MEDICAL POLICY

Compression Bandages, Stockings, and Wraps (Medicare Only)

Effective Date: 07/01/2021

Medical Policy Number: 139

Medical Policy Committee Approved Date: 04/2020; 06/2021

See Policy CPT/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:

Medicare only

MEDICARE 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 Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

<table>
<thead>
<tr>
<th>Service</th>
<th>Medicare Guidelines for All Lines of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Dressings</td>
<td>• Local Coverage Determination (LCD): <a href="#">L33831</a>, Surgical Dressings¹</td>
</tr>
<tr>
<td></td>
<td>• Local Coverage Article (LCA): <a href="#">A54563</a>, Surgical Dressings - Policy Article²</td>
</tr>
<tr>
<td></td>
<td>• LCA: <a href="#">A55426</a>, Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs³</td>
</tr>
</tbody>
</table>

BILLING GUIDELINES

The LCDs and LCAs contain specific guidance for billing and coding. See the CODING GUIDELINES section of LCA A54563, and notes in the MISCELLANEOUS section of LCD [L33831](#) for guidance. Both documents also reference the general requirements for all DME, [A55426](#).
Per LCD L54563, specific elements must be contained in the submitted records. See sections titled, POLICY SPECIFIC DOCUMENTATION REQUIREMENTS and DOCUMENTATION REQUIREMENTS within the LCD for precise guidance.

**CPT/HCPCS CODES**

<table>
<thead>
<tr>
<th>Medicare Only</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prior Authorization Required</td>
<td></td>
</tr>
<tr>
<td>A6441</td>
<td>Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard</td>
</tr>
<tr>
<td>A6442</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard</td>
</tr>
<tr>
<td>A6443</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard</td>
</tr>
<tr>
<td>A6444</td>
<td>Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard</td>
</tr>
<tr>
<td>A6445</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard</td>
</tr>
<tr>
<td>A6446</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard</td>
</tr>
<tr>
<td>A6447</td>
<td>Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard</td>
</tr>
<tr>
<td>A6448</td>
<td>Light compression bandage, elastic, knitted/woven, width less than three inches, per yard</td>
</tr>
<tr>
<td>A6449</td>
<td>Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</td>
</tr>
<tr>
<td>A6450</td>
<td>Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard</td>
</tr>
<tr>
<td>A6451</td>
<td>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</td>
</tr>
<tr>
<td>A6452</td>
<td>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</td>
</tr>
<tr>
<td>A6453</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard</td>
</tr>
<tr>
<td>A6454</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard</td>
</tr>
<tr>
<td>A6455</td>
<td>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard</td>
</tr>
<tr>
<td>A6501</td>
<td>Compression burn garment, bodysuit (head to foot), custom fabricated</td>
</tr>
<tr>
<td>A6502</td>
<td>Compression burn garment, chin strap, custom fabricated</td>
</tr>
<tr>
<td>A6503</td>
<td>Compression burn garment, facial hood, custom fabricated</td>
</tr>
<tr>
<td>MEDICAL POLICY</td>
<td>Compression Bandages, Stockings, and Wraps (Medicare Only)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A6504 Compression burn garment, glove to wrist, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6505 Compression burn garment, glove to elbow, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6506 Compression burn garment, glove to axilla, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6507 Compression burn garment, foot to knee length, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6508 Compression burn garment, foot to thigh length, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6509 Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6510 Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6511 Compression burn garment, lower trunk including leg openings (panty), custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6512 Compression burn garment, not otherwise classified</td>
<td></td>
</tr>
<tr>
<td>A6513 Compression burn mask, face and/or neck, plastic or equal, custom fabricated</td>
<td></td>
</tr>
<tr>
<td>A6531 Gradient compression stocking, below knee, 30-40 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6532 Gradient compression stocking, below knee, 40-50 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6545 Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Not Covered</strong></td>
</tr>
<tr>
<td></td>
<td>Note: A4465 and A6549 are considered not covered unless billed with ICD-10 code I97.2</td>
</tr>
<tr>
<td>A4465 Non-elastic binder for extremity</td>
<td></td>
</tr>
<tr>
<td>A4490 Surgical stockings above knee length, each</td>
<td></td>
</tr>
<tr>
<td>A4495 Surgical stockings thigh length, each</td>
<td></td>
</tr>
<tr>
<td>A4500 Surgical stockings below knee length, each</td>
<td></td>
</tr>
<tr>
<td>A4510 Surgical stockings full length, each</td>
<td></td>
</tr>
<tr>
<td>A6530 Gradient compression stocking, below knee, 18-30 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6533 Gradient compression stocking, thigh length, 18-30 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6534 Gradient compression stocking, thigh length, 30-40 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6535 Gradient compression stocking, thigh length, 40-50 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6536 Gradient compression stocking, full length/chap style, 18-30 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6537 Gradient compression stocking, full length/chap style, 30-40 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6538 Gradient compression stocking, full length/chap style, 40-50 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6539 Gradient compression stocking, waist length, 18-30 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6540 Gradient compression stocking, waist length, 30-40 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6541 Gradient compression stocking, waist length, 40-50 mmhg, each</td>
<td></td>
</tr>
<tr>
<td>A6544 Gradient compression stocking, garter belt</td>
<td></td>
</tr>
<tr>
<td>A6549 Gradient compression stocking/sleeve, not otherwise specified</td>
<td></td>
</tr>
</tbody>
</table>

**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.

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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