

Medicare Medical Policy

Compression Bandages, Stockings, and Wraps

MEDICARE MEDICAL POLICY NUMBER: 139

Effective Date: 7/1/2022

Last Review Date: 6/2022

Next Annual Review: 6/2023

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

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>	<p>Local Coverage Determination (LCD): L33831, Surgical Dressings</p> <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>	A6441, A6442, A6443, A6444, A6445, A6446, 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

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

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.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

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

BILLING GUIDELINES AND CODING

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.

CODES*		
CPT	None	
HCPCS	A4465	Non-elastic binder for extremity
	A4490	Surgical stockings above knee length, each
	A4495	Surgical stockings thigh length, each
	A4500	Surgical stockings below knee length, each
	A4510	Surgical stockings full length, each
	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
	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
A6530	Gradient compression stocking, below knee, 18-30 mm hg, each
A6531	Gradient compression stocking, below knee, 30-40 mm hg, each
A6532	Gradient compression stocking, below knee, 40-50 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
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
A6549	Gradient compression stocking/sleeve, not otherwise specified

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

None

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
7/2022	Annual review (converted to new format 2/2023)