09-E0000-31

Original Effective Date: 11/15/02

Reviewed: 06/22/23

Revised: 10/15/24

Subject: Pneumatic Compression Devices

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Lymphedema is an abnormal accumulation of lymph fluid in subcutaneous tissues or body cavities resulting from an obstruction of lymphatic flow. Lymphedema can be subdivided into primary and secondary lymphedema. Primary lymphedema has no recognizable etiology, while secondary lymphedema is related to a variety of causes including surgical removal of lymph nodes, post-radiation fibrosis, spread of malignant tumors to regional lymph nodes with lymphatic obstruction, scarring of lymphatic channels, or congenital anomalies. Treatment may include mechanical measures such as compression garments, bandaging, manual massage, pneumatic compression devices (i.e., lymphedema pumps), drugs, or rarely surgery. Compression garments are generally made of elastic material, are made in varying degrees of compression, and are useful in a variety of peripheral vascular conditions.

Pneumatic compression devices use compressed air to apply pressure to the affected limb, in order to force excess lymph fluid out of the limb and into central body compartments, where lymphatic drainage should be preserved. There are several types of compression devices. There are single compartment devices, multi-chamber devices with fixed pressure in each cell and there are multi-chamber devices with manually calibrated pressure in each cell. The system consists of a pneumatic sleeve or boot that is attached by hoses to a compression device. The appliance is intermittently inflated with air which provides a squeezing or "milking action" to facilitate the flow of lymph from the affected limb. The appliance then deflates allowing for circulation within the limb. Repeated cycles reduce the lymphedema.

This guideline addresses the use of pneumatic compression devices in the home setting.

POSITION STATEMENT:

Single compartment (E0650) or multichamber (E0651) nonprogrammable lymphedema pumps applied to the limb **meet the definition of medical necessity** for the treatment of lymphedema that has failed to respond to conservative measures, such as elevation of the limb and use of compression garments.

Single compartment or multichamber programmable lymphedema pumps (E0652) applied to the limb **meet the definition of medical necessity** for the treatment of lymphedema when:

- The individual is otherwise eligible for nonprogrammable pumps, **AND**
- There is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression with single-compartment or multichamber nonprogrammable lymphedema pumps (eg, significant scarring, contractures)

The use of pneumatic compression devices or garments for all other indications is considered **experimental or investigational**. Other indications considered **experimental or investigational** include but are not limited to:

- Treatment of the head, neck, trunk or chest in individuals with lymphedema
- Treatment of venous ulcers
- Treatment of peripheral arterial occlusive disease and arterial insufficiency

The use of a non-pneumatic compression system with or without sequential calibrated gradient pressure (e.g., Dayspring® System; Koya Medical; Venowave VW5 ®) for treatment of lymphedema is considered **experimental or investigational**.

Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

NOTE: The use of a pneumatic compression device for prevention of deep vein prophylaxis (DVT) following surgery **does not meet the definition of medical necessity**. Exception: When there is physician documentation of contraindication to pharmacological DVT prophylaxis following surgery, the use of a pneumatic compression device may meet the definition of medical necessity, by individual case consideration.

Gradient compression garments, wraps, bandages (A4465, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549, S8420, S8421, S8422, S8423, S8424, S8425, S8426, S8427, S8428, S8429A4465, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, S8420, S8421, S8422, S8423, S8424, S8425, S8426, S8427, S8428, S8429) **meet the definition of medical necessity** when used as a first-line therapy for lymphedema, and for the following conditions:

- Varicose veins
- Venous edema
- Venous stasis ulcers
- Edema related to paraplegia, quadriplegia, etc.
- Edema following surgery, fracture, burns, or other trauma
- Post sclerotherapy
- Post-thrombotic/phlebitic syndrome
- Postural hypotension
- Prevention of thrombosis in immobilized persons (e.g., immobilization due to surgery, trauma, general debilitation, etc.)
- Severe edema in pregnancy

BILLING/CODING INFORMATION:

The following codes may be used to describe pneumatic compression devices:

HCPCS Coding:

A4600	Sleeve for intermittent limb compression device, replacement only, each
E0650	Pneumatic compressor, non-segmental home model (single-compartment pump)
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure (multichamber pump)
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure (multichamber pump)
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (single-compartment pump)
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk (multichamber pump) (**investigational**)
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest (multichamber pump) (**investigational**)
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (single-compartment pump)
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (single-compartment pump)
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (single-compartment pump)
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg (multichamber pump)
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm (multichamber pump)
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg (multichamber pump)

E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk **(investigational)**
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) **(investigational)**
E0676	Intermittent limb compression device (includes all accessories) not otherwise specified
E0677	Nonpneumatic sequential compression garment, trunk (**investigational**)
E0678	Non-pneumatic sequential compression garment, full leg (**investigational**)
E0679	Non-pneumatic sequential compression garment, half leg (**investigational**)
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure (**investigational**)
E0681	Non-pneumatic compression controller without calibrated gradient pressure (**investigational**)
E0682	Non-pneumatic sequential compression garment, full arm (**investigational**)
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump **(investigational)**

ICD-10 Diagnosis Codes That Support Medical Necessity:

I89.0	Lymphedema, not elsewhere classified [secondary]
I97.2	Postmastectomy lymphedema syndrome
Q82.0	Hereditary lymphedema [congenital]

LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, physician treatment notes, treatment plan, operative reports, physical therapy notes (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0,	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician treatment/ visit notes including documentation of failure of conservative medical management	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy notes	28579-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Durable Medical Equipment Reference List (280.1), and Pneumatic Compression Devices (280.6), located at cms.gov.

