

## Pneumatic Compression Devices

Published: 06/01/2019

Next Review: 04/2020

Last Review: 04/2019

Medicare Link(s) Revised: 06/01/2019

### 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.

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 the Centers of Medicare and Medicaid Services (CMS) policies, when available. 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 CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and 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.

## 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

<b>CMS Coverage Manuals*</b>	None
<b>National Coverage Determinations (NCDs)*</b>	For <b>general coverage criteria</b> : ✓ Pneumatic Compression Devices ( <a href="#">280.6</a> )
<b>Noridian Healthcare Solutions (Noridian) Local</b>	For <b>additional coverage criteria for E0650-E0652, as well as non-coverage of HCPCS code E0675</b> :

**Coverage Determinations (LCDs) and Articles (LCAs)\***

✓ Pneumatic Compression Devices ([L33829](#))

For **non-coverage of HCPCS code E0676:**

✓ Pneumatic Compression Devices - Policy Article ([A52488](#))

\*\*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**

None

**REFERENCES**

1. Noridian LCA Pneumatic Compression Devices - Policy Article ([A52488](#)) (Scroll to the “All Versions” section at the bottom of the LCA to access prior versions)

**CODING**

Codes	Number	Description
CPT	None	
HCPCS	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

<b>Codes</b>	<b>Number</b>	<b>Description</b>
	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
	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.