

Meeting: Utilization Management Committee	Date: 2/20/2025
Title/Topic: Medical Policy – Pneumatic Compression Devices	Policy Number: n05719
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 2/20/2025

INTRODUCTION:

Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.

Pneumatic compression devices are devices that are used to treat both lymphedema (swelling) and venous status ulcers (wounds on your legs) with the use of forced air into a sleeve or garment. The device can be programmed to provide different levels of compression or pressure to each area of the body.

This medical policy provides guidance for the Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of Pneumatic compression devices.

ACTION RECOMMENDED:

States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.

Annual review has been conducted and the Pneumatic Compression Device medical policy is presented for review and approval with changes as written.

There have been no changes to the content or utilization guidance of this policy. Change made include updating references, grammatical updates, and changes to HCPCS that have been retired.

ANALYSIS/JUSTIFICATION:

Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.

The Centers for Medicare and Medicaid (CMS) has guidance. National Coverage Determination (NCD) 280.6 Pneumatic Compression Devices and Local Coverage Determination (LCD) L33829 Pneumatic Compression Devices.

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

REFERENCES:

Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.

- 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.
- Local Coverage Determination (LCD): Pneumatic Compression Devices (L33829)
- MCG, Ambulatory Care 29th Edition, Intermittent Pneumatic Compression with extremity pump, ACG: A-0340(AC)
- National Coverage Determination (NCD): Pneumatic Compression Devices 280.6

REVISION REASON:

Includes the date changes or updates were made and summary of changes applied.

02/20/2025 Annual Review, Changes made include updating references, grammatical updates, added NH TPA as a covered LOB.

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.