

Effective Date: 4/15/2003

Reviewed/Updated: 6/7/04, 8/19/08, 8/11/11, 4/16/12,

8/10/23, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,

2/8/24

COMPRESSION STOCKINGS & GARMENTS

Policy

VCHCP does not cover over the counter (OTC) products such as support stockings. However, the Plan covers individually fitted prescription graded compression stockings or inflatable compression garments (including pump) for members who: 1) had prior use of OTC products with demonstrated failure and, 2) have ANY of the following medical conditions:

NOTE: Prescriptions for therapeutic compression hose must contain specific pressure gradient, expressed in mmHg (e.g. 20-30 mmHg, 30/20 mmHg).

See 'Compression Stockings Guide,' below

- 1. Treatment of one or more of the following complications of chronic vein insufficiency:
 - Varicose Veins (except spider veins) that have failed conservative measures (e.g elevation, avoidance of prolonged sitting, ambulation, etc)
 - Stasis dermatitis
 - Venous ulcers (stasis ulcers)
 - Venous edema
 - Lipodermatosclerosis
- 2. Prevention of thrombosis in immobilized patients, e.g., immobilization due to surgery (including elective orthopedic surgery, such as knee replacement), trauma, general debilitation, etc.
- 3. Post thrombotic syndrome (post phlebitic syndrome)
- 4. Selected patients with chronic lymphedema
- 5. Edema following surgery, fracture, burns or other trauma
- 6. Post Sclerotherapy*
 - *NOTE: Coverage of pressure gradient support stockings only; inflatable compression garments are not medically necessary for this indication.
- 7. Postural hypotension
- 8. Severe edema in pregnancy
- 9. Edema accompanying paraplegia, quadriplegia, etc.

NOTE: There are contraindications to compression therapy, for example, advanced arterial occlusive disease, severe disorders of heart function, weeping skin diseases, severe disorders



Effective Date: 4/15/2003

Reviewed/Updated: 6/7/04, 8/19/08, 8/11/11, 4/16/12,

8/10/23, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,

2/8/24

of nerve function in the arms and legs. For this reason, a physician should prescribe compression therapy.

NOTE: Compression garments are contraindicated and not covered in patients with severe peripheral arterial disease and septic phlebitis.

Replacements:

Replacements are covered when the compression garment cannot be repaired or when required due to a change in patient's physical condition. For pressure gradient compression stockings, no more than four (4) replacements per year are covered as necessary for wear.

Attachments: None

A. History:

Reviewers: QA Manager, QA Committee, UM Committee April 2003

Revised: James Holden, MD & David Chernof MD May 2004 Committee Review: UM on 06/07/04 & QA on June 15, 2004 Reviewed/ Updated by Sheldon Hass, M.D. on June 26, 2008 Committee Review: UM: August 07, 2008; QA: August 19, 2008 Reviewed/Updates by Albert Reeves, M.D. on August 11, 2011 Committee Review: UM: August 11, 2011; QA: August 23, 2011 Reviewed/No Changes: Albert Reeves, MD on April 16, 2012 Committee Reviews: UM: May 10, 2012; QA: May 22, 2012

Reviewed/No Changes: Albert Reeves, MD on January 28, 2013 Committee Review: UM: February 14, 2013; QA: February 26, 2013

Reviewed/No Changes: Catherine Sanders, MD

Committee Review: UM: February 13, 2014; QA: February 25, 2014

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 12, 2015; QAC: February 24, 2015

Reviewed/No Updates by: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling
Committee Review: UM: February 9, 2017; QAC: February 28, 2017
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019



Effective Date: 4/15/2003

Reviewed/Updated: 6/7/04, 8/19/08, 8/11/11, 4/16/12,

8/10/23, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,

2/8/24

Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 13, 2020; QAC: February 25, 2020 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 11, 2021; QAC: February 23, 2021 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 17, 2022; QAC: February 22, 2022 Reviewed/No Updates by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 2, 2022; QAC: February 7, 2023 Reviewed/ Updated: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: August 10, 2023; QAC: August 29, 2023 Reviewed/ Updated: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 2, 2024; QAC: February 27, 2024 Reviewed/Updated by: Howard Taekman, MD & Robert Sterling, MD Committee Review: UM: February 20, 2025; QAC: February 25, 2025

Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
2/9/17	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/11/21	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/17/22	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/2/23	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
8/10/23	Yes	Howard Taekman, MD; Robert Sterling, MD	Formatting changes and updated the following: 1. Treatment of one or more of the following complications of



Effective Date: 4/15/2003

Reviewed/Updated: 6/7/04, 8/19/08, 8/11/11, 4/16/12,

8/10/23, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,

2/8/24

			chronic vein insufficiency: • Varicose Veins (except spider veins) that have failed conservative measures (e.g elevation, avoidance of prolonged sitting, ambulation, etc).
			 Removed lengthy description of
			disease.
2/8/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review
2/20/25	Yes	Howard Taekman, MD and Robert Sterling, MD	Included "pump" in the inflatable compression garments and specified "e.g. 20- 30 mmHg, 30/20 mmHg" for the specific pressure gradient. References added

References:

- 1. Herouy Y. Lipodermatosclerosis and compression stockings. J Am Acad Dermatol. 2000;42(2 Pt 1): 307-308.
- 2. Agnelli, G. Sonaglia F. Prevention of venous thromboembolism. Thromb Res. 2000; 97(1):V4962).

COMPRESSION STOCKINGS GUIDE:



Effective Date: 4/15/2003

Reviewed/Updated: 6/7/04, 8/19/08, 8/11/11, 4/16/12,

8/10/23, 2/20/25

Reviewed/No Updates: 1/28/13, 2/13/14, 2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,

2/8/24

