


<b>MEDICAL POLICY</b>	<b>Compression Bandages, Stockings, and Wraps (All Lines of Business Except Medicare)</b>
<b>Effective Date: 07/01/2021</b>	Medical Policy Number: 146
 7/1/2021	Medical Policy Committee Approved Date: 8/94; 5/96; 5/97; 1/98; 12/00; 2/01; 4/02; 4/03; 10/03; 8/04; 9/05; 11/05; 3/06; 5/07; 5/09; 3/10; 7/10; 10/10; 6/13; 8/14; 9/15; 5/16; 7/17; 9/18; 11/19; 04/2020; 06/2021
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 Ayn 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.

## POLICY CRITERIA

### Notes:

- In compliance with the Affordable Care Act and Women’s Health and Cancer Rights Act of 1998, compression bandages, stockings, and wraps related to mastectomy are considered medically necessary.
- The following policy criteria are based on the Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD): Surgical Dressings (L33831) and Local Coverage Article (LCA): Surgical Dressings (A54563).<sup>1,2</sup>

### **General Criteria**

Note: According to the Centers for Medicare & Medicaid Services (CMS), a surgical dressing (including compression bandages and stockings/wraps) is covered when (1) the necessity for and

definition of a qualifying wound is met and (2) the product meets the requirements to be classified as a surgical dressing. CMS utilizes the following criteria (I. and II.) to define both a qualifying wound and a qualifying surgical dressing.

- I. A qualifying wound is defined as either of the following:
  - A. A wound caused by, or treated by, a surgical procedure; **or**
  - B. A wound that requires debridement, regardless of the debridement technique.
- II. Products that are eligible to be classified as a surgical dressings include both:
  - 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; **and**
  - B. Secondary dressings – Defined as materials that serve a therapeutic or protective function and that are needed to secure a primary dressing.

**Light Compression Bandage (A6448-A6450), Moderate/High Compression Bandage (A6451, A6452), Self-Adherent Bandage (A6453-A6455), Conforming Bandage (A6442-A6447), Padding Bandage (A6441)**

- III. Light compression bandages (A6448-A6450), self-adherent bandages (A6453-A6455), and padding bandages (A6441) may be considered **medically necessary and covered** when they are used to hold wound cover dressings in place over any wound type (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 and covered** 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. General criteria I. and II. above are met (i.e., they are used as a primary or secondary dressing over a wound that meets the statutory requirements for a qualifying wound [surgically created or modified, or debrided]).
- 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 (A6531, A6532, A6545)**

- VI. A gradient compression stocking (A6531 or A6532) or a non-elastic gradient compression wrap (A6545) may be considered **medically necessary and covered** when **both** of the following (A. and B.) criteria are met:
- A. The stocking/wrap is used in the treatment of an open venous stasis ulcer; **and**
  - B. General criteria I. and II. above are met (i.e., they are used as a primary or secondary dressing over a wound that meets the statutory requirements for a qualifying wound [surgically created or modified, or debrided]).
- 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.

Note: Criterion VII.D. does not apply to compression stockings/wraps for the treatment of lymphedema of the arms due to mastectomy after breast cancer, which is considered medically necessary and covered.

**Compression Burn Garments (A6501-A6513)**

- VIII. Compression burn garments (A6501-A6513) may be considered **medically necessary and covered** 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 are 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, A6549)
- B. Surgical stockings (A4490, A4495, A4500, A4510)
- C. Non-elastic binders for extremities (A4465)

- 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.

## **BILLING GUIDELINES**

When gradient compression stocking codes A6531 and A6532 or the gradient compression wrap code A6545 are used for an open venous stasis ulcer, the code must be billed with the AW modifier (but not an A1-A9 modifier). For this policy, codes A4450, A4452, A6531, A6532, and A6545 are the only codes for which the AW modifier may be used.

When multi-layer compression bandage systems are used for the treatment of a venous stasis ulcer, each component is billed using a specific code for the component - e.g., moderate or high compression bandages (A6451, A6452), conforming bandages (A6443, A6444), self-adherent bandages (A6454), padding bandages (A6441), zinc paste impregnated bandage (A6456).

For the compression stocking codes A6531 and A6532, one unit of service is generally for one stocking. However, if a manufacturer has a product consisting of two components that are designed to be worn simultaneously on the same leg, the two components must be billed as one claim line with one unit of service – e.g., a product that consists of an unzipped liner and a zippered stocking.

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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.

Modifiers A1 – A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound and to indicate the number of wounds on which that dressing is being used. The modifier number must correspond to the number of wounds on which the dressing is being used, not the total number of wounds treated. For example, if the beneficiary has four (4) wounds but a particular dressing is only used on two (2) of them, the A2 modifier must be used with that HCPCS code. Modifiers A1-A9 are not used with codes A6531 and A6532.

If the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound, do not use modifiers A1-A9. When dressings are provided in non-covered situations (e.g., use of gauze in the cleansing of a wound or intact skin), a GY modifier must be added to the code and a brief description of the reason for non-coverage included - e.g., "A6216GY - used for wound cleansing."

The RT and/or LT modifiers must be used with codes A6531, A6532, and A6545 for gradient compression stockings and wraps. When the same code for bilateral items (left and right) is billed on the same date of service, bill both items on the same claim line using RLT modifiers and 2 units of service. Claims billed without modifiers RT and/or LT will be rejected as incorrect coding.

## **POLICY GUIDELINES**

### **Documentation Requirements**

For initial wound evaluations, the treating practitioner's medical record, nursing home, or home care nursing records must specify:

- 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.

A new order is needed if a new dressing is added or if the quantity of an existing dressing to be used is increased. A new order is required every 3 months for each dressing being used.

Information defining the number of surgical/debrided wounds being treated with a dressing, the reason for dressing use (e.g., surgical wound, debrided wound, etc.), and whether the dressing is being used as a primary or secondary dressing or for some non-covered use (e.g., wound cleansing) must be obtained from the treating practitioner, nursing home, or home care nursing records. The source of that information and date obtained must be documented in the supplier's records.

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Clinical information, which demonstrates that the reasonable and necessary requirements in the policy regarding the type and quantity of surgical dressings provided, must be present in the beneficiary's medical records. This information must be updated by the treating practitioner (or their designee) on a monthly basis. This evaluation of the beneficiary's wound(s) is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the beneficiary's need for ongoing use of dressings. Evaluation is expected on a weekly basis for beneficiaries in a nursing facility or for beneficiaries with heavily draining or infected wounds. The evaluation may be performed by a nurse, physician or other health care professional involved in the regular care of the beneficiary. This evaluation must include:

- The type of each wound (e.g., surgical wound, pressure ulcer, burn, etc.),
- Wound(s) location,
- Wound size (length x width) and depth,
- Amount of drainage, and
- Any other relevant wound status information.
- This information must be available upon request.

#### **Pressure Ulcer Staging**

The staging of pressure ulcers used in this policy 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.

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- 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.

**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

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A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated
A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated
A6531	Gradient compression stocking, below knee, 30-40 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
<b>Not Covered</b>	
<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



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A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A6530	Gradient compression stocking, below knee, 18-30 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.

## REFERENCES

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Surgical Dressings (L33831). Revision Effective Date: For services performed on or after 05/01/2021.

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<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831>.

Accessed 04/28/2021.

- 2. Centers for Medicare & Medicaid Services. Local Coverage Article: Surgical Dressings - Policy Article (A54563). Revision Effective Date: 05/01/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54563>. Accessed 04/28/2021.