

Local Coverage Article: Billing and Coding: HIGH COMPRESSION Bandage System Clarification (A53287)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A53287

Original Effective Date

10/01/2015

Article Title

Billing and Coding: HIGH COMPRESSION Bandage System Clarification

Revision Effective Date

04/29/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

Multi-layered, sustained, graduated, HIGH COMPRESSION bandage systems are used primarily to treat lymphedema and venous or stasis leg ulcers. A number of graduated, high-compression bandage systems products have been developed, including Profore®, Dyna-Flex®, Surepress®, Setopress®, and other similar product systems.

Providers should note that the treatment of lymphedema with the application of HIGH COMPRESSION bandage systems continues to be non-covered by Medicare. However, a brief period, i.e. three or fewer sessions if no new specific issues are identified, of patient and/or caregiver education for home management of lymphedema with compression wrap applications may be medically necessary and reimbursable. Medical necessity for the education must be clearly indicated in the patient's record and must meet the code descriptor requirements for CPT 97535, supporting home management training.

Following review of the current literature, the practices of our providers, and the January 2012 implementation of the specific CPT codes describing the application of multi-layered compression bandage systems, Noridian will cover and separately reimburse the costs of the following procedures for non-lymphedema applications that meet Medicare coverage requirements:

- 29581 - Application of multi-layer compression system; leg (below knee), including ankle and foot
- 29584 - upper arm, forearm, hand, and fingers

Notes:

- 97140 - Should not be reported for any type of manual therapy provided during the same patient encounter in the same anatomic region where a multi-layer compression system is applied.
- 97597 - Should not be reported with casting/splinting/strapping (29580 or 29581) for the same anatomic area.

Resource:

- National Correct Coding Initiative (NCCI) Policy Manual Hospital APC Version 19.2, Chapter IV, Part F, Sections 3 and 15

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
29580	STRAPPING; UNNA BOOT
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE AND FOOT
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FINGERS
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS, BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; FIRST 20 SQ CM OR LESS

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service.

Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
04/29/2020	R3	Converted to billing and Coding article and added 29580, 29581, 29584, 97140, 97535 and 97597 to the CPT/HCPCS Codes section. No change in coverage was made.
01/01/2018	R2	Effective 01/01/2018 deleted the following CPT codes from the article text and Group 1. <ul style="list-style-type: none">• 29582• 29583
12/29/2016	R1	This article is revised to combine JE Part A (JEA) Local Coverage article A53285 into the JE Part B (JEB) article A53287 so that both JEA and JEB contract numbers will have the same final MCD article number as JEB effective 12/29/16.

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/13/2021 with effective dates 04/29/2020 - N/A

Updated on 05/02/2018 with effective dates 01/01/2018 - N/A

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Keywords

- High
- Compression
- Bandage
- 29581
- 29584