n05719

Pneumatic Compression Devices

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

The purpose of this policy is to provide guidance for Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS/NH TPA) utilization management team in rendering medical necessity decisions related to the use of compression devices.

Policy Detail:

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Policy to determine eligibility and coverage because employer group and government contracts may vary. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services LLC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

I. Description
   - A. Pneumatic compression devices are considered medically necessary for two conditions: Chronic Intractable Lymphedema of the lower extremities and Chronic Venous insufficiency **with** venous stasis ulcers of the lower extremities.

II. Definitions
   - A. Chronic Intractable lymphedema is swelling of the lower extremities that has not responded to conservative trial of medical management
     1. Primary Lymphedema is the result of a defect within the lymphatic system causing the excess fluid to be retained.
     2. Secondary Lymphedema is the result of an obstruction or interruption within the lymphatic system causing the excess fluid to be retained.
   - B. Venous Insufficiency with venous stasis ulcers of the lower extremities are open wounds on the lower leg related to poor circulation.
   - C. Four (4)-week trial of clinical treatment includes all of the following:
     1. Daily compliant use of a compression bandage or garment that provides adequate graduated compression
        - a. Adequate compression
          - i. Pressure at the lowest pressure point that allows fluid to

move
ii. Pressure from highest to lowest pressure point that allows fluid to move from distal to proximal.
iii. It can be custom or prefabricated but must start with a minimum of 30mmHG distally
2. Regular exercise
3. Elevation of the limb

D. Six (6)-month trial of clinical treatment for Chronic venous insufficiency includes all of the following:
1. Daily compliant use of a compression bandage or garment that provides adequate graduated compression
a. Adequate compression
i. Pressure at the lowest pressure point that allows fluid to move
ii. Pressure from highest to lowest pressure point that allows fluid to move from distal to proximal.
iii. It can be custom or prefabricated but must start with a minimum of 30mmHG distally
2. Medications as appropriate (diuretics and other treatments for congestive heart failure)
3. Regular exercise
4. Elevation of the limb
5. Wound care for the ulcer (including sharp debridement when applicable)

III. Medical Indications

A. A segmented or non-segmented (without calibrated gradient pressure) (E0650 or E0651) pneumatic compression device is covered for **Lymphedema** (Primary or Secondary) when all of the following are met:
1. There is a diagnosis of chronic intractable lymphedema as defined above
2. There is a persistence of chronic and severe lymphedema as identified by documentation of clinical findings:
a. Marked hyperkeratosis with hyperplasia and hyperpigmentation
b. Papillomatosis cutis lymphostatica
c. Deformity such as elephantiasis
d. Skin breakdown with persisting lymphorrhea
e. Detailed measurements over time confirming the persistence of lymphedema with a history of cause
3. In addition to documentation of severity, documentation must show a four (4)-week trial of clinical treatment in which the lymphedema remained unresponsive.

B. A Segmented or non-segmented (without calibrated gradient pressure) (E0650 or E0651) pneumatic compression device is covered for **Chronic venous insufficiency venous stasis ulcers** when all of the following is documented:
1. Edema of the affected lower extremity
2. One or more venous stasis ulcers
3. The ulcers have failed to heal after a Six (6)-month trial of conservative treatment directed by the treating provider.

C. A multicompartmental (segmented) pneumatic compression pump WITH gradient pressure (E0652) can be covered when ALL of the following are met:
1. The member has a history of chronic intractable lymphedema of the

lower extremities; **AND**

2. The member has had a Four (4)-week trial of a unicompartmental or multicompartmental pump without gradient pressure (E0650 and E0651); **AND**
3. It has been determined that there has been no improvement or symptoms remain; **AND**
4. Clinical documentation of compliance with the use of the unicompartmental or multicompartmental pump without gradient pressure; **AND**
5. There is documentation indicating that there is lymphedema extending to the chest, trunk, or abdomen.

IV. Limitations/Exclusions:

A. Lymphedema that does not meet the above definition
B. Edema not related to lymphedema
C. A Pneumatic compressor segmental home model with calibrated gradient pressure (E0652) is **not covered** for the treatment of lymphedema of the **extremities alone** even if the above criteria are met.
D. If there has been improvement of the lymphedema following the Four (4)-week trial of clinical treatment
E. If there has been improvement of the chronic venous insufficiency and wounds following the six (6)-month trial
F. Chronic venous insufficiency that does not meet all the above criteria
G. The treatment of ulcers other than on the lower extremities or ulcers that are not venous in nature
H. A Pneumatic compressor segmental home model with calibrated gradient pressure (E0652) is **not covered** for the treatment of chronic venous insufficiency with venous ulcers of the **extremities alone** even if the above criteria are met.
I. A segmental home model with calibrated gradient pressure is only covered in unique cases which prevent the member from receiving adequate pneumatic compression treatment from a nonsegmental device along with a segmented appliance or a compression device without manual control of the pressure in each chamber.
J. A pneumatic compressor segmental home model with calibrated gradient pressure (E0652) used to treat lymphedema extending to the trunk, chest or abdomen that does not meet all of the above criteria will not be covered.
K. Billing any of the listed in the table below for a heat/cold compression device (ex: Thermocomp/Game Ready) would be considered not medically necessary.
L. Pneumatic compression devices are not covered for the prevention of deep vein thrombosis as they are considered not medically necessary as they are used as a preventative service.
M. Pneumatic compression devices for treatment of peripheral artery disease are not covered as they are not reasonable and necessary.
N. Head and neck appliances will be individually reviewed by the medical director.
O. Network Health follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership, when available.

V. References

A. American Venous Forum. Management of venous leg ulcers: clinical practice guidelines of the Society for Vascular Surgery and the American Venous Forum. https://www.veinforum.org. Published August 2014.

B. National Coverage Determination (NCD): Pneumatic Compression Devices 280.6

C. MCG, Ambulatory Care 29th Edition, Intermittent Pneumatic Compression with extremity pump, ACG: A-0340(AC)

Regulatory Citations:

UM2

Related Documents:

CPT Codes: *

(This may not be all-inclusive list)

E0650	Pneumatic compressor, nonsegmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm

E0673	Segmental gradient pressure pneumatic appliance, half leg
	*CPT codes are subject to change as codes are retired or new ones developed

Codes that are non-covered:

E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0679	Nonpneumatic sequential compression garment, half leg
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure
E0681	Nonpneumatic compression controller without calibrated gradient pressure
E0682	Nonpneumatic sequential compression garment, full arm
	*CPT codes are subject to change as codes are retired or new ones developed, this list may not be all inclusive

Disclaimer:

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e., Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at www.cms.gov.

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only. Network Health's medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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02/20/2025-annual review, updated HCPCS codes, grammar, and references. NH TPA added as a LOB. Approved via consent at UM committee.