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Subject: Pneumatic Compression Devices and Garments

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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 and compression garments and wraps in the home setting.

Summary and Analysis of Evidence: UpToDate review “Management of peripheral lymphedema” (Mehrara et al, 2025) states, “once swelling has reached its nadir, customized compression garments (lymphedema compression sleeve and gauntlet or stocking) are used in the maintenance phase of lymphedema treatment (phase 2 of CDT) to effectively prevent fluid reaccumulation. Fitted elastic knit two-way low-stretch compression garments generate greater pressures distally than proximally, thereby promoting mobilization of the edema fluid. Compression garments deliver 20 to 50+ mmHg of pressure. The highest level of compression tolerated by the patient is likely to be the most beneficial. For the upper extremity, a compression handpiece, either a glove or a gauntlet, is necessary when wearing a compression sleeve to manage swelling in the hand. Similarly, in the lower extremity, the foot is an

integral part of compression hosiery. A prescription is necessary to obtain compression garments, and these garments need to be provided by a fitter with appropriate expertise. When correctly fitted and worn properly, compression garments can help reduce limb swelling; however, poorly fitted garments can be restrictive and can exacerbate lymphedema. If off-the-shelf garments do not provide a proper fit, custom-made garments will be necessary. However, as fluid shifts occur, even custom-made garments may no longer fit. Garments should be replaced every three to six months, or sooner if they lose elasticity. Compression garments are typically worn during waking hours, with compression bandaging at night, if necessary." The review further states, "intermittent pneumatic compression (IPC; also called sequential pneumatic compression) is another method of compression therapy that plays an important role in the movement of lymph fluid and is typically used for those with more severe lymphedema. IPC is widely used in the treatment of lower extremity lymphedema. After using IPC, patients wear a low-stretch elastic sleeve or stocking to maintain edema reduction. IPC is usually applied daily, five times per week; however, the optimal duration of IPC is also unknown. Among the various studies, sessions have varied in length (90 minutes to as long as six hours) and duration (two to three days to four weeks). A number of studies have evaluated the role of IPC in patients with lymphedema following breast cancer treatment. In a systematic review of IPC, among three trials that reported volume reductions, there were no significant differences between routine management of lymphedema with and without the use of IPC. In contrast, other evidence suggests IPC may still be an effective adjunct. One of these trials randomly assigned 23 patients with unilateral previously untreated lymphedema to CDT alone or with CDT with adjunctive IPC (30 minutes daily for 10 days). A significantly greater reduction in limb volume during initial treatment was seen for combined therapy compared with CDT alone (45 versus 26 percent). A second arm of the trial evaluated the efficacy of maintenance IPC therapy (self-administered 60 minutes daily) added to CDT in 27 patients with unilateral breast cancer-associated lymphedema who had previously been treated with CDT. At 6 to 12 months, the fall in mean limb volume occurred with combined therapy compared with an increase with CDT alone (-90 versus +33 mL), a difference that was statistically significant."

Yao et al (2024) conducted a systematic review and meta-analysis of 9 RCTs to compare the efficacy of decongestive lymphatic therapy (DLT) with IPC versus DLT alone in the management of upper limb lymphedema following breast cancer surgery. The pooled SMD for percentage volume reduction was 0.63(95% CI, -0.24 to 1.50; I2 = 91%), showing no significant difference between the DLT alone and DLT combined with IPC (p=.15). Pain and heaviness scores were also comparable between the groups. There was a significant difference in external rotation joint mobility (SMD = 0.62; 95% CI, 0.08 to 1.16; I 2 = 23.8%), favoring DLT with IPC. Overall, the study indicates that DLT with IPC is as effective as DLT alone in managing upper limb lymphedema following breast cancer surgery. DLT with IPC has a more pronounced effect on enhancing external rotation joint mobility.

