
Compression Bandages, Stockings, and Wraps

MEDICAL POLICY NUMBER: 146

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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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

Compression Bandages, Stockings, and Wraps: Please refer to the Oregon Administrative Rule (OAR) 410-122-0658 and 410-122-0010 for detailed information.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

General Criteria

- I. Qualifying wound or condition criteria:
 - A. A wound caused by, or treated by, a surgical procedure; **or**
 - B. A wound that requires debridement, regardless of the debridement technique (e.g., surgical, mechanical, chemical, autolytic); **or**
 - C. Lymphedema.
- II. Product eligibility criteria include both of the following:
 - A. Primary dressings – Defined as therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin; **or**
 - B. Secondary dressings – Defined as materials that serve a therapeutic or protective function and that are needed to secure a primary dressing (e.g., adhesive tape, roll gauze, bandages, and disposable compression material).

Light Compression, Moderate/High Compression, Self-Adherent, Conforming, and Padding Bandages

- III. Light compression bandages (A6448-A6450), self-adherent bandages (A6453-A6455), and

conforming bandages (A6441) may be considered **medically necessary** when they are used to hold wound cover dressings in place over a qualifying wound (i.e., as a secondary dressing over a qualified wound).

- IV. Moderate or high compression bandages (A6451, A6452), conforming bandages (A6442-A6447), self-adherent bandages (A6453-A6455), and padding bandages (A6441) may be considered **medically necessary** when **both** of the following (A. and B.) criteria are met:
- A. They are part of a multi-layer compression bandage system used in the treatment of a venous stasis ulcer; **and**
 - B. Qualifying wound and product eligibility criteria are met (Criteria I and II above).
- V. Compression bandages are considered **not medically necessary** when criterion III. or IV. above is not met including, but not limited to, treatment of strains, sprains, edema, or situations other than as a dressing for a qualified wound.

Compression Garments for Lymphedema

- VI. Up to 3 daytime (each 6 months) and up to 2 nighttime (each 2 years) standard lymphedema compression treatment items (A6520, A6522, A6524, A6526, A6528, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549, A6552, A6554, A6566, A6568, A6570, A6572, A6575, A6578, 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) for each affected body part may be considered **medically necessary** when all of the following are met (A-C):
- A. The patient has lymphedema (defined by Medicare as a chronic condition that causes swelling in the body's tissues, including but not limited to, post-mastectomy, post-procedural, and hereditary lymphedema); **and**
 - B. The patient will use the item to primarily and customarily treat their lymphedema; **and**
 - C. The compression item is prescribed by a treating provider.

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 the policy coverage criteria.

- VII. Standard lymphedema compression garments are considered **not medically necessary** when the above Medicare criteria (Criteria VI) are not met, including when used for indications **other than** lymphedema (e.g., wound care).
- VIII. Up to 3 daytime (each 6 months) and up to 2 nighttime (each 2 years) custom fitted (aka, custom or non-standard) lymphedema compression treatment items (A6521, A6523, A6525, A6527, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6549, A6553, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6567, A6569, A6571, A6573, A6574, A6576, A6577, A6579, A6580, A6584, A6593, A6609, A6610) for each affected body part may be considered **medically necessary**

when all of the following are met (A and B):

- A. Criteria for standard lymphedema compression treatment items (criteria VI) are met; **and**
- B. **One** of the following (1-4) applies:
 - 1. The circumference of the proximal portion of the limb is significantly greater than the distal limb; **or**
 - 2. The skin/tissue has folds or contours requiring a specific type of knitting pattern; **or**
 - 3. Member is unable to tolerate the fabric composition of a standard garment; **or**
 - 4. The medical record supports the use of a uniquely sized or shaped custom fitted compression garment with documentation to support why an off-the-shelf standard gradient compression garment cannot be used and the reason cannot be one of convenience or aesthetics.

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 the policy coverage criteria.

- IX. Custom-fitted lymphedema compression garments are considered **not medically necessary** when the above Medicare criteria (Criteria VIII) are not met, including when used for indications **other than** lymphedema (e.g., wound care).
- X. **Accessories** (e.g., zippers, linings, padding or fillers, etc.) may be considered **medically necessary** when they are needed for the effective use of a lymphedema compression treatment item when the primary lymphedema compression treatment item meets coverage criteria (Criteria VI or VIII for standard or custom garments, respectively).
- XI. **Accessories** are considered **not medically necessary** when criterion X is not met, including when the primary lymphedema compression treatment item does not meet coverage criteria **or** when the accessory is not needed for effective use of a lymphedema compression treatment item.

