MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1422**	
Subject:	**Custom Compression Garments for Diagnoses Excluding Lymphedema (see Policy #1418)**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**07/01/2019**	
Revision Effective Date(s):	**07/20, 07/21, 07/22, 07/23**	
Review Effective Date(s):		
Responsible Parties:	**Lisa Speight, MD**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Carol Attia, MBA, BSN, RN** **VP Clinical Care & Quality**	**Karyn Wills, MD** **Chief Medical Officer**

Purpose: **It is the purpose of this policy to define the conditions under which custom compression garments for non-lymphedema diagnoses will be authorized.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to provide custom compression garments when it is medically necessary as outlined in the criteria below.**

Background: **MedStar Family Choice will require prior authorization for custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C"**

Requests for custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:

1. A compression garment is an item that is fabricated to apply varying amounts of pressure to an area. They relieve stress on vein walls, aid muscle pumping function that restores venous hemodynamics and decreases reflux, as well as increase tissue pressures that lead to decreased edema. Prescription grade compression garments can be custom-fabricated or prefabricated custom fitted. Custom Fabricated garments, also known as custom-made, are individually made for a specific patient. Prefabricated, or ready-made garments, are manufactured without a specific patient in mind, but require a prescription and specific measurements to correctly fit a specific patient.

2. Advancements in technology allow many of the compression garments to be prefabricated. Very few need to be custom made.

B. Indications for Custom-Fabricated Compression Garments:
   1. The use of custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" may be considered medically necessary and approved when all the following are met:
      a. Initial Garment Requirements:
         i. Documented severe edema in the affected extremity.
         ii. The member must be under the care of a specialty therapist or program that treats chronic edema.
         iii. The specialist must recommend custom compression garments. There must be a clear explanation of why pre-fabricated custom fitted or standard items cannot be used. Per COMAR the most cost efficient medically appropriate item must be supplied. Therefore, custom compression garments require practitioner and specialty therapy documentation that demonstrates the medical necessity for custom garments. This must be clearly documented in the medical record. A letter stating reasons these garments are needed is not sufficient; clinical records must support medical necessity. Additionally, the clinical records supporting medical necessity must be dated prior to receipt of the garment(s) request.
         iv. The amount of compression needed must be documented by the specialist.
         v. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken.
         vi. The ordering practitioner must have personally evaluated the member.
         vii. Documentation showing that the member has received training in proper donning and doffing techniques and has demonstrated the ability to properly perform these tasks is required.
         viii. Wearing compression garments can be uncomfortable. Members must be educated regarding the importance of continuing the wear schedule recommended by the specialist to avoid an increase in fluid volume that would impair proper fit. Documentation submitted must demonstrate this has been done.
         ix. Member may be approved a maximum of two garments per affected extremity every six months.

b. Replacement Garment Requirements:
    i. Documented severe edema in the affected extremity.
    ii. The previous custom compression garment's integrity cannot be restored (i.e., the garment is worn out).
    iii. If the member's skin integrity and limb size are stable compared with their initial garment fitting a note from the member's practitioner attesting to this and an order from their practitioner is sufficient. The member does not need a re-evaluation by a specialty therapist.
    iv. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken.
    v. If the member's skin integrity OR limb size are not stable compared with their initial garment fitting the member must be re-evaluated by a specialty therapist.
    vi. If the member previously utilized "ready-made" garments and the replacement request is for a different type of garment the member must be evaluated by a specialty therapist or program that treats chronic edema.
    vii. A maximum of two garments per extremity will be approved every six months.

2. The use of custom compression garments and/or compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" will not be approved unless the above criteria are met.

Summary of Changes:	**07/23:** • Updated approved by to Carol Attia and Dr. Wills **07/22:** • Added if previously used "ready-made" garments and replacement request if for a different type of garment, the member must be evaluated by therapist or program that treats chronic edema in Section B.1.b.vi. • Removed Dr. Toye from responsible parties. **07/21:** • Updated Responsible Departments from Utilization Management to Clinical Operations. • Added "Maryland" to scope. **07/20:** • Updated Section from Care Management to Medical Non-Pharmacy Protocols. **07/19:** • New policy.