Medicare Medical Policy

Compression Bandages, Stockings, and Wraps

MEDICARE MEDICAL POLICY NUMBER: 139

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Next Annual Review: 6/2027

MEDICARE COVERAGE CRITERIA 2
POLICY CROSS REFERENCES 4
POLICY GUIDELINES 4
REGULATORY STATUS 4
BILLING GUIDELINES AND CODING 5
REFERENCES 10
POLICY REVISION HISTORY 10

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, and Providence Plan Partners 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)
Non-Covered *Compression Bandages, Stockings and Wraps*	• **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." **NOTE:** See *Billing Guidelines* for exceptions to non-coverage of HCPCS A4465.	A4465, A4490, A4495, A4500, A4510
Compression Garments to Treat ***Wounds***	Local Coverage Determination (LCD): Surgical Dressings (L33831) See LCA A54563 for examples of acceptable debridement techniques.	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
Compression Garments to Treat ***Lymphedema***	Effective January 1, 2024, Medicare will provide coverage for lymphedema compression treatment items for Medicare Part B patients. This coverage includes, but is not limited to, lymphedema caused by a mastectomy. Current available coverage information is limited; for more information regarding coverage, see the following:	A6515, A6516, A6517, A6518, A6519, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6548, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567,

	• Noridian web page for Lymphedema Compression Treatment • Medicare web page for Lymphedema Compression Items • CMS Final Rule CMS-1780-F **NOTE:** The "qualifying condition" for coverage of compression garments is lymphedema. Therefore, a lymphedema diagnosis code is required and **must** be on the claim to support coverage for the compression garment. A diagnosis of breast cancer alone, without lymphedema, does **not** meet Medicare's coverage criteria. Frequency and utilization limits can be found in above Medicare web page. For replacement requests (outside of the noted utilization limits), standard Medicare replacement rules apply (i.e., replacement may be allowed for lost, stolen, or irreparably damaged items, or if a patient's condition changes [e.g., change in limb size] and their current device no longer provides needed clinical benefit). According to Medicare rules, "before billing the Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) for a medical device, the device, at a minimum, must be registered with the Food and Drug Administration (FDA). This requirement includes Lymphedema Compression Treatment Items." Devices that are not registered as a medical device must be billed with A9270 (Noncovered item or service).[1]	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, A6611

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, see the following Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) documentation checklists 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 above.

- Documentation Checklist For Surgical Dressings
- Documentation Checklist For Lymphedema Compression Treatment Items

Compression for Lymphedema

DMEPOS suppliers furnishing these treatment items are responsible for all aspects of providing the item, including:

- Taking measurements of the patient's affected body area
- Performing necessary fitting services
- Training the patient how to take the treatment item on and off
- Showing the patient how to take care of the treatment item
- Adjusting the treatment item, if needed

Exception: If the supplier has worked out an arrangement with a professional fitter to perform the services, then some of the above elements may not be provided by the DMEPOS supplier.

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. Coverage cannot be denied based upon the period of time between the mastectomy and the request for reconstructive surgery, including whether or not the member had the mastectomy prior to joining a plan. Also, despite the title, nothing in the law limits WHCRA entitlements to women. While the WHCRA does require coverage of these treatments, utilization must still be medically reasonable and necessary and clinically appropriate. While the WHCRA does not technically apply to Medicare plan members, the Company may opt to apply this provision to these members voluntarily.

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 CODE A4465

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

2024 MEDICARE BENEFIT AND COVERAGE CHANGES

Effective January 1, 2024, Medicare will provide coverage for lymphedema compression treatment items for Medicare Part B patients. This coverage includes, but is not limited to, lymphedema caused by a mastectomy.[2]

However, coverage under this benefit is limited to the following HCPCS codes only:

> A6515, A6516. A6517, A6518, A6519, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6548, A6549, 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, and/or A6611.

Items being provided **must** meet the description of the HCPCS code(s) used.

