 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Compression Garments
	PRODUCT LINE:	All
	POLICY NUMBER:	017
	ORIGINAL POLICY EFFECTIVE DATE:	12/17/06
	LAST REVISED DATE:	03/8/2018
	LAST REVIEWED DATE:	02/15/2023

**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to provide members with compression stockings as medically indicated per their policy benefit.

**PROCEDURE:**

**Prior Authorization:** **Yes** for custom items, any compression garments that are not standard below the knee compression garments, and for amounts above the annual benefit limits as described below.

Below the knee non-custom (standard) compression garments are covered without prior authorization when within benefit limits as listed below.

For Medicaid, the items will only be reimbursed if they have the appropriate diagnosis code that defines medical necessity otherwise they require medical necessity review through the prior authorization process.

**COMMERCIAL**


**State of Wisconsin/Commercial Members:** Two pair per benefit year are covered.

**MEDICAID**

Three pair per calendar year are covered.


Compression stockings purchased over the counter are not a covered benefit.

Reference source, if applicable: N/A

APPROVED:  DATE: 2/15/2023

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
02/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.

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02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Reviewed with no changes.
4/22/2016	Betsy Kelly, RN	Reviewed with no changes
04/25/17	Michele Bauer, MD, CMO	Reviewed with no changes other than formatting.
03/8/18	Michele Bauer, MD, CMO	Reviewed, no changes.
04/17/2019	Michele Bauer, MD, CMO	Reviewed with no changes
3/20/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
3/10/2021	Michele Bauer, MD, CMO	Updated Criteria and process for prior authorization
2/15/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
2/15/2023	Michele Bauer, MD, CMO	Reviewed. No changes.