




TO: AmeriHealth Durable Medical Equipment Providers (NJ)

FROM: Michael Zollenberg
Director Hospital & Ancillary Services - AHNJ 

DATE: August 1, 2007

SUBJECT: AmeriHealth's new position on criteria for gradient compression stockings and antiembolism stockings

Effective September 1, 2007, for services provided on and after September 1, 2007, AmeriHealth's coverage criteria for gradient compression stockings and antiembolism stockings will be revised as follows:

Gradient compression stockings

AmeriHealth member coverage

Gradient compression stockings, commonly referred to as Jobst stockings, will be eligible for payment when prescribed by a physician for the treatment of conditions such as chronic venous insufficiency, lymphedema, and the prevention and treatment of venous stasis ulcers. Members will be eligible to receive up to 12 individual gradient compression stockings (or six pairs if the individual requires the stockings for both lower extremities) within a calendar year.

Medicare Advantage HMO/Medicare Advantage PPO member coverage

Coverage will only be provided when a below-the-knee gradient compression stocking with a pressure of 30-50 millimeters of mercury (mmHg) is prescribed and needed to secure a primary dressing over a debrided venous stasis ulcer. All other gradient compression stockings will not be eligible for payment for Medicare Advantage HMO/Medicare Advantage PPO members as they are not covered by traditional Medicare.

Antiembolism stockings

AmeriHealth member coverage

Antiembolism stockings, commonly referred to as TED stockings or surgical stockings, will be eligible for payment. Members will be eligible to receive up to 12 individual antiembolism stockings (or six pairs if the individual requires the stockings for both lower extremities) within a calendar year.

Medicare Advantage HMO/Medicare Advantage PPO member coverage

Antiembolism stockings will not be eligible for payment for Medicare Advantage HMO/Medicare Advantage PPO members as these stockings are not covered by traditional Medicare. Revisions to the policy are the result of research into benefit contracts and national standards regarding these items. For more information, please contact your Network Coordinator or visit www.amerhealth.com/medpolicy to view the policy in its entirety.

Note: This is not a statement of benefits. Benefits may vary based on state requirements, product line (HMO, PPO, etc.), and/or employer group. HMO and PPO member coverage may be verified through Provider Services.