

## LCD for Pneumatic Compression Devices (L11503)

### Contractor Information

**Contractor Name**

[NHIC](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

### LCD Information

**LCD ID Number**

L11503

**LCD Title**

Pneumatic Compression Devices

**Contractor's Determination Number**

PCD

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**CMS National Coverage Policy**

CMS Pub. 100-3, (Medicare National Coverage Determinations Manual), Chapter 1, Section 280.6

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

**Oversight Region**

Region III

**DME Region LCD Covers**

Jurisdiction A

**Original Determination Effective Date**

For services performed on or after 10/01/1993

**Original Determination Ending Date****Revision Effective Date**

For services performed on or after 01/01/2009

**Revision Ending Date****Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Pneumatic compression devices are only covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers. If the coverage criteria below are not met the devices will be denied as not medically necessary.

**LYMPHEDEMA:**

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The accumulation of lymph fluid results from impairment to the normal clearing function of the lymphatic system and/or from an excessive production of lymph. Lymphedema is divided into two broad classes according to etiology. Primary lymphedema is a relatively uncommon, chronic condition which may be due to such causes as Milroy's Disease or congenital anomalies. Secondary lymphedema, which is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as radical surgical procedures with removal of regional groups of lymph nodes (for example, after radical mastectomy), post-radiation fibrosis, and spread of malignant tumors to regional lymph nodes with lymphatic obstruction, among other causes.

Pneumatic compression devices are covered in the home setting for the treatment of lymphedema if

the patient has undergone a four-week trial of conservative therapy and the treating physician determines that there has been no significant improvement or if significant symptoms remain after the trial. The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression.

#### CHRONIC VENOUS INSUFFICIENCY WITH VENOUS STASIS ULCERS:

Chronic venous insufficiency (CVI) of the lower extremities is a condition caused by abnormalities of the venous wall and valves, leading to obstruction or reflux of blood flow in the veins. Signs of CVI include hyperpigmentation, stasis dermatitis, chronic edema, and venous ulcers.

Pneumatic compression devices are covered in the home setting for the treatment of CVI of the lower extremities only if the patient has one or more venous stasis ulcer(s) which have failed to heal after a six month trial of conservative therapy directed by the treating physician. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb.

#### GENERAL COVERAGE CRITERIA:

For either lymphedema or CVI with venous stasis ulcers, pneumatic compression devices are covered only when prescribed by a physician and when they are used with appropriate physician oversight, i.e., physician evaluation of the patient's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

The determination by the physician of the medical necessity of a pneumatic compression device must include (1) the patient's diagnosis and prognosis; (2) symptoms and objective findings, including measurements which establish the severity of the condition; (3) the reason the device is required, including the treatments which have been tried and failed; and (4) the clinical response to an initial treatment with the device. The clinical response includes the change in pre-treatment measurements, ability to tolerate the treatment session and parameters, and ability of the patient (or caregiver) to apply the device for continued use in the home.

When a pneumatic compression device is covered, a non-segmented device (E0650) or segmented device without manual control of the pressure in each chamber (E0651) is generally sufficient to meet the clinical needs of the patient. A non-segmented compressor (E0650) with a segmented appliance/sleeve (E0671- E0673) is considered functionally equivalent to an E0651 compressor with a segmented appliance/sleeve (E0667-E0669). When a segmented device with manual control of the pressure in each chamber (E0652) is ordered and provided, payment will be based on the allowance for the least costly medically appropriate alternative, E0651, unless there is clear documentation of medical necessity in the individual case. Full payment for code E0652 will be made only when there is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segmented device (E0650) with a segmented appliance/sleeve (E0671- E0673) or a segmented device without manual control of the pressure in each chamber (E0651).

Appliances used for pneumatic compression of the chest or trunk (E0656 and E0657) will be denied as not medically necessary.

