

Porcine Skin and Gradient Pressure Dressings

Guideline Number: MPG253.12
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[↪ Terms and Conditions](#)

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Related Medicare Advantage Coverage Summaries

- [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#)
- [Wound Treatments](#)

Policy Summary

[↪ See Purpose](#)

Overview

Gradient pressure dressings are Jobst elasticized heavy duty dressings used to reduce hypertrophic scarring and joint contractures following burn injury. They are covered when used for that purpose.

Guidelines

Porcine (pig) skin dressings are covered, if reasonable and necessary for the individual patient as an occlusive dressing for burns, donor sites of a homograft, and decubiti and other ulcers.

A gradient compression stocking described by HCPCS codes A6531 or A6532 or a non-elastic gradient compression wrap described by HCPCS code A6545 is only covered when it is used in the treatment of an open venous stasis ulcer that meets the following qualifying wound requirements:

- A wound caused by, or treated by, a surgical procedure; or
- After debridement of the wound, regardless of the debridement technique;
- The surgical procedure or debridement must be performed by a treating practitioner or other healthcare professional.

HCPCS codes A6531, A6532, and A6545 are non-covered for the following conditions:

- Venous insufficiency without stasis ulcers;
- Prevention of stasis ulcers;
- Prevention of the reoccurrence of stasis ulcers that have healed;
- Treatment of lymphedema in the absence of ulcers.

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing, as there is no qualifying wound. Claims for these uses will be denied as non-covered, no benefit.

Lymphedema Compression Treatment Benefit

- Effective for items furnished on or after January 1, 2024, section 4133 of the Consolidated Appropriations Act (CAA), 2023, establishes a new Medicare DMEPOS benefit category for standard and custom fitted compression garments and

additional lymphedema compression treatment items for the treatment of lymphedema that are prescribed by an authorized practitioner.

- Claims for lymphedema treatment items that do not have an appropriate diagnosis for lymphedema will be denied. Claim payment can be made for lymphedema compression treatment items for more than one body part/area per member. In addition, claim payment can be made for both a daytime and nighttime garment for the same body part/area per member.

Documentation Requirements – General

There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified. In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment.

Refer to the LCD, NCD, or other CMS Manuals for more information on what documents may be required.

Refer to Article [A55426](#) Standard Documentation Requirements for All Claims Submitted to DME MACs.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
Compression Burn Garments	
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
Porcine Skin Substitutes	
A2001	InnovaMatrix AC, per sq cm
A2004	XCelliStem, 1 mg
A2008	TheraGenesis, per sq cm
Q4102	Oasis wound matrix, per sq cm
Q4103	Oasis burn matrix, per sq cm
Q4118	MatriStem micromatrix, 1 mg
Q4124	Oasis ultra tri-layer wound matrix, per sq cm
Q4135	Mediskin, per sq cm

HCPCS Code	Description
Porcine Skin Substitutes	
Q4136	E-Z Derm, per sq cm
Q4166	Cytal, per sq cm
Q4175	Miroderm, per sq cm
Q4195	PuraPly, per sq cm
Q4196	PuraPly AM, per sq cm
Q4197	PuraPly XT, per sq cm
Q4203	Derma-Gide, per sq cm
Gradient Compression Items	
A6520	Gradient compression garment, glove, padded, for nighttime use, each (Effective 01/01/2024)
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each (Effective 01/01/2024)
A6522	Gradient compression garment, arm, padded, for nighttime use, each (Effective 01/01/2024)
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each (Effective 01/01/2024)
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each (Effective 01/01/2024)
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each (Effective 01/01/2024)
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each (Effective 01/01/2024)
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each (Effective 01/01/2024)
A6528	Gradient compression garment, bra, for nighttime use, each (Effective 01/01/2024)
A6529	Gradient compression garment, bra, for nighttime use, custom, each (Effective 01/01/2024)
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each
A6535	Gradient compression stocking, thigh length, 40 mm Hg or greater, each
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each
A6538	Gradient compression stocking, full-length/chap style, 40 mm Hg or greater, each
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each
A6541	Gradient compression stocking, waist length, 40 mm Hg or greater, each
A6544	Gradient compression stocking, garter belt (Non-Covered)
A6545	Gradient compression wrap, nonelastic, 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 (Effective 01/01/2024)
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each (Effective 01/01/2024)
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each (Effective 01/01/2024)
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each (Effective 01/01/2024)
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each (Effective 01/01/2024)
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each (Effective 01/01/2024)

