



Reimbursement Policy:

Compression Garments (Commercial, Medicare)

Policy criteria are not applicable to Exchange and Medicare Advantage Plans for dates of service on or after January 1, 2026.

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20240051	6/15/2024	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the Reimbursement Policies webpage on connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

Compression garments are special clothing containing elastic support materials used to apply varying and substantial pressure to an area of the body to assist with the reduction of swelling and to help with tissue remodeling. This policy outlines when compression garments are considered reimbursable. Benefits and frequency limitations may vary between groups/contracts. Please refer to the appropriate Membership Agreement or Evidence of Coverage for applicable coverage/benefits.

Policy Statement:

ConnectiCare follows CMS reimbursement guidelines for compression garments/stockings when prescribed by a physician and provided by a Durable Medical Equipment (DME) supplier. ConnectiCare will consider payment if the requirements outlined in this policy are met.

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Reimbursement Guidelines:

Allowable HCPCS Codes:

The following HCPCS codes are eligible for reimbursement, if a covered benefit, when reported by a DME provider with one of the diagnosis codes listed in the [Allowable ICD-10 codes table](#):

HCPCS Code	Description
A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
A6516	Gradient compression wrap with adjustable straps, foot, each, custom
A6517	Gradient compression wrap with adjustable straps, below knee, each, custom
A6518	Gradient compression wrap with adjustable straps, arm, each, custom
A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each

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HCPSC Code	Description
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each
A6544	Gradient compression stocking, garter belt
A6548	Accessory to custom gradient compression garment, silicone band, any size
A6549	Gradient compression stocking, not otherwise specified
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each



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HCPSC Code	Description
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient pressure wrap with adjustable straps, above knee, each

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HCPSC Code	Description
A6586	Gradient pressure wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each
A6588	Gradient pressure wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each



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HCPSC Code	Description
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each
A6611	Gradient compression wrap with adjustable straps, above knee, each, custom

Allowable ICD-10 Codes:

The ICD-10 codes in the table below pertain to varicose veins, lymphedema, history of deep vein thrombosis, or lymphedema related to cancer or cancer related surgery and are payable, if a covered benefit, when billed with one of the codes in the [Allowable HCPSC Codes table](#) above:

ICD-10 Codes									
I80.00	I80.01	I80.02	I80.03	I80.10	I80.11	I80.12	I80.13	I80.201	I80.202
I80.203	I80.209	I80.221	I80.222	I80.223	I80.229	I80.231	I80.232	I80.233	I80.239
I80.291	I80.292	I80.293	I80.299	I80.3	I82.223	I82.401	I82.402	I82.403	I82.409
I82.411	I82.412	I82.413	I82.419	I82.421	I82.422	I82.423	I82.429	I82.431	I82.432
I82.433	I82.439	I82.441	I82.442	I82.443	I82.449	I82.491	I82.492	I82.493	I82.499
I82.4Y1	I82.4Y2	I82.4Y3	I82.4Y9	I82.4Z1	I82.4Z2	I82.4Z3	I82.4Z9	I82.501	I82.502
I82.503	I82.509	I82.511	I82.512	I82.513	I82.519	I82.521	I82.522	I82.523	I82.529
I82.531	I82.532	I82.533	I82.539	I82.541	I82.542	I82.543	I82.549	I82.591	I82.592
I82.593	I82.599	I82.5Y1	I82.5Y2	I82.5Y3	I82.5Y9	I82.5Z1	I82.5Z2	I82.5Z3	I82.5Z9
I83.001	I83.002	I83.003	I83.004	I83.005	I83.008	I83.009	I83.011	I83.012	I83.013
I83.014	I83.015	I83.018	I83.019	I83.021	I83.022	I83.023	I83.024	I83.025	I83.028
I83.029	I83.10	I83.11	I83.12	I83.201	I83.202	I83.203	I83.204	I83.205	I83.208
I83.209	I83.211	I83.212	I83.214	I83.215	I83.218	I83.219	I83.221	I83.222	I83.223
I83.224	I83.225	I83.228	I83.229	I83.811	I83.812	I83.813	I83.819	I83.891	I83.892
I83.893	I83.899	I83.90	I83.91	I83.92	I83.93	I89.0	I89.1	I89.429	I97.2
I97.89	O00.01	O22.00	O22.01	O22.02	O22.03	O22.30	O22.31	O22.32	O22.33
O22.90	O22.91	O22.92	O22.93	O87.1	O87.4	O87.9	Q82.0		

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References:

- American Medical Association.
- Healthcare Common Procedure Coding System.
- Medicare's National Level II Codes HCPCS.
- Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Revision History

Company(ies)	DATE	REVISION
ConnectiCare	4/24/2026	• Addition of new HCPCS code A6548 to "Allowable HCPCS Codes" table, effective 4/1/2026
ConnectiCare	3/26/2026	• ICD-10 codes Z48.3, Z48.812, Z48.817, Z85.3, Z86.00, Z86.01 removed from Allowable ICD-10 Codes table
ConnectiCare	4/15/2025	• Updates with effective date 4/01/2025: ○ Added HCPCS codes: A6515, A6516, A6517, A6518, A6519, and A6611 to "Allowable HCPCS Codes" table ○ Added ICD-10 codes: I82.429, I83.223, O22.01, Z86.002, and Z86.008 to "Allowable ICD-10 Codes" table
ConnectiCare	4/15/2025	• Transferred policy content to individual company-branded template. No changes to policy title or policy number.
ConnectiCare	4/11/2024	• Removed codes A6531 & A6532 from Allowable HCPCS Codes table due to revised code description (A6531-A6532 should only be reported when used as a surgical dressing), effective 1/01/2024



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ConnectiCare	3/13/2024	Updated to include new codes effective 1/01/2024: A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610
ConnectiCare	2/2024	New Policy