#### **Coverage Topic**

Durable Medical Equipment  
Lymphedema Pumps

## Coding Information

### CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIER:

EY - No physician or other health care provider order for this item or service

E0650 PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL

E0651 PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE

E0652 PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE

E0655 NON-SEGMENTAL 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 NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG

E0665 NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM

E0666 NON-SEGMENTAL 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

### ICD-9 Codes that Support Medical Necessity

Not specified.

### Diagnoses that Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

### ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

### Diagnoses that DO NOT Support Medical Necessity

Not specified.

## General Information

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A Certificate of Medical Necessity (CMN) which has been completed, signed, and dated by the treating physician must be kept on file by the supplier and made available upon request. The CMN may act as a substitute for a written order if it contains all of the required elements of an order. The CMN for pneumatic compression pumps is CMS Form 846 (DME form 04.04B). The initial claim must include an electronic copy of the CMN.

If question #1 on the CMN ("Does the patient have chronic venous insufficiency with venous stasis ulcers?") is answered "Yes", documentation reflecting all of the following must be in the patient's medical record and made available upon request:

- 1) the location of venous stasis ulcer(s),
- 2) how long each ulcer has been continuously present,
- 3) previous treatment with a compression bandage system or compression garment, appropriate dressings for the ulcer(s), exercise and limb elevation for at least the past 6 months,
- 4) evidence of regular physician visits for treatment of venous stasis ulcer(s) during the past 6 months.

If E0652 is billed, the following additional documentation supporting the medical necessity for this device must be substantiated by information in the patient's medical records and available upon request:

- 1) the treatment plan including the pressure in each chamber, and the frequency and duration of each treatment episode,
- 2) whether a segmented compressor without calibrated gradient pressure (E0651) or a non-segmented compressor (E0650) with a segmented appliance (E0671-E0673) had been tried and the results,
- 3) why the features of the device that was provided are needed for this patient,
- 4) the name, model number, and manufacturer of the device.

Questions pertaining to medical necessity on any form used to gather the above information may not be completed by the supplier or anyone in a financial relationship with the supplier. The information on the form must be supported by documentation in the patient's medical record and made available upon request.

Refer to the Supplier Manual for more information on documentation requirements.

## **Appendices**

### **Utilization Guidelines**

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### **Sources of Information and Basis for Decision**

### **Advisory Committee Meeting Notes**

### **Start Date of Comment Period**

04/16/1993

### **End Date of Comment Period**

05/31/1993

### **Start Date of Notice Period**

08/01/1993

### **Revision History Number**

PCD006

### **Revision History Explanation**

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Statement regarding appliances for the chest and trunk.

HPCS CODES AND MODIFIERS:

Added: E0656 and E0657

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11503 from DME PSC TriCenturion (77011) LCD L11503.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

DOCUMENTATION REQUIREMENTS:

Added revised CMN form changes and information.

LCD ATTACHMENTS:

Removed previous CMN

Added new CMN

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

LMRP converted to LCD and Policy Article

DOCUMENTATIONS REQUIREMENTS:

Removed requirement of extra documentation to be sent in with claim if E0652 and/or question #3 or #4 of the CMN is answered yes.

Revised effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added EY modifier to HCPCS Modifier array.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added standard language concerning coverage of items without an order.

DOCUMENTATION:

Added EY verbiage

OTHER COMMENTS:

Moved definitions of lymphedema and CVI here.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

04/01/2002 - Based on a CMS National Coverage Decision, the distinction between lymphedema and chronic venous insufficiency and the respective coverage and payment rules for use of these devices for either condition is further clarified.

03/01/1998 – Removed HCPCS code E0670 and removed language for that code in Coding Guidelines section.

10/01/1995 – Revised descriptions for HCPCS codes and added codes E0669-E0673. Revised to clarify (1) that nonsegmented and segmented pump with manual control of pressure in each chamber is considered the least costly alternative that meets the clinical needs of the individual for this type of durable medical equipment (HCPCS codes E0650 and E0651), unless there is documentation that warrants payment of the more costly manual control pump (HCPCS code E0652); (2) the documentation needed for determination of the type of pump to be used for the treatment of lymphedema; and (3) which pneumatic compression pump is appropriate for chronic venous insufficiency.

## **Reason for Change**

## **Last Reviewed On Date**

## **Related Documents**

### **Article(s)**

[A37216 - Pneumatic Compression Devices - Policy Article - Effective January 2009](#)

## **LCD Attachments**

[PCD CMN CMS-846](#) (41,619 bytes)

**Article for Pneumatic Compression Devices - Policy Article - Effective January 2009  
(A37216)**

**Contractor Information**

**Contractor Name**

[NHIC](#)

**Contractor Number**

16003

**Contractor Type**

DME MAC

**Article Information**

**Article ID Number**

A37216

**Article Type**

Article

**Key Article**

Yes

**Article Title**

Pneumatic Compression Devices - Policy Article - Effective January 2009

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

**DME Region Article Covers**

Jurisdiction A

**Original Article Effective Date**

01/01/2006

**Article Revision Effective Date**

01/01/2009

**Article Text****CODING GUIDELINES**

Pneumatic compression devices consist of an inflatable garment for the arm or leg and an electrical pneumatic pump that fills the garment with compressed air. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices.

A non-segmented pneumatic compressor (E0650) is a device which has a single outflow port on the compressor. The fact that the air from the single tube may be transmitted to a sleeve/appliance with multiple compartments or segments (E0671-E0673) does not affect the coding of the compressor.

A segmented pneumatic compressor (E0651, E0652) is a device which has multiple outflow ports on the compressor which lead to distinct segments on the appliance which inflate sequentially. A segmented device without calibrated gradient pressure (E0651) is one in which either (a) the same pressure is present in each segment or (b) there is a predetermined pressure gradient in successive segments but no ability to individually set or adjust pressures in each of several segments. In an E0651 device the pressure is usually set by a single control on the distal segment. A segmented device with calibrated gradient pressure (E0652) is characterized by a manual control on at least three outflow ports which can deliver an individually determined pressure to each segmental unit. The fact that the tubing and/or appliance are capable of achieving a pressure gradient does not classify the compressor as E0652 because this is not a calibrated gradient pressure.

Segmental gradient pressure pneumatic appliances (E0671-E0673) are appliances/sleeves which are used with a non-segmented pneumatic compressor (E0650) but which achieve a pressure gradient through the design of the tubing and/or air chambers.

A non-segmented pneumatic compressor (E0650) is used with appliances/sleeves coded by E0655-E0666 or E0671-E0673. Segmented pneumatic compressors (E0651 or E0652) are used with appliances/sleeves coded by E0667-E0669.

When a foot or hand segment is used in conjunction with a leg or arm appliance respectively, there should be no separate bill for this segment. It is considered included in the code for the leg or arm appliance.

The only products that may be billed to the DME MACs using codes E0650, E0651 and E0652 are those for which a Coding Verification Review has been made by the Pricing, Data Analysis and Coding (PDAC) contractor and subsequently published on the appropriate Product Classification List. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Review can be found on the PDAC web site or by contacting the PDAC.

Suppliers should contact the PDAC on the correct coding for these items.

**Coverage Topic**

Durable Medical Equipment

**Coding Information**

**No Coding Information has been entered in this section of the article.**

## Other Information

### Other Comments

3/1/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A37216 from DME PSC TriCenturion (77011) Article A37216.

### Revision History Explanation

Revision Effective Date: 01/01/2009

CODING GUIDELINES:

Changed: References from SADMERC to PDAC.

References from DMERC to DME MAC.

03/01/2008- In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A37216 from DME PSC TriCenturion (77011) Article A37216.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

LMRP converted to LCD and Policy Article

CODING GUIDELINES:

Added requirement for Coding Verification Review by SADMERC for codes E0650, E0651 and E0652.

### Related Documents

#### LCD(s)

[L11503 - Pneumatic Compression Devices](#)