The following Durable Medical Equipment Regional Carrier (DMERC) Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Pneumatic Compression Devices (L33829), and Surgical Dressings (L33831) located at cms.gov.

The following Local Coverage Article was reviewed on the last guideline reviewed date: Surgical Dressings - Policy Article A54563, located at cms.gov.

The following CMS transmittal was reviewed on the last guideline reviewed date: Transmittal 12379, Publication 100-04 Medicare Claims Processing, Chapter 20 Section 181: Implementation of New Benefit Category for Lymphedema Compression Treatment Items, located at https://www.cms.gov/files/document/r12379CP.pdf.

DEFINITIONS:

Deep vein thrombosis (DVT): when a blood clot (thrombus) forms in one or more of the deep veins in the body, most often in the lower extremities.

Lymphedema: the accumulation of fluid in soft tissue, often the result of surgery, radiation or the presence of a tumor in an area near the lymph nodes.

Milroy's Disease: chronic hereditary edema of the legs.

Multichamber nonprogrammable pumps: pumps with multiple chambers, ranging from 2 to 12 or more. The chambers are inflated sequentially and have a fixed pressure in each compartment. They can either have the same pressure in each compartment or a pressure gradient, but they do not include the ability to adjust the pressure manually in individual compartments.

Peripheral arterial occlusive disease and arterial insufficiency: narrowing of the arteries in the extremities (most often the lower extremities), usually the result plaque deposits.

Single chamber nonprogrammable pumps: pumps consisting of a single chamber that is inflated at 1 time to apply uniform pressure.

Single chamber or multichamber programmable pumps: similar to the nonprogrammable pumps described above except that it is possible to adjust the pressure manually in the individual compartments and/or the length and frequency of the inflation cycles. In some situations, including those with scarring or contractures, programmable pumps are generally considered the preferred option.

Venous stasis ulcers: lesions that develop as a result of poor blood flow, usually on the legs.

RELATED GUIDELINES:

None applicable.

OTHER:

Index terms:

Lymphedema pump
Pneumatic compressor

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/22/23.

GUIDELINE UPDATE INFORMATION:

11/15/02	Medical Coverage Guideline Reformatted; added limitation for replacement sleeves; added Program Exception for Medicare & More.
10/15/04	Scheduled review; no change in coverage statement.
01/01/06	Annual HCPCS coding update: replace L8210 and L8220 with A6542 and A6543.
10/15/06	Scheduled review (consensus review); no change in coverage statement.
01/01/07	Annual HCPCS coding update: added A4600 and E0676.
08/15/07	Reviewed; coverage statement maintained, Medicare Advantage products section updated, guideline reformatted, references updated.
01/01/09	Annual HCPCS coding update: added A6545, E0656, and E0657.
07/15/09	Scheduled review; no change to position statement; references updated.
01/01/10	Annual HCPCS coding update: removed A6542 and A6543.
01/01/11	Revisions; related ICD-10 codes added.
03/15/11	Revisions; added position statement regarding two-phase lymphedema systems/devices; updated references.
05/15/11	Revision; formatting changes.
06/15/11	Revision to Billing/Coding section to include information regarding CPT code 97016.
08/15/11	Revision to Position Statement to include note regarding coverage of pneumatic compression devices.

09/15/11	Revision; formatting changes.
01/01/13	Annual HCPCS coding update: added E0670.
02/15/13	Review; Title changed; Position Statement added for venous ulcers; the phrase "lymphedema pump" changed to "pneumatic compression pump"; formatting changes; references updated.
02/15/14	Revision to clarify coverage of gradient compression garments; Coding section updated; Program Exceptions section updated.
10/01/15	Revision; updated ICD9 coding section.
11/01/15	Revision: ICD-9 Codes deleted.
05/15/16	Scheduled review. Revised MCG title, position statement, HCPCS coding section, program exceptions, and definitions section. Updated references. Reformatted guideline.
06/15/18	Revision: revised position statement regarding programmable pumps; deleted proprietary names. Deleted coding notes section. Revised definitions section. Updated references. Reformatted guideline.
04/15/19	Revision: revised description, coverage statement regarding gradient compression garments, and program exceptions. Updated references.
05/15/20	Scheduled review. Maintained position statement and updated references.
06/15/21	Scheduled review. Revised description and indications considered experimental or investigational. Updated references.
08/15/22	Revision. Added HCPCS codes for nonprogrammable versus programmable devices to position statement to clarify identification of each device.
12/15/22	Revision. Added coverage statement for non-pneumatic compression systems. Revised CPT coding and updated references.
04/01/23	Quarterly CPT/HCPCS coding update. Code E0677 added.
07/15/23	Scheduled review. Maintained position statement and updated references.
01/01/24	Annual CPT/HCPCS coding update. Added A6520-A6610, E0678-E0682; deleted K1024, K1025; K1031, K1032, K1033. Revised Medicare Advantage program exception and updated references.
10/01/24	Quarterly CPT/HCPCS coding update. Added E0683.
10/15/24	Reference to Venowave VW5® added.