


MEDICAL POLICY	Compression Bandages, Stockings, and Wraps (Medicare Only)
Effective Date: 7/1/2022  7/1/2022	Medical Policy Number: 139
	Medical Policy Committee Approved Date: 04/2020; 06/2021; 6/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayn Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare only

DOCUMENTATION REQUIREMENTS

If needed for compression garments, the Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) [Documentation Checklist For Surgical Dressings](#) can be used to determine if all applicable documentation to support medical necessity are available, in support of the relevant local coverage determination (LCD) and local coverage article (LCA) found below.

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines	HCPCS Code(s)
<i>Non-Covered Compression Bandages, Stockings and Wraps</i>	<ul style="list-style-type: none"> All Listed HCPCS codes: Local Coverage Article (LCA): Surgical Dressings - Policy Article (A54563) NOTE: Some items may also be listed on the Noridian web page for “Noncovered Items.” <p>NOTE: See <i>Billing Guidelines</i> for exceptions to non-coverage of HCPCS A4465 and A6549.</p>	A4465, A4490, A4495, A4500, A4510, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549
<i>Surgical Dressings</i>	Local Coverage Determination (LCD): L33831 , Surgical Dressings	A6441, A6442, A6443, A6444, A6445, A6446,

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	<p>NOTE: The Company will consider compression garments to treat lymphedema directly caused by a mastectomy to be medically necessary. See <i>Regulatory Status</i> below.</p>	<p>A6447, A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6531, A6532, A6545</p>
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BILLING GUIDELINES

General

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- LCA: Surgical Dressings - Policy Article ([A54563](#))

HCPCS Codes A4465 and A6549

While Medicare does not allow coverage for HCPCS codes A4465 and A6549 for any indication, the Plan will consider these codes to be medically necessary if billed with ICD-10 code I97.2.

CPT/HCPCS CODES

Medicare Only	
No Prior Authorization Required	
Note: Inclusion of a code in this section does not guarantee reimbursement or coverage. The following codes do not require routine review for medical necessity, but they may be subject to audit or benefit denial.	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard

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A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated
A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6531	Gradient compression stocking, below knee, 30-40 mm hg, each
A6532	Gradient compression stocking, below knee, 40-50 mm hg, each
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
Not Covered	
<i>Note: A4465 and A6549 are considered not covered unless billed with ICD-10 code I97.2</i>	
A4465	Non-elastic binder for extremity
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each

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A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, 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
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
A6549	Gradient compression stocking/sleeve, not otherwise specified

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

Women's Health and Cancer Rights Act (WHCRA) of 1998 Statement

The Women's Health and Cancer Rights Act (WHCRA) of 1998 provides protections to individuals who have opted to undergo breast reconstruction in connection with a mastectomy. Under the WHCRA, coverage is provided for all stages of breast reconstruction for both the affected breast (the breast undergoing the mastectomy procedure) and the contralateral breast (for symmetry) and breast prostheses, as well as treatment of complications caused by the mastectomy, such as lymphedema. While the criteria in this policy are primarily based on Medicare guidance, in accordance with the

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WHCRA, Company coverage may exceed Medicare coverage for items or services required to treat conditions that are the direct result of a mastectomy.