

Porcine Skin and Gradient Pressure Dressings (NCD 270.5)

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[Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
Questions and Answers	5
References	5
Guideline History/Revision Information	6
Purpose	6
Terms and Conditions	6

Related Medicare Advantage Coverage Summaries

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

Policy Summary

[See Purpose](#)

Overview

Gradient pressure dressings are Jobst elasticized heavy duty dressings for joint contractures following burn injury and used to reduce hypertrophic scarring. 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, decubiti and other ulcers, and donor sites of a homograft.

A gradient compression stocking described by codes A6531 or A6532 or a non-elastic gradient compression wrap described by 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 treated by, a surgical procedure or debridement.
- The surgical procedure or debridement must be performed by a treating practitioner or other healthcare professional.

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.

Gradient compression stockings (A6530, A6533-A6544, A6549) are non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing.

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.

See 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.

Coding Clarifications:

- Local Coverage Determinations (LCDs) and/or Articles vary in coverage per jurisdiction.
- For diagnosis codes, see related Local Coverage Determinations.

HCPCS Code	Description
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
Q4102	Oasis wound matrix, per square centimeter
Q4103	Oasis burn matrix, per sq cm
Q4118	MatriStem micromatrix, 1 mg
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter
Q4130	Strattice TM, per sq cm
Q4135	Mediskin, per sq cm
Q4136	E-Z Derm, per sq cm
Q4142	XCM biologic tissue matrix, per sq cm
Q4166	Cytal, per square centimeter
Q4175	Mioderm, 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

HCPSC Code	Description
Gradient Compression Stockings	
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each (Non-Covered)
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each (Non-Covered)
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each (Non-Covered)
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each (Non-Covered)
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each (Non-Covered)
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each (Non-Covered)
A6538	Gradient compression stocking, full-length/chap style, 40-50 mm Hg, each (Non-Covered)
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each (Non-Covered)
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each (Non-Covered)
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each (Non-Covered)
A6544	Gradient compression stocking, garter belt (Non-Covered)
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, each
A6549	Gradient compression stocking/sleeve, not otherwise specified (Non-Covered)

Modifier	Description
JC	Skin substitute used as a graft
JD	Skin substitute not used as a graft

Diagnosis Code	Description
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
I83.019	Varicose veins of right lower extremity with ulcer of unspecified site
I83.021	Varicose veins of left lower extremity with ulcer of thigh
I83.022	Varicose veins of left lower extremity with ulcer of calf
I83.023	Varicose veins of left lower extremity with ulcer of ankle
I83.024	Varicose veins of left lower extremity with ulcer of heel and midfoot
I83.025	Varicose veins of left lower extremity with ulcer other part of foot
I83.028	Varicose veins of left lower extremity with ulcer other part of lower leg
I83.029	Varicose veins of left lower extremity with ulcer of unspecified site

Diagnosis Code	Description
I83.201	Varicose veins of unspecified lower extremity with both ulcer of thigh and inflammation
I83.202	Varicose veins of unspecified lower extremity with both ulcer of calf and inflammation
I83.203	Varicose veins of unspecified lower extremity with both ulcer of ankle and inflammation
I83.204	Varicose veins of unspecified lower extremity with both ulcer of heel and midfoot and inflammation
I83.205	Varicose veins of unspecified lower extremity with both ulcer other part of foot and inflammation
I83.208	Varicose veins of unspecified lower extremity with both ulcer of other part of lower extremity and inflammation
I83.209	Varicose veins of unspecified lower extremity with both ulcer of unspecified site and inflammation
I83.211	Varicose veins of right lower extremity with both ulcer of thigh and inflammation
I83.212	Varicose veins of right lower extremity with both ulcer of calf and inflammation
I83.213	Varicose veins of right lower extremity with both ulcer of ankle and inflammation
I83.214	Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation
I83.215	Varicose veins of right lower extremity with both ulcer other part of foot and inflammation
I83.218	Varicose veins of right lower extremity with both ulcer of other part of lower extremity and inflammation
I83.219	Varicose veins of right lower extremity with both ulcer of unspecified site and inflammation
I83.221	Varicose veins of left lower extremity with both ulcer of thigh and inflammation
I83.222	Varicose veins of left lower extremity with both ulcer of calf and inflammation
I83.223	Varicose veins of left lower extremity with both ulcer of ankle and inflammation
I83.224	Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation
I83.225	Varicose veins of left lower extremity with both ulcer other part of foot and inflammation
I83.228	Varicose veins of left lower extremity with both ulcer of other part of lower extremity and inflammation
I83.229	Varicose veins of left lower extremity with both ulcer of unspecified site and inflammation
I87.011	Postthrombotic syndrome with ulcer of right lower extremity
I87.012	Postthrombotic syndrome with ulcer of left lower extremity
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.019	Postthrombotic syndrome with ulcer of unspecified lower extremity
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
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

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 CGS	A56696 Billing and Coding: Wound Application of Cellular and/or Tissue Based Products (CTPs), Lower Extremities CGS	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, GA, LA, MI, MN, OH, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV
		Noridian	AK, AL, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, MI, MN, ND, NE, NH, NJ, NMI, NV, NY, OR, PA, RI, SD, UT, VT, WA, WY
N/A	A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs	CGS	AL, AR, CO, FL, GA, IL, IN, KY, GA, LA, MI, MN, OH, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV
		Noridian	AK, AL, AZ, CA, CT, DC, DE, GU, HI, IA, ID, KS, MA, MD, MI, MN, ND, NE, NH, NJ, NMI, 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 Transmittal(s)

[Transmittal 2418, Change Request 7748, Dated 03/02/2012 \(April 2012 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)\)](#)

[Transmittal 3674, Change Request 9892, Dated 12/09/2016 \(January 2017 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 18.0\)](#)

Other(s)

[Program Memorandum, Dated 07/18/2003, \(October Quarterly Update for 2003 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\) Fee Schedule\)](#)

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
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
02/10/2021	Policy Summary <i>Documentation Requirements – General</i> <ul style="list-style-type: none">Added language to indicate:<ul style="list-style-type: none">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<ul style="list-style-type: none">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 paymentRefer to the Local Coverage Determination (LCD), National Coverage Determination (NCD) or other CMS Manuals for more information on what documents may be requiredSee the Local Coverage Article (LCA) titled <i>Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)</i> Applicable Codes <ul style="list-style-type: none">Removed HCPCS code Q4172 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG253.06

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 below 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](#).