MedStar Family Choice DISTRICT OF COLUMBIA		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1422.DC**	
Subject:	**Compression Garments for Diagnoses Excluding Lymphedema (see Policy 1418.DC)**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**10/01/2020**	
Revision Effective Date(s):	**07/22**	
Review Effective Date(s):	**07/23**	
Responsible Parties:	**Medical Director**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Sharon Henry, RN Director, Clinical Operations**	**Raymond Tu, MD Senior Medical Director (CMO)**

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 District of Columbia Healthy Families and Alliance**

Policy: **It is the policy of MedStar Family Choice District of Columbia (MFC-DC) to provide custom compression garments when it is medically necessary as outlined in the criteria below.**

Background: **MedStar Family Choice, District of Columbia (MFC-DC) will require prior authorization for custom compression garments and compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing."**

Requests for custom compression garments and compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing" should be forwarded along with the supporting clinical information in accordance with the MFC-DC 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 DC Medicaid Fee Schedule as "Manual Pricing" 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 Enrollee 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 prefabricated custom fitted or standard items cannot be used. 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 Enrollee.
            vii. Documentation showing that the Enrollee 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. Enrollees 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. Enrollee 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 Enrollee's skin integrity and limb size are stable compared with their initial garment fitting a note from the Enrollee's practitioner attesting to this and an order from their practitioner is sufficient. The Enrollee does not need a re-evaluation by a specialty therapist.

Summary of Changes:	**07/23:** • No substantive changes. **07/22:** • Updated Responsible Parties. • Updated Approved. **10/20:** • New policy.