


MEDICAL POLICY	Compression Bandages, Stockings, and Wraps (All Lines of Business Except Medicare)
Effective Date: 7/1/2022	Medical Policy Number: 146
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Medical Officer	Date

See Policy HCPCS CODE section below for any prior authorization requirements

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”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid 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.

DOCUMENTATION REQUIREMENTS

For 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
- 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.

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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.

POLICY CRITERIA

General Criteria

I. Qualifying wound criteria:

- A. A wound caused by, or treated by, a surgical procedure; **or**
- B. A wound that requires debridement, regardless of the debridement technique.

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 and are not covered** 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.

Gradient Compression Stockings/Wraps

- VI. A gradient compression stocking (A6531 or A6532) or a non-elastic gradient compression wrap (A6545) may be considered **medically necessary** when **one** of the following (A. or B.) criteria are met:
- A. The item is used to treat lymphedema of the arms due to mastectomy; **or**
 - B. The item meets both of the following:
 - 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).
- VII. Gradient compression stockings/wraps are considered **not medically necessary and are not covered** when criterion VI. 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; **or**
 - D. Treatment of lymphedema in the absence of ulcers or lymphedema not caused by a mastectomy.

Compression Burn Garments

- VIII. 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.
- IX. Compression burn garments are considered **not medically necessary and are not covered** when criterion VIII. above is not met.

Quantity Limits

- X. 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.

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XI. 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 and not covered**.

Non-Covered Compression Garments and Conditions

XII. The following compression items are considered **not medically necessary and are not covered** because Medicare has determined they do not meet the definition of a surgical dressing (Criterion II. above):

- A. Gradient compression stockings (A6530, A6533-A6541, A6544. HCPCS code A6549 is also non-covered unless used for post-mastectomy lymphedema of the arms)
- B. Surgical stockings (A4490, A4495, A4500, A4510)
- C. Non-elastic binders for extremities (A4465 unless used for post-mastectomy lymphedema of the arms)

XIII. Compression bandages, stockings, or wraps for treatment of the following wounds are considered **not medically necessary and are not covered** 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 GUIDELINES

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

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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.

BILLING GUIDELINES

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 CODES**All Lines of Business Except Medicare**

No Prior Authorization Required

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

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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 mmhg, each
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
Not Covered	
<u>Note:</u> A4465 and A6549 are considered not covered unless billed with ICD-10 code I97.2	
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

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A6530	Gradient compression stocking, below knee, 18-30 mmhg, 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, 40-50 mmhg, 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, 40-50 mmhg, 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, 40-50 mmhg, 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)

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.

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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.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Surgical Dressings (L33831). Revision Effective Date, 05/01/2021. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831>. Accessed 5/12/2022.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Surgical Dressings - Policy Article (A54563). Effective Date: 05/01/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54563>. Accessed 5/12/2022.