

# 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 Blue<sup>SM</sup> PPO  Medicare Plus Blue<sup>SM</sup> Group PPO  Both

## Gradient compression stockings

Gradient compression stockings squeeze the leg. The compression gradually decreases up the leg.

Compression is believed to increase the pressure in the tissues beneath the skin reducing excess, capillary fluid leakage. It is believed to increase tissue fluid absorption by the capillaries and lymphatic vessels. Compression reduces and helps prevent swelling.

The stocking also helps control the size (diameter) of superficial veins beneath the stocking and improves blood flow.

## 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 non-covered service.
- Gradient compression stockings are not 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 Blue Group PPO

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

Select Medicare Plus Blue Group PPO plans provide expanded coverage for gradient compression stockings. The scope of the benefit, reimbursement method, maximum allowable payment amounts and member cost-sharing are determined by the group.

Blue Cross Blue Shield of Michigan

[bcbsm.com/provider/ma](https://bcbsm.com/provider/ma)

## Conditions for payment

The table below specifies payment conditions for gradient compression stockings.

Conditions for payment	
Eligible provider	DME / P&O supplier
Payable location	No restrictions
Frequency	A6530-A6538: total eight pairs per 12 months; A6539-A6541: total eight units per 12 months A6544: Any appropriate frequency
HCPCS codes	A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549
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/provider/ma](http://bcbsm.com/provider/ma) in the MA enhanced benefits fee schedule. The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers cannot balance bill the member for the difference between the allowed amount and the charge.

**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-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, RT modifiers and two units of service.

## Member cost-sharing

- Medicare Plus Blue PPO providers should collect the applicable cost-sharing amount from the member at the time of the service. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible.
- If the member receives a service that isn't covered, he or she is responsible for the entire charge associated with the service.

Providers may verify member benefits, including cost-share amounts, via web-Denis or call PARS at 1-866-309-1719.

## Billing instructions for providers

To be reimbursed for covered services, members must send the following information to the address below:

1. Bill services on the CMS 1500 (8/05) 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. Send paper claim to the following address:

Blue Cross Blue Shield of Michigan  
Imaging and Support Services  
P.O. Box 32593  
Detroit, MI 48232-0593