Payment for all necessary services associated with providing gradient compression garments and wraps, including fitting and measurements, is included in the national payment amounts made to the supplier of the item.

Note that HCPCS codes A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, and A6549 were previously non-covered (or were limited to coverage only if billed with I97.2), but are now included under this expanded lymphedema coverage. In addition, coverage of HCPCS A6544 under the lymphedema benefit was effective April 1, 202**6**.[3]

Coverage for lymphedema compression treatment for the HCPCS codes listed above is limited to the following diagnoses codes:[3]

I89.0 Lymphedema, not elsewhere classified
I97.2 Postmastectomy lymphedema syndrome
I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
Q82.0 Hereditary lymphedema

Therefore, coverage of these codes will be limited to **only** the above diagnoses codes. If billed with any other diagnosis code, the services will be denied as not medically necessary.[3]

NOTE: Correct coding is an essential element for accurate claim processing and payment. While lymphedema may be related to breast cancer or post-mastectomy surgical procedures, the "qualifying condition" for coverage of compression garments is lymphedema specifically. Therefore, one of the above lymphedema diagnoses codes is required and **must** be on the claim to support coverage for the compression garment. A diagnosis of breast cancer alone, *without* lymphedema, does **not** meet Medicare coverage criteria.

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
	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
	A6531	Gradient compression stocking, below knee, 30-40 mm hg, used as a surgical dressing, each
	A6532	Gradient compression stocking, below knee, 40-50 mm hg, used as a surgical dressing, 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 mm hg or greater, 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 mm hg or greater, 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 mm hg or greater, each
	A6544	Gradient compression stocking, garter belt
	A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, used as a surgical dressing, each
	A6548	Accessory to custom gradient compression garment, silicone band, any size
	A6549	Gradient compression garment, not otherwise specified, for daytime use, each
	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
	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, each
	A6584	Gradient compression wrap with adjustable straps, not otherwise specified
	A6585	Gradient compression wrap with adjustable straps, above knee, each
	A6586	Gradient compression wrap with adjustable straps, full leg, each
	A6587	Gradient compression wrap with adjustable straps, foot, each
	A6588	Gradient compression 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, non-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, 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
	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

***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

1. Noridian Healthcare Solutions, Inc. (Noridian) Jurisdiction D (JD). *Lymphedema Compression Treatment Items Requirement for Registration with the Food and Drug Administration*. Posted 1/25/2024. https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2024/lymphedema-compression-treatment-items-requirement-for-registration-with-the-fda. Accessed 5/25/2026.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Learning Network (MLN) Matters Article. Lymphedema Compression Treatment Items: Implementation. Release date: 11/9/2023. Updated: 7/18/2024. Effective date: 1/1/2024. https://www.cms.gov/files/document/mm13286-lymphedema-compression-treatment-items-implementation.pdf. Accessed 5/25/2026.
3. Noridian JD. *Lymphedema Compression Treatment Items - Correct Coding and Billing – Revised*. Posted 3/26/2026. Effective 1/1/2024. https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2026/lymphedema-compression-treatment-items-correct-coding-and-billing-revised-c. Accessed 5/25/2026.
4. Noridian JD. *Lymphedema Compression Treatment.* https://med.noridianmedicare.com/web/jddme/dmepos/lymphedema-compression-treatment. Accessed 5/25/2026.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
7/2022	Annual review (converted to new format 2/2023)
7/2023	Annual review; no changes
1/2024	Q1 2024 code update and interim update; update policy to align with 2024 Medicare coverage of compression garments for lymphedema
6/2024	Interim update; updates to align with 2024 lymphedema compression benefit
8/2024	Annual review; further updates to align with 2024 lymphedema compression benefit
3/2025	Interim update; add clarifying notes regarding lymphedema related to breast cancer

4/2025	Q2 2025 code update
8/2025	Annual review; no change to criteria
4/2026	Q2 2026 code update
7/2026	Annual review; no change to criteria, but add HCPCS A6544 to list of HCPCS codes covered under lymphedema benefit