

Coverage Criteria Guideline for Pneumatic Compression Devices

(Please note: Medicare and private insurance companies require your written clinical notes reflect the below information.) Thank You.

1 Diagnosis with at least **one** of the following documented in medical records:

- I97.2 Post mastectomy lymphedema.
- I89.0 Lymphedema, not elsewhere classified (document etiology).
- Q82.0 Hereditary lymphedema (including lymphedema tarda).
- I87.2/L97.919R or L97.929L Chronic venous insufficiency with chronic ulcer (see item 6).

2 Physician oversight:

- Clinical notes with one **face-to-face visit within 6 months** of order date.

3 Symptoms and clinical findings establishing the severity of lymphedema.

- Documentation of clinical finding supporting **chronic** and **severe** symptoms:
 - Marked hyperkeratosis with hyperpigmentation.
 - Papillomatosis (warts, nodules, papules).
 - Skin breakdown with persisting lymphorrhea.
 - Deformity of elephantiasis.

4 Conservative therapy documentation to include:

- 4 weeks of wearing compression stockings/bandages, exercise, and elevation of the limb(s).
- Persisting symptoms despite clinical treatments and the need for PCD.

5 Measurements confirming persistence of lymphedema:

- Measurements confirming the persistence of lymphedema (initial and 30-days later).
 - Measurements pre and post initial treatment with an E0651 device.
 - If appropriate, measurements pre and post initial treatment with E0652 device (see item 7).

6 CVI and venous stasis ulcers documented symptoms of **unhealed** wound over 6 months.

- Therapies tried and failed including:
 - Regular use of appropriate compression stockings, exercise, and elevation.
 - Appropriate wound care.

7 E0652 device to treat trunk/chest/abdominal lymphedema qualifies for reimbursement when:

- Establish presence of chest/trunk/abdominal lymphedema in the patient's medical record **AND**.
 - An initial treatment with E0651 device does not provide satisfactory treatment **AND**.
 - Initial treatment with E0651 device is documented to include:
 - Pre and post measurements of chest, trunk, or abdomen **AND**.
 - Frequency and duration of initial treatment with E0651 device **AND**.
- Initial treatment with E0652 documented to include:
 - Pre and post measurements of chest, trunk, or abdomen **AND**.
 - Frequency and duration of initial treatment with device.