

Gradient compression stockings

Applies to:

BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Gradient compression stockings

Gradient compression stockings are specialized hosiery that are tightest at the ankles and become less constrictive up the leg. They're used to help increase circulation, prevent the formation of blood clots, and treat 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 noncovered service.
- Gradient compression stockings aren't 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

BCN Advantage enhanced benefit

BCN Advantage 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. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Select BCN Advantage Group plans provide expanded coverage for gradient compression stockings. The enhanced benefit includes a wider range of style options and isn't as limited in the medical circumstances under which compression stockings may be covered. The scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member's cost sharing are determined by the group.

Blue Care Network of Michigan

bcbsm.com/providers

Conditions for payment

The table below specifies payment conditions for gradient compression stockings.

Conditions for payment	
Eligible provider	DME / Prosthetics and Orthotics supplier
Payable location	No restrictions
Frequency	A6530 to A6538: Total four pairs per 12 months A6539 to A6541: Total eight units per 12 months A6544: Any appropriate frequency State of Michigan and U of M Only: L8010: 2 units per 12 months
HCPCS codes	A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549 State of Michigan and U of M Only: L8010
Diagnosis restrictions	No restrictions
Age restrictions	

Reimbursement

To find BCN Advantage plan's maximum payment amount for the gradient compression stockings visit our provider portal, [Avality Essentials](#). Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The BCN Advantage maximum payment amount for gradient compression stockings is consistent with Original Medicare. 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 aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. Use electronic billing:
 - a. **Michigan Providers:** Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi/.

b. **Providers outside Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

Note: When billing HCPCS codes A6530 to 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 and RT modifiers, and two units of service.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

Effective: 01/01/2024

Reviewed:

Revised: