

Indications

Pneumatic compression devices are only covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers. For either lymphedema or chronic venous insufficiency 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 that 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.

For patients with lymphedema, 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-made but must provide adequate graduated compression.

For patients with chronic venous insufficiency with venous stasis ulcers, pneumatic compression devices are covered in the home setting for the treatment of chronic venous insufficiency of the lower extremities only if the patient has one or more venous stasis ulcers that 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.

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.

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 necessity in the individual case. Full payment for code E0652 will only be made 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.

*****DOCUMENT REQUIREMENTS*****

A "Standard" written order is required prior to submitting the claim. In addition to a "Standard" order, First Choice Medical must have a Certificate of Medical Necessity (CMN) CMS form 846 (DME form 04.04B signed by the treating physician. The CMN may act as a substitute for a written order if it contains all of the required elements of an order. 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:

- the location of venous stasis ulcer(s),
- how long each ulcer has been continuously present,
- whether the patient has been treated with regular compression bandaging for the past 6 months, and
- 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.

If E0652 is billed, additional documentation supporting the medical necessity for this device should include a signed and dated statement from the ordering physician indicating:

- The treatment plan including the pressure in each chamber and the frequency and duration of each treatment episode,
- 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,
- Why the features of the system that was provided are needed for this patient, and
- The name, model number, and manufacturer of the device.