

COMPRESSION STOCKINGS & GARMENTS

Policy

VCHCP does not cover over the counter (OTC) products such as support stockings. However, the **Plan covers** individually fitted prescription graded compression stockings or inflatable compression garments for members who: 1) had prior use of OTC products with demonstrated failure **and**, 2) have ANY of the following medical conditions:

Prescriptions for therapeutic compression hose must contain specific pressure gradient, expressed in mmHg.

1. Treatment of one or more of the following complications of chronic vein insufficiency:
 - Varicose Veins (except spider veins)
 - Stasis dermatitis (venous eczema)
 - Venous ulcers (stasis ulcers)
 - Venous edema
 - Lipodermatosclerosis
2. Prevention of thrombosis in immobilized patients, e.g., immobilization due to surgery (including elective orthopedic surgery, such as knee replacement), trauma, general debilitation, etc.
3. Post thrombotic syndrome (post phlebitic syndrome)
4. Selected patients 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.

Coverage of inflatable compression garments (e.g., Flowtron Compression Garment, Jobst Pneumatic Compressor) also includes the pump needed to inflate the compression garment

There are contraindications to compression therapy, for example, advanced arterial occlusive disease, severe disorders of heart function, weeping skin diseases, severe disorders of nerve function in the arms and legs. For this reason, a physician should prescribe compression therapy.

Background/Overview

Description of Disease

Some form of venous disorder affects approximately 80 million Americans and varicose veins are present in about 30% of women and 10 to 20 percent of men. Often, varicose veins present as a cosmetic concern but they may cause symptoms such as cramping, throbbing, burning, swelling, feeling of heaviness or fatigue, and may interfere with activities of daily living. There is frequent confusion between varicose veins and "spider veins," which are small blue or red veins at the surface of the skin. Spider veins, also known as telangiectatic dermal veins, spider nevi, or broken blood vessels, while potentially unattractive, are not associated with any physical symptoms and are a benign condition.

The venous system of the lower extremities consists of the superficial (including the greater and lesser saphenous veins and their tributaries) and deep system (including the popliteal and femoral veins). These two parallel systems are interconnected via perforator veins. One-way valves are present at the junctions between the bifurcation point of the deep and superficial system, i.e., the saphenofemoral and the saphenopopliteal junction.

Varicose veins are abnormally enlarged and unusually shaped blood vessels close to the surface of the skin that develop when the venous valves fail to function properly and allow blood to reflux, or flow in a backward direction. Reflux of blood back into the vein causes dilation of the vessel, restriction of adequate blood flow to portions of the leg, and in some cases, discomfort or pain. Varicose veins are found most often on the back of the calf or on the inside of the leg between the groin and ankle, and are commonly the result of reflux through the valve at the junction between the greater saphenous vein and the common femoral vein. An imaging technique called ultrasound or duplex scanning can be used to identify whether venous reflux is in the superficial, deep or perforating veins. It also can help determine whether reflux is confined to veins above or below the knee. This information is important in diagnosing the cause of this condition and in the planning of treatment.

Treatment for symptomatic varicose veins includes conservative measures such as frequent elevation of affected leg(s), walking, weight reduction and avoidance of prolonged sitting, analgesics and the use of compression stockings. When this non-invasive approach fails to relieve symptoms, several invasive options exist, as described below.

The key to treatment of varicose veins is prevention of reflux in the short and long saphenous veins that connect to the major veins in the hip and pelvic area (femoral veins), a condition referred to as saphenofemoral reflux.

Replacements are covered when the compression garment cannot be repaired or when required due to a change in patient's physical condition. For pressure gradient compression stockings, no more than four (4) replacements per year are covered as necessary for wear.

Compression garments are contraindicated and not covered in patients with severe peripheral arterial disease and septic phlebitis.

* Coverage of pressure gradient support stockings only; inflatable compression garments are not medically necessary for this indication.

A. **Attachments:** None

B. **Reviewers:** QA Manager, QA Committee, UM Committee April 2003

Revised: James Holden, MD & David Chernof MD May 2004

Committee Review: UM on 06-07-04 & QA on 06-15-04

C. **Reviewed/ Updated** by Sheldon Hass, M.D. on 06/26/08

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D. **Reviewed/Updates** by Albert Reeves, M.D. on 08.11.11

Committee Review: UM on 08/11/11 & QA on 08/23/11

E. **References:**

1. Herouy Y. Lipodermatosclerosis and compression stockings. *J Am Acad Dermatol.* 2000;42(2 Pt 1): 307-308.
2. Agnelli, G. Sonaglia F. Prevention of venous thromboembolism. *Thromb Res.* 2000;97(1):V49-62).