

## Pneumatic Compression Devices

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member’s benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

### DESCRIPTION

“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.” They are used for the “treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers.” (National Coverage Determination 280.6)

### MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals\*      None

<b>National Coverage Determinations (NCDs)*</b>	<i>Pneumatic Compression Devices</i>	<a href="#">NCD 280.6</a>
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*</b>	<i>Pneumatic Compression Devices</i>	<a href="#">LCD L33829</a>
	<i>Pneumatic Compression Devices - Policy Article</i>	<a href="#">A52488</a>

\*\*Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Diagnosis or indication being treated (i.e., lymphedema, chronic venous insufficiency with venous stasis ulcers, peripheral artery disease, deep vein thrombosis, etc.) and the prognosis (include all symptoms, measurements, severity, etc.);
- Documentation of any conservative therapy trials (the trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb);
- Type of pneumatic compression device.

## CROSS REFERENCES

[Surgical Treatments for Lymphedema and Lipedema](#), Surgery, Policy No. M-220

## REFERENCES

None

## CODING

<b>Codes</b>	<b>Number</b>	<b>Description</b>
<b>CPT</b>	None	
<b>HCPCS</b>	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

<b>Codes</b>	<b>Number</b>	<b>Description</b>
	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
	E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
	E0671	Segmental gradient pressure pneumatic appliance, full leg
	E0672	Segmental gradient pressure pneumatic appliance, full arm
	E0673	Segmental gradient pressure pneumatic appliance, half leg
	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

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.