed
 - Treatment of lymphedema in the absence of ulcers

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus BlueSM PPO is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. The flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Select Medicare Plus BlueSM Group PPO plans provide expanded coverage for gradient compression stockings. The enhanced benefit includes a wider range of style options and isn't as limited in the medical circumstances under which compression stockings may be covered. The scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member's cost sharing are determined by the group.

Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Conditions for payment

The table below specifies payment conditions for gradient compression stockings.

Conditions for payment	
Eligible provider	DME / Prosthetics and Orthotics supplier
Payable location	No restrictions
Frequency	A6530 to A6538: Total four pairs per 12 months A6539 to A6541: Total eight units per 12 months A6544: Any appropriate frequency State Health Plan MA Only: L8010: 2 units per 12 months
HCPCS codes	A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549 State Health Plan MA Only: L8010
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for the gradient compression stockings is available on our provider website, bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html in the Medicare Advantage enhanced benefits fee schedule. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost sharing. This represents payment in full, and providers aren't allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue PPO providers should collect the applicable cost-sharing amount from the member at the time of the service when possible. Cost sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost-share.

To verify benefits and cost-sharing, providers may utilize web-DENIS or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue plan.
6. Use electronic billing:
 - a. Michigan providers:

Copies of the ANSI ASC X12N 837 and 835 institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at: www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html.

b. Providers outside of Michigan should contact their local Blue plan.

Additional billing instructions

Effective for claims with dates of service on or after March 8, 2015, Blue Cross Blue Shield of Michigan's Medicare Plus Blue plan will reimburse 35 percent above the supplier invoice cost for unspecified gradient compression stockings (HCPCS code: A6549). Please submit the supplier invoice along with supporting documentation when submitting the claim. Claims submitted without the supplier invoice will be denied for payment.

When billing HCPCS codes A6530 to A6538 for gradient compression stockings, report the appropriate modifier (left — LT, right — RT). 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 LT and RT modifiers, and two units of service.

Revision history

Policy number: MAPPO 1008

Reviewed: 07/17/2018, 3/18/2019

Revised dates: 11/13/2019, 03/18/2019, 04/24/2016, 08/18/2015, 01/2015

11/13/2019: Added State Health Plan MA benefit code L8010 with frequency limits of 2 units per 12 months

03/18/2019: Clarified the total number of gradient compression stockings from eight pairs to four pairs

04/24/2016: Removed directions on ICD-9 versus ICD-10 diagnosis usage, clarified the distinction between Original Medicare and Enhanced Benefit provisions

08/18/2015: Updated formatting, revised definition of gradient compression stockings, updated billing instructions and web links, and added revision history section