Hou et al (2024) conducted a systematic review and meta-analysis of 12 studies (identified through March 2024) comparing the efficacy of IPC as an addition to complete decongestive therapy (CDT) for treatment of breast cancer-related upper limb lymphedema. Results showed that additional application of IPC to CDT could further improve lymphedema within 4 weeks after the treatment period (standardized mean difference (SMD), -0.2 mL; 95% CI, -0.33 to -0.07 mL). However, this additional benefit was weakened within about 9.4±2.6 weeks' follow-up duration after ceasing physical therapy (SMD, -0.15 mL; 95% CI, -0.33 to 0.04 mL). To sustain the synergistic benefits of CDT and IPC in fostering lymphatic drainage and alleviating lymphedema, the authors recommend periodic, continuous treatment. The duration of treatment examined in the studies spanned from 4 to 12 weeks, which may introduce potential bias.

UpToDate review "Compression therapy for the treatment of chronic venous insufficiency" (Armstrong, Meyr; 2025) states "a systematic review of randomized trials concluded that there was insufficient evidence on which to make definitive conclusions about the efficacy of IPC pumps in the treatment of venous ulceration. They may increase healing when compared with no compression therapy, but the impact on healing when used instead of or added to compression bandaging is unclear."

In 2019, the American Academy of Family Physicians published recommendations for diagnosis and treatment of venous ulcers. The following statements were issued regarding use of intermittent pneumatic compression. "intermittent pneumatic compression may be considered when there is generalized, refractory edema from venous insufficiency; lymphatic obstruction; and significant ulceration of the lower extremity. Although intermittent pneumatic compression is more effective than no compression, its

effectiveness compared with other forms of compression is unclear. Intermittent pneumatic compression may improve ulcer healing when added to layered compression."

UpToDate review “Prevention of venous thromboembolic disease in acutely ill hospitalized medical adults” (Douketis, Mithoowani; 2025) states “primary prophylaxis, the preferred method for VTE prevention, is carried out using either drugs (eg, heparin) or mechanical methods (eg, intermittent pneumatic compression boots) that are effective for preventing deep vein thrombosis (DVT). The characteristics of an ideal primary prophylactic method include ease of administration, effectiveness, safety (particularly with respect to bleeding), and cost-effectiveness or at least cost-neutrality. The prophylactic measures available for hospitalized medical patients include low-dose unfractionated heparin; low molecular weight (LMW) heparins; fondaparinux; intermittent pneumatic compression (IPC) and/or graduated compression stockings (GCS); and where available, oral factor Xa or direct thrombin inhibitors” … “secondary prevention involves the early detection and treatment of subclinical venous thrombosis by screening medical patients with objective tests that are sensitive for the presence of DVT. However, the benefits of available screening methods (eg, venous ultrasound, magnetic resonance imaging venography) on patient important outcomes is not well-established. Accordingly, secondary prevention is often reserved for patients in whom primary prophylaxis is either contraindicated or shown to be ineffective.”

In 2022, the American Venous Forum, American Vein and Lymphatic Society, and the Society for Vascular Medicine published an expert opinion consensus statement on lymphedema diagnosis and treatment. The following statements were issued regarding use of pneumatic compression:

"Sequential pneumatic compression should be recommended for lymphedema patients" (92% panel agreement; 32% strongly agree); and "Sequential pneumatic compression should be used for treatment of early stages of lymphedema" (62% panel agreement - consensus not reached; 38% panel disagreement; 2% strongly disagreed).

Gregor et al (2025) studied fluoroscopic lateral scouts and TIMS Review software (TIMS Medical) to assess immediate internal head and neck cancer related lymphedema (HNCRL) measures of 30 head and neck cancer (HNC) patients with radiation therapy (RT) history following a single advanced pneumatic compression (APC) treatment. Pre and post external measures were also obtained. Paired t-test was used to assess changes in pre and post measures. A post-treatment survey was completed. All 30 patients had both immediate external and internal HNCRL reductions, and all reductions were statistically significant. All reported positive benefit. The authors concluded “(a) single, external APC treatment immediately impacted the extent of pharyngeal and laryngeal edema in post-radiated HNC survivors.”

