



Subject: **Pneumatic Compression Devices and Compression Garments***

Effective Date: **June 20, 2017**

Department: **Utilization Management**

Policy: Pneumatic compression devices for home use are reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Compression garments are reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for a medically necessary use of pneumatic compression devices in the home and compression garments, with delineation of criteria that provides evidence of that medical necessity.

Procedure: **A.** Use of a pneumatic compression device (**HCPCS codes E0650-E0652, E0660, E0666-E0667, E0669-E0671, E0673, E0675, E0676**) will be considered medically necessary when either of the following documentation is present (**1 or 2**):

1. Intractable lymphedema(**ICD-9 457.0, 457.1, 457.2, 757.0; ICD-10 –I89.0, I89.1, I97.2, Q82.0,**) when there is failure of a four-week trial of conservative medical management including **ALL** of the following:
 - home exercise program
 - limb elevation
 - compression bandage or compression garment use

2. Lower extremity chronic venous insufficiency with refractory edema and venous stasis ulcers (**ICD-9 454.0, 454.2, 459.2,**

459.81, 782.3; ICD-10 I83.001-I83.029, I 83.201-I82.229, I87.1, I87.2, L97.101-L97.929, R60.0) when **both** of the following criteria are met:

- medically-supervised standard wound care treatment including compression, dressings, elevation and exercise for a minimum 24 weeks
- Failure of the ulcer(s) to decrease in size or demonstrate improvement under standard treatment

Medically necessary coverage for pneumatic compression devices is limited to the lowest-cost appropriate alternative as follows:

- Non-segmental/segmental devices (HCPCS code E0650, E0651)
- Segmental with calibrated pressure gradient (HCPCS code E0652) when there is evidence of failure of relief with the non-segmental device or a requirement of specified pressure to a localized area

Coverage for continued use of the device is approvable when there is indication of adherence to the prescribed use of the device and documented clinical improvement.

Non-covered uses of pneumatic compression devices include but are not limited to the following as it is considered investigational:

- Use with or without a cooling component in the home setting for ANY other condition including the prevention of deep vein thrombosis
- a chest and/or trunk pneumatic appliance for use with a pneumatic compression device(**HCPCS E0656, E0657, E0670**)

B. Compression garments (e.g. sleeve, gauntlet and stocking) are covered as medically necessary for the treatment of lymphedema.

(HCPCS codes A4465, A6530-A6541; S8420-S8428)

The following compression garments are **not covered** as they are investigational: compression garments for trunk or chest ((HCPCS E0656, E0657)

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.