Gradient Compression Stockings/Wraps

- XII. A gradient compression stocking (A6531 or A6532) or a non-elastic gradient compression wrap (A6545) may be considered **medically necessary** for conditions other than lymphedema (addressed above) when **both** of the following (A. or B.) criteria are met:
 - A. The stocking/wrap is used in the treatment of an open venous stasis ulcer; **and**
 - B. Qualifying wound and product eligibility criteria are met (Criteria I and II above).
- XIII. Gradient compression stockings/wraps are considered **not medically necessary** when criterion XII. Above is not met including, but not limited to, treatment of the following conditions:

- A. Venous insufficiency without stasis ulcers; **or**
- B. Prevention of stasis ulcers; **or**
- C. Prevention of the reoccurrence of stasis ulcers that have healed.

Compression Burn Garments

- XIV. Compression burn garments (A6501-A6513) may be considered **medically necessary** when they are used to reduce hypertrophic scarring and joint contractures following a burn injury.
- XV. Compression burn garments are considered **not medically necessary** when criterion XIV. above is not met.

Quantity Limits

- XVI. Most compression bandages (A6441-A6447 and A6448-A6455) are reusable. Frequency of replacement would be **no more than one per week** unless they are part of a multi-layer compression bandage system.
- XVII. Utilization of a gradient compression wrap (A6545) is limited to **one per 6 months per leg**. Quantities exceeding this limit are considered **not medically necessary**.
- XVIII. Utilization of lymphedema compression treatment items (standard or custom) is limited to the frequency limits noted in Criteria VI and VIII above. Quantities exceeding these limits are considered **not medically necessary** UNLESS one of the following (A or B) applies:
 - A. Replacement is necessary due to loss, theft, or irreparable damage; **or**
 - B. Replacement is necessary due to a change in the member's medical or physical condition that warrants a new size or type of garment or wrap.

NOTE: *When replacement of lymphedema compression items is required due to loss, theft, irreparable damage, or change in medical/physical condition, the utilization limit accumulation starts over based on the date of service for the replacement claim.*

Non-Covered Compression Garments and Conditions

- XIX. The following compression items are considered **not medically necessary** because they do not meet the Medicare definition of a surgical dressing (Criterion II. Above):
 - A. Gradient compression garter belt (A6544)
 - B. Surgical stockings (A4490, A4495, A4500, A4510)
 - C. Non-elastic binders for extremities (A4465; **Exception:** *Coverage may be allowed for these items **only** when used for post-mastectomy lymphedema of the arms.*)
- XX. Compression bandages, stockings, or wraps for treatment of the following wounds are considered **not medically necessary** because they do not meet the definition of a qualifying wound (not all-inclusive):

- A. Drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; **or**
- B. A Stage I pressure ulcer; **or**
- C. A first degree burn; **or**
- D. Wounds caused by trauma which do not require surgical closure or debridement – e.g., skin tear or abrasion; **or**
- E. A venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.

POLICY CROSS REFERENCES

None

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

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

For compression items used in the treatment of wounds, for the initial wound evaluations, the medical record must specify:

- Wound information, including but not necessarily limited to, type (e.g., surgical wound, pressure ulcer, burn, etc.), number, size (length, width, and depth) location, amount of drainage, and
- Documentation that the wound required debridement, of any technique. Examples of debridement techniques include the following (not an all-inclusive list):
 - Surgical (e.g., sharp instrument or laser)
 - Mechanical (e.g., irrigation or wet-to-dry dressings)
 - Chemical (e.g., topical application of enzymes) or
 - Autolytic (e.g., application of occlusive dressings to an open wound).
- Reason for the dressing (primary, secondary, other reason), and
- The type of dressing (e.g., hydrocolloid wound cover, hydrogel wound filler, etc.), and
- The size of the dressing (if applicable), and
- The number/amount to be used at one time (if more than one), and
- The frequency of dressing change, and
- The expected duration of need.

For ongoing use, the regular evaluation (monthly or weekly, the latter applying for individuals in a skilled nursing facility or for those with heavily draining or infected wounds) must include the following information:

- Updated wound information, including but not limited to, type (e.g., surgical wound, pressure ulcer, burn, etc.), number, size (length, width, and depth) location, amount of drainage, and
- Any other relevant wound status information.

For lymphedema compression treatment items, the medical record must specify:

- The patient has a diagnosis of **lymphedema** (postmastectomy, postprocedural, hereditary, or other).
- The item will primarily and customarily be used to treat the lymphedema.
- An authorized practitioner has prescribed the item.

GENERAL

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidances:

- Local Coverage Determination (LCD): Surgical Dressings (L33831)¹
- Local Coverage Article (LCA): Surgical Dressings (A54563).²

Clinical information to demonstrate that the reasonable and necessary requirements in the policy regarding the type and quantity of surgical dressings provided must be present in the medical records and this information must be updated on an appropriate (either monthly or weekly, the latter applying for individuals in a skilled nursing facility or for those with heavily draining or infected wounds).

Pressure Ulcer Staging

The staging of pressure ulcers used in this policy is derived from the LCD L33831 and is as follows (National Pressure Ulcer Advisory Panel, 2016 Revision):

- Stage 1 Pressure Injury: Non-blanchable erythema of intact skin
 - Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.
- Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis
 - Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).

