

<b>MEDICAL POLICY</b>	<b>Compression Bandages, Stockings, and Wraps (Medicare Only)</b>	
<b>Effective Date: 05/01/2020</b>   5/1/2020	Section: DME	Policy No: 415
	Medical Policy Committee Approved Date: 04/2020	
Medical Officer	Date	

**See Policy CPT/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:**

Medicare only

<b>MEDICARE POLICY CRITERIA</b>	
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>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.</li> <li>The following Centers for Medicare &amp; 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.</li> </ul>	
Service	Medicare Guidelines for All Lines of Business
<i>Surgical Dressings</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): <a href="#">L33831</a>, Surgical Dressings<sup>1</sup></li> <li>Local Coverage Article (LCA): <a href="#">A54563</a>, Surgical Dressings - Policy Article<sup>2</sup></li> <li>LCA: <a href="#">A55426</a>, Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs<sup>3</sup></li> </ul>

**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](#).

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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**

<b>Medicare Only</b>	
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
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

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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>	
<i>Note: A4465 and A6549 are considered not covered unless billed with ICD-10 code I97.2</i>	
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
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.

## REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Surgical Dressings (L33831). Revision Effective Date: For services performed on or after 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33831>. Accessed 02/20/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Surgical Dressings - Policy Article (A54563). Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54563>. Accessed 02/20/2020.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55426>. Accessed 02/20/2020.