Pneumatic Compression Devices (NCD 280.6)

Policy Number	280.6	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	04/23/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its

electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated.

Summary

Overview

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.

Reimbursement Guidelines

Pneumatic devices are covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers.

A. 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 surgical removal of lymph nodes or post radiation fibrosis, 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.

B. 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 6 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.

C. General Coverage Criteria

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

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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.

The only time that a segmented, calibrated gradient pneumatic compression device (HCPCS code E0652) would be covered is when the individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a non-segmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

CPT / HCPCS Codes

Code	Description
A4600	Sleeve for intermittent limb compression device, replacement only, each (Statutorily Non-covered; see DME Coverage Summary for details)
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 (Used with E0650) (See LCD grid - denied as not reasonable/necessary)
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk (Used with E0650) (See LCD grid - denied as not reasonable/necessary)
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest (Used with E0650)
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (Used with E0650)
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (Used with E0650)
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (Used with E0650)
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg (Used with E0651 or E0652)
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm (Used with E0651 or E0652)
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg (Used with E0651 or E0652)
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk (See LCD grid - denied as not reasonable/necessary)
E0671	Segmental gradient pressure pneumatic appliance, full leg (Used with E0650)
E0672	Segmental gradient pressure pneumatic appliance, full arm (Used with E0650)
E0673	Segmental gradient pressure pneumatic appliance, half leg (Used with E0650)
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (See DME Coverage Summary for details)
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified (Statutorily Non-covered; see DME Coverage Summary for details)
99199	Unlisted special service, procedure or report

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Modifiers

Code	Description
EY	No physician or other licensed health care provider order for this item or service
KX	Requirements specified in the medical policy have been met (Must use for E0675)

References Included (but not limited to):

CMS NCD(s)

NCD 280.6 Pneumatic Compression Devices

Reference: NCD 280.1 Durable Medical Equipment Reference List

CMS LCD(s)

Numerous LCDs

CMS Articles

Numerous articles

CMS Benefit Policy Manual

Chapter 15; § 110 Durable Medical Equipment - General

CMS Claims Processing Manual

Chapter 20; § 10.1.1 Durable Medical Equipment (DME)

UnitedHealthcare Medicare Advantage Coverage Summaries

Breast Reconstruction Following Mastectomy

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

UnitedHealthcare Reimbursement Policies

Durable Medical Equipment Charges in a Skilled Nursing Facility

KX Modifier

UnitedHealthcare Medical Policies

Pneumatic Compression Devices

MLN Matters

Article MM8304 Revised, Detailed Written Orders and Face-to-Face Encounters

Article MM8645, April Quarterly Update for 2014 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule

Others

Certificate of Medical Necessity CMS 846 Pneumatic Compression Devices

History

Date	Revisions
05/09/2014	Administrative updates
04/23/2014	MRPC approved
06/19/2013	Administrative updates
05/15/2013	Administrative updates
05/09/2013	Administrative updates
04/10/2013	MRPC approved
01/14/2013	Administrative updates
01/09/2013	Administrative updates
08/27/2012	Administrative updates
05/23/2012	Administrative updates
06/01/2011	Administrative updates
04/13/2011	NCD committee approves the recommendations