- Stage 3 Pressure Injury: Full-thickness skin loss
 - Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
- Stage 4 Pressure Injury: Full-thickness skin and tissue loss
 - Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
- Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss
 - Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.
- Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

Compression for Lymphedema

DMEPOS suppliers furnishing these treatment items are responsible for all aspects of providing the item, including:³

- 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.

Frequency Limitations for Lymphedema Compression Devices

The frequency limitations for replacement of lymphedema compression treatment items are as follows:⁴

- Once every 6 months for 3 gradient compression garments or wraps with adjustable straps per each affected extremity or part of the body
- Once every 2 years for 2 nighttime garments per each affected extremity or part of the body

“Claims for gradient compression garments or wraps billed in excess of the frequency limitations outlined above will be denied as not reasonable and necessary unless replacements are needed in cases of loss, theft, or irreparable damage. In addition, payment can be made for a new set of garments or wraps if determined to be reasonable and necessary due to a change in the beneficiary’s medical or physical condition that warrants a new size or type of garment or wrap. Payment is made for replacement of an entire new set of three daytime garments or wraps and/or two nighttime garments in cases of loss, theft, irreparable damage, or change in medical or physical condition and the six month and/or two year replacement frequency begins anew at the time the replacement items are furnished.”⁵

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

Medicare Rules

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).⁶

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 some coverage of these treatments, utilization must still be medically reasonable and necessary and clinically appropriate.

HEALTH EQUITY CONSIDERATIONS

The Centers for Disease Control and Prevention (CDC) defines health equity as the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving health equity requires addressing health disparities and social determinants of health. A health disparity is the occurrence of diseases at greater levels among certain population groups more than among others. Health disparities are linked to social determinants of health which are non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, age, and the wider set of forces and systems shaping the conditions of daily life. Social determinants of health include unequal access to health care, lack of education, poverty, stigma, and racism.

The U.S. Department of Health and Human Services Office of Minority Health calls out unique areas where health disparities are noted based on race and ethnicity. Providence Health Plan (PHP) regularly reviews these areas of opportunity to see if any changes can be made to our medical or pharmacy policies to support our members obtaining their highest level of health. Upon review, PHP creates a Coverage Recommendation (CORE) form detailing which groups are impacted by the disparity, the research surrounding the disparity, and recommendations from professional organizations. PHP Health Equity COREs are updated regularly and can be found online [here](#).

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](#))

While the codes in this policy are not subject to routine medical necessity review, they may be subject to utilization audit.

The only products that may be billed with code A6545 (non-elastic compression wrap) are those which have received a written Coding Verification Review from the Pricing, Data Analysis, and Coding (PDAC) contractor and that are posted in the Product Classification List on the PDAC web site.

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 now provides coverage for lymphedema compression treatment items. This coverage includes, but is not limited to, lymphedema caused by a mastectomy.⁷

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

A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, 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, and/or A6610.

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 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.

Coverage for lymphedema compression treatment for the HCPCS codes listed above is limited to the following diagnoses codes:⁵

189.0 Lymphedema, not elsewhere classified

197.2 Postmastectomy lymphedema syndrome

197.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified

Q82.0 Hereditary lymphedema

Coverage of these codes will be limited to **only** the above diagnoses codes. If billed with any other diagnosis code, the items will be denied as not medically necessary.⁵

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 the policy coverage criteria.

Replacement Claims

If only one (1) daytime garment or wrap is lost, stolen, or irreparably damaged, payment is allowed for three (3) replacements, but the frequency limitation clock of six (6) months would restart based on the date of service for the replacement claim.⁸

For a nighttime garment, two (2) replacements are allowed if only one nighttime garment or wrap is lost, stolen, or irreparably damaged and the frequency limitation clock of two years (24 months) would restart based on the date of service for the replacement claim.⁸

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
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 mmhg, each
A6531	Gradient compression stocking, below knee, 30-40 mmhg, used as a surgical dressing, each
A6532	Gradient compression stocking, below knee, 40-50 mmhg, used as a surgical dressing, each
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each
A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each
A6538	Gradient compression stocking, full length/chap style, 40 mmhg or greater, each
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each

A6541	Gradient compression stocking, waist length, 40 mmhg 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
A6549	Gradient compression garment, 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
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
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, 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

***Coding Notes:**

- The above code list 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.
- 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.

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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
7/2022	Annual review (converted to new policy template 2/2023)
7/2023	Annual review; no changes
1/2024	Interim update and Q1 2024 code updates; update policy to align with 2024 Medicare coverage of compression garments for lymphedema
8/2024	Annual review; further updates to align with 2024 Medicare lymphedema compression treatment
9/2024	Interim update; removed duplicative frequency limits for garments used to treat lymphedema
3/2025	Interim update; add clarifying notes regarding lymphedema related to breast cancer