Pandy et al (2024) conducted a literature review of the use of intermittent pneumatic compression (IPC) for lymphedema treatment. The review identified 49 eligible studies from an initial pool of 614 articles, consisting of 12 randomized controlled trials, 25 cohort studies, and 12 experimental studies. Most studies (44) focused on limb lymphedema, while five examined non-limb regions. Sample sizes varied widely, ranging from 10 to 718 participants, reflecting differences in studies' power. fficacy data indicated that IPC, whether used with or without manual lymphatic drainage (MLD), improved limb volume, quality of life, and reduced infection rates, although results varied according to treatment protocols and limb type. The addition of IPC improved compliance of decongestive therapy and increased patient satisfaction. IPC application also showed promising results in head and neck lymphedema, though results for trunk lymphedema were equivocal. The authors stated “(f)uture research should aim to refine IPC protocols in different regions of the body and ascertain its long-term benefits.”

Cheng et al. (2023) performed a systematic review and meta-analysis of 23 studies published through January 2023 (N=2147 participants) to evaluate rehabilitation interventions for lymphedema of the head and neck. The studies were categorized by type of intervention, encompassing standard lymphedema therapy (standard or modified CDT, early manual lymphatic drainage, focused exercise) and adjunct therapies (advanced pneumatic compression devices (APCDs), kinesio taping, photobiomodulation, acupuncture/moxibustion, sodium selenite supplement use). Six studies (n=399 participants), including one RCT and five observational studies, assessed the Flexitouch APCD (Tactile Medical). The RCT by Ridner et al. (2021) (n=49) revealed that most participants, who had either finished CDT or lacked access to it, used the device for a single 32-minute session per day during the 8-week industry-sponsored trial,

as opposed to the recommended two sessions per day. In the observational studies, the majority of participants also adhered to one 32-minute session daily. The duration of the intervention in these studies varied from a single session to six months. Most studies featured participants who had completed CDT or were concurrently undergoing CDT, while one study specifically noted that none of its participants used CDT. Four studies (80%) were funded by or had authors affiliated with Flexitouch. The single non-industry-sponsored study reported difficulties in obtaining the APCD, with only 35 (of 84) participants (42%) receiving the device as prescribed (Shires et al, 2022). Although the included studies showed benefits of using APCD, they had a high risk of bias and were therefore considered low-quality evidence. The Ridner RCT involved a 2-month intervention compared to a waitlist control group. This trial showed improvements in clinician-rated external lymphedema and subjective swallowing in the APCD group, although no improvement was found in endoscopic assessments of internal lymphedema. The largest observational study, conducted by Gutierrez et al (2020) with 205 participants who had used the APCD for over 5 years following a diagnosis of head and neck cancer-associated lymphedema, reported subjective improvements in symptoms and function after APCD use. Overall, the current evidence does not provide sufficient information to determine the optimal timing, duration, and intensity of APCD use in the management of lymphedema associated with head and neck.

UpToDate review "Management of late complications of head and neck cancer and its treatment" (Galloway, Amdur; 2025) states, "(l)ymphedema and fibrosis are underappreciated long-term effects from head and neck cancer and its therapy. Lymphedema can be categorized as either internal or external; internal and external lymphedema are not mutually exclusive" … "(d)evelopment of both internal and external lymphedema is multifactorial. Factors associated with the development of internal lymphedema include surgery, radiation, and increasing number of treatment modalities utilized. Factors associated with the development of external lymphedema included location of primary tumor, duration since completion of head and neck cancer treatment, and increasing number of treatment modalities utilized. Total dose of radiation and increasing treatment time have also been associated with combined lymphedema. Lymphedema correlated with symptom burden, functional status, and long-term quality of life in patients treated for head and neck cancer. In severe cases, in particular when accompanied by neck dissection, or in the case of reirradiation, neck and facial edema may be extremely severe and cosmetically significant. Over 50 percent of patients respond to head and neck cancer-specific complete decongestive therapy, using techniques that are distinct from the management of lymphedema in other body sites. Treatment adherence to recommended regimens improves the response rate."