HCPCS Code	Description
Gradient Compression Items	
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each (Effective 01/01/2024)
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each (Effective 01/01/2024)
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each (Effective 01/01/2024)
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each (Effective 01/01/2024)
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each (Effective 01/01/2024)
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each (Effective 01/01/2024)
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each (Effective 01/01/2024)
A6565	Gradient compression gauntlet, custom, each (Effective 01/01/2024)
A6566	Gradient compression garment, neck/head, each (Effective 01/01/2024)
A6567	Gradient compression garment, neck/head, custom, each (Effective 01/01/2024)
A6568	Gradient compression garment, torso and shoulder, each (Effective 01/01/2024)
A6569	Gradient compression garment, torso/shoulder, custom, each (Effective 01/01/2024)
A6570	Gradient compression garment, genital region, each (Effective 01/01/2024)
A6571	Gradient compression garment, genital region, custom, each (Effective 01/01/2024)
A6572	Gradient compression garment, toe caps, each (Effective 01/01/2024)
A6573	Gradient compression garment, toe caps, custom, each (Effective 01/01/2024)
A6574	Gradient compression arm sleeve and glove combination, custom, each (Effective 01/01/2024)
A6575	Gradient compression arm sleeve and glove combination, each (Effective 01/01/2024)
A6576	Gradient compression arm sleeve, custom, medium weight, each (Effective 01/01/2024)
A6577	Gradient compression arm sleeve, custom, heavy weight, each (Effective 01/01/2024)
A6578	Gradient compression arm sleeve, each (Effective 01/01/2024)
A6579	Gradient compression glove, custom, medium weight, each (Effective 01/01/2024)
A6580	Gradient compression glove, custom, heavy weight, each (Effective 01/01/2024)
A6581	Gradient compression glove, each (Effective 01/01/2024)
A6582	Gradient compression gauntlet, each (Effective 01/01/2024)
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each (Effective 01/01/2024)
A6584	Gradient compression wrap with adjustable straps, not otherwise specified (Effective 01/01/2024)
A6585	Gradient pressure wrap with adjustable straps, above knee, each (Effective 01/01/2024)
A6586	Gradient pressure wrap with adjustable straps, full leg, each (Effective 01/01/2024)
A6587	Gradient pressure wrap with adjustable straps, foot, each (Effective 01/01/2024)
A6588	Gradient pressure wrap with adjustable straps, arm, each (Effective 01/01/2024)
A6589	Gradient pressure wrap with adjustable straps, bra, each (Effective 01/01/2024)
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified (Effective 01/01/2024)
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each (Effective 01/01/2024)
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each (Effective 01/01/2024)

HCPCS Code	Description
Gradient Compression Items	
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each (Effective 01/01/2024)
A6597	Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each (Effective 01/01/2024)
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each (Effective 01/01/2024)
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each (Effective 01/01/2024)
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each (Effective 01/01/2024)
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each (Effective 01/01/2024)
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each (Effective 01/01/2024)
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each (Effective 01/01/2024)
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each (Effective 01/01/2024)
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each (Effective 01/01/2024)
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each (Effective 01/01/2024)
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each (Effective 01/01/2024)
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each (Effective 01/01/2024)
A6609	Gradient compression bandaging supply, not otherwise specified (Effective 01/01/2024)
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each (Effective 01/01/2024)

Diagnosis Code	Description
For HCPCS Codes A6531, A6532, and A6545	
I83.001	Varicose veins of unspecified lower extremity with ulcer of thigh
I83.002	Varicose veins of unspecified lower extremity with ulcer of calf
I83.003	Varicose veins of unspecified lower extremity with ulcer of ankle
I83.004	Varicose veins of unspecified lower extremity with ulcer of heel and midfoot
I83.005	Varicose veins of unspecified lower extremity with ulcer other part of foot
I83.008	Varicose veins of unspecified lower extremity with ulcer other part of lower leg
I83.009	Varicose veins of unspecified lower extremity with ulcer of unspecified site
I83.011	Varicose veins of right lower extremity with ulcer of thigh
I83.012	Varicose veins of right lower extremity with ulcer of calf
I83.013	Varicose veins of right lower extremity with ulcer of ankle
I83.014	Varicose veins of right lower extremity with ulcer of heel and midfoot
I83.015	Varicose veins of right lower extremity with ulcer other part of foot
I83.018	Varicose veins of right lower extremity with ulcer other part of lower leg

