Gradient compression stockings

Applies to:



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue[™] PPO X Medicare Plus Blue[™] Group PPO ☐ Both

Gradient compression stockings

Gradient compression stockings are specialized hosiery that is tightest at the ankles and become less constrictive up the leg. They are used to help increase circulation, prevent the formation of blood clots, and in the treatment of ulcers of the lower legs.

By compressing surface veins, arteries, and muscles beneath the skin, arterial pressure is increased. The increased pressure leads to improved blood flow, decreasing the pooling of blood in the lower legs and feet, and swelling.

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 Enhanced Benefit

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

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

Blue Cross Blue Shield of Michigan bcbsm.com/provider/ma

Conditions for payment

The table below specifies payment conditions for gradient compression stockings. Note: Use ICD–9 diagnosis codes for DOS through September 30, 2015. For DOS beginning with October 1, 2015 and later ICD–10 codes must be used.

| Conditions for payment | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Eligible provider | DME / Prosthetics and Orthodics 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/providers/help/faqs/medicare-advantage/provider-toolkit/enhancedbenefits.html** in the MA enhanced benefits fee schedule. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost–share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- Medicare Plus Blue PPO providers should collect the applicable cost-sharing amount from the member at the time of the service when possible. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

To verify benefits and cost-share, providers may utilize web-Denis or call 1-866-309-1719.

Billing instructions for providers

- 1. Bill services on the CMS 1500 (02/12) 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. Submit claims to your local BCBS plan.
- 6. Use electronic billing:
 - a. Michigan Providers:

Copies of the ANSI ASC X12N 837 and 835 institutional Health Care Claim and Health Care Claim Payment/ Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the BCBSM website under the reference library section at: **www.bcbsm.com/providers/help/faqs/ electronic-connectivity-edi.html**.

b. Providers outside of Michigan should contact their local BCBS plan.

Addtional Billing Instructions:

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.

Revision History

Policy Number: MAPPO 1008

Revised dates: 08/18/2015, 01/2015

08/18/2015: Updated formatting, revised definition of gradient compression stockings, updated billing instructions and web links, added revision history section.