UpToDate review "Investigational therapies for treating symptoms of lower extremity peripheral artery disease" (Hess, Bonaca; 2025) states "intermittent pneumatic compression (IPC) appears to improve walking ability and ankle-brachial indices in PAD patients with claudication, with effects maintained 12 months after cessation of therapy. Mechanisms for this benefit include drainage of veins of the foot and calf, depending on the level of compression, with an increase in the arteriovenous pressure gradient and enhanced arterial inflow, as well as the potential promotion of arterial collateralization." "The quality of evidence for <pneumatic compression therapy> is overall low and as such, these therapies cannot be recommended."

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)

Single compartment or multichamber nonprogrammable pneumatic compression pumps applied to the chest or trunk in addition to the limbs **meets the definition of medical necessity** for the treatment of lymphedema that has failed to adequately respond to both conservative measures and nonprogrammable pneumatic compression to the limbs only.

Single compartment or multichamber programmable pneumatic compression pumps applied to the chest or trunk in addition to the limbs **meets the definition of medical necessity** for the treatment of lymphedema when:

- The individual is otherwise eligible for nonprogrammable pneumatic pumps applied to the chest or trunk in addition to the limbs **AND**

- There is documentation that the individual has unique characteristics (eg, significant scarring, recent surgery) that prevent satisfactory pneumatic compression with single-compartment or multichamber nonprogrammable compression pumps; **OR**

- The individual has had an inadequate response to an initial course of treatment with a nonprogrammable pneumatic compression pump applied to the chest or trunk in addition to the limbs.

Single-compartment or multichamber compression pumps are considered **experimental or investigational** in all situations other than those specified above. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Continued use of pneumatic compression devices **meets the definition of medical necessity** when:

- The member demonstrates adherence to prescribed therapy; **AND**
- Clinical documentation confirms ongoing medical necessity, including objective evidence of improvement (e.g., reduction in limb volume, improved ulcer healing, or decreased edema); **AND**
- The member or caregiver can safely apply and operate the device in the home setting.

The use of pneumatic compression devices or garments (e.g., A6566, A6567) 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 or neck 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**.

The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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, A6515, A6516, A6517, A6518, A6519, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6531, A6532,

A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6548, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, 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, A6611, 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

Replacement of gradient compression garments, wraps, or bandages within a six (6)-month interval **meets the definition of medical necessity** when all of the following requirements are met:

- A current re-measurement is performed to confirm any changes prior to issuing a new prescription;
- Clinical documentation supports the need for replacement;
- A written, signed, and dated physician order is obtained by the supplier before dispensing the replacement item; **AND**
- At least one of the following applies:
  - The garment cannot be repaired (e.g., loss of elasticity, tearing, or other damage affecting function); **OR**
  - There is documented evidence of a change in the member's physical condition (e.g., size variation, excessive drainage, or wear that compromises effectiveness).

Replacements that do not meet criteria **do not meet the definition of medical necessity**.

NOTE: The Federal Mandate on Women's Health and Cancer Rights Act (WHCRA) of 1998 which became effective October 21,1998, will take precedence over this policy, as applicable. Under this mandate, coverage is required for "prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema."

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)
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest (multichamber pump)
E0658	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full arms and chest
E0659	Segmental pneumatic appliance for use with pneumatic compressor, integrated, head, neck and chest
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
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: Surgical Dressings (L33831) located at cms.gov.

U.S. Department of Labor Employee Benefits Security Administration. Women's Health and Cancer Rights Act of 1998 (WHCRA), located at https://www.dol.gov/general/topic/health-plans/womens#:~:text=WHCRA%20provides%20that%20group%20health,complications%20(such%20as%20lymphedema).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

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.

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 03/26/26.

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.
04/01/25	Quarterly CPT/HCPCS coding update. Added A6515, A6516, A6517, A6518, A6519, A6611.
04/15/25	Scheduled review. Revised MCG title and description. Added Women's Health and Cancer Rights Act of 1998 federal mandate references. Updated references.
07/15/25	Revision. Updated references for treatment of head and neck lymphedema. Revised description. Maintained position statement.
10/01/25	Quarterly CPT/HCPCS coding update. Added E0658, E0659.
04/15/26	Annual review: Position statements, coding, and references updated.