Diagnosis Code	Description
For HCPCS Codes A6531, A6532, and A6545	
183.019	Varicose veins of right lower extremity with ulcer of unspecified site
183.021	Varicose veins of left lower extremity with ulcer of thigh
183.022	Varicose veins of left lower extremity with ulcer of calf
183.023	Varicose veins of left lower extremity with ulcer of ankle
183.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
183.025	Varicose veins of left lower extremity with ulcer other part of foot
183.028	Varicose veins of left lower extremity with ulcer other part of lower leg
183.029	Varicose veins of left lower extremity with ulcer of unspecified site
183.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
183.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
183.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
183.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
183.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
183.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
183.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
183.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
183.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
183.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
183.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
183.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
183.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
183.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
183.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
183.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
183.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
183.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
183.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
183.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
183.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
187.011	Postthrombotic syndrome with ulcer of right lower extremity
187.012	Postthrombotic syndrome with ulcer of left lower extremity
187.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
187.019	Postthrombotic syndrome with ulcer of unspecified lower extremity
187.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
187.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
187.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
187.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
187.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
187.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
187.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity

Diagnosis Code	Description
For HCPCS Codes A6531, A6532, and A6545	
I87.319	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
For HCPCS Codes 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 A6610	
I89.0	Lymphedema, not elsewhere classified (Effective 01/01/2024)
I97.2	Postmastectomy lymphedema syndrome (Effective 01/01/2024)
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified (Effective 01/01/2024)
Q82.0	Hereditary lymphedema (Effective 01/01/2024)

Questions and Answers

1	Q:	Are all HCPCS codes listed in this policy covered?
	A:	No, you must review the Local Coverage Determination (LCD) and/or Article for your jurisdiction for coverage of each code.

References

CMS National Coverage Determinations (NCDs)

[NCD 270.5 Porcine Skin and Gradient Pressure Dressings](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L36690 Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities	A56696 Billing and Coding: Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities	CGS	KY, OH	KY, OH

LCD	Article	Contractor	DME MAC
L33831 Surgical Dressings	A54563 Surgical Dressings - Policy Article	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV
		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX, VA, VI, WI, WV

LCD	Article	Contractor	DME MAC
L33831 Surgical Dressings		Noridian	AK, AS, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, ME, MO, MP, MT, ND, NE, NH, NJ, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY

CMS Benefit Policy Manual

[Chapter 7: § 40.1.2.8 Wound Care](#)

[Chapter 15: § 100 Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations](#)

CMS Claims Processing Manual

[Chapter 4: §50.8 Annual Updates to the OPPTS Pricer for Calendar Year \(CY\) 2007 and Later](#)

[Chapter 20: §181 Lymphedema Compression Treatment Benefit](#)

CMS Transmittal(s)

[Transmittal 11305, Change Request 12666, Dated 03/24/2022 \(April 2022 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

[Transmittal 12471, Change Request 13286, Dated 01/24/2024 \(Implementation of New Benefit Category for Lymphedema Compression Treatment Items\)](#)

MLN Matters

[Article MM12666, April 2022 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

[Article MM13286, Lymphedema Compression Treatment Items: Implementation](#)

Others

[CMS Final Rule CMS - 1780 - F](#)

[Lymphedema Compression Treatment Items – Correct Coding and Billing, CGS Website](#)

[Lymphedema Compression Treatment Items - Correct Coding and Billing, Noridian Website](#)

[Lymphedema Compression Treatment Items, CMS Website](#)

[Lymphedema Compression Treatment, Noridian Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2024	<p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> Updated reference link to reflect title change for <i>Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid</i>
02/14/2024	<p>Title Change</p> <ul style="list-style-type: none"> Previously titled <i>Porcine Skin and Gradient Pressure Dressings (NCD 270.5)</i> <p>Policy Summary</p> <p>Guidelines</p> <ul style="list-style-type: none"> Added language pertaining to the lymphedema compression treatment benefit to indicate: <ul style="list-style-type: none"> Effective for items furnished on or after Jan. 1, 2024, <i>Section 4133 of the Consolidated Appropriations Act (CAA), 2023</i>, establishes a new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) benefit category for standard and custom fitted compression garments and additional lymphedema compression treatment items for the treatment of lymphedema that are prescribed by an authorized practitioner Claims for lymphedema treatment items that do not have an appropriate diagnosis for lymphedema will be denied

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Claim payment can be made for lymphedema compression treatment items for more than one body part/area per member; in addition, claim payment can be made for both a daytime and nighttime garment for the same body part/area per member ● Removed language indicating gradient compression stockings (HCPCS codes A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, and A6549) are non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing <p>Applicable Codes</p> <p>HCPCS Codes</p> <p>Gradient Compression Items</p> <ul style="list-style-type: none"> ● Added A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, 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 A6610 ● Updated description for A6531, A6532, A6535, A6538, A6541, A6545, and A6549 ● Removed notation indicating A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, and A6549 are “non-covered” <p>Diagnosis Codes</p> <p>For HCPCS Codes 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 A6610</p> <ul style="list-style-type: none"> ● Added list of applicable codes: I89.0, I97.2, I97.89, and Q82.0 <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version MPG253.11

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section above to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).