

## Non-Elastic Compression Devices Criteria

<b>Iowa Medicaid Program:</b>	Prior Authorization	<b>Effective Date:</b>	7/1/2010
<b>Revision Number:</b>	4	<b>Last Review Date:</b>	4/21/2017
<b>Reviewed By:</b>	Medicaid Clinical Advisory Committee	<b>Next Review Date:</b>	4/2018
<b>Approved By:</b>	Medicaid Medical Director	<b>Approved Date:</b>	5/5/2017

### Criteria:

Inflatable compression garments, non-elastic binders, or individually fitted prescription graded compression stockings are considered medically necessary for members who have **ANY** of the following medical conditions which have failed traditional standard therapies:

1. Treatment of any of the following complications of chronic venous insufficiency:
  - a. Varicose veins (except spider veins)
  - b. Stasis dermatitis (venous eczema)
  - c. Venous ulcers (stasis ulcers)
  - d. Venous edema
  - e. Lipodermatosclerosis
2. Prevention of thrombosis in immobilized persons e.g., immobilization due to surgery, trauma, general debilitation, etc.
3. Post thrombotic syndrome; post phlebitic syndrome
4. Persons with chronic lymphedema
5. Edema following surgery, fracture, burns, or other trauma
6. Post sclerotherapy
7. Postural hypotension
8. Severe edema in pregnancy
9. Edema accompanying paraplegia, quadriplegia, etc.

These compression garments for the legs are considered experimental and investigational for **ALL OTHER** indications.

The use of abdominal compression garments for the management of truncal edema is considered experimental and investigational.

Custom compression garments are deemed medically necessary when the member is unable to use non-customized compression garments or has failed the use of non-customized compression garments.

Non-elastic leg binders are similar to graded compression stockings in that they provide static compression of the leg, but unlike graded compression stockings, they do not use elastic, but use adjustable Velcro or buckle straps.

Non-elastic leg binders e.g., LegAssist, CircAid, Reid Sleeve are medically necessary for members with the above conditions who either fail the use of non-customized compression garments, custom compression garments and/or lymphedema pumps or are unable to use either of these due to body habitus or skin condition.

In addition to the medical necessity requirements for compression garments, non-elastic leg binders may be additionally medically necessary for members who meet **EITHER OF** the following criteria:

1. The member has a continuing requirement for bandaging 23 hours per day after completion of intensive lymphedema treatment, *or*
2. The member has a requirement for night-time compression with a documented inability of the member or an available caregiver to perform bandaging independently.

Although an item may be necessary, it must also be a reasonable expenditure for the Medicaid Program. Therefore, all less costly alternatives (such as bandaging or wrapping, non-customized compression garments, custom made compression garments, and non-elastic binders) must be tried and failed or contraindicated for the members' condition before recommending more costly items.

**HCPCS Code:**

A4465  
S8429

**References Used:**

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

**Change History:**

<b>Change Date:</b>	<b>Changed By:</b>	<b>Description of Change:</b>	<b>New Version Number:</b>
7/27/12	CAC	"off the shelf" to non-customized	1
4/18/14	Medical Director	formatting changes. Added HCPCS Code of S8429.	2
4/17/15	CAC	Added last paragraph in References Used.	3
4/15/16	CAC	Under criteria, added "medical conditions which have failed traditional standard therapies.	4



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