



Pneumatic Compression Device Order and Documentation Requirements

A Pneumatic Compression Device (PCD) is used only in the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers. Medicare, and other insurance providers who follow Medicare guidelines, will reimburse for these items if the following requirements are met.

LYMPHEDEMA

A PCD is covered for both primary and secondary lymphedema in patients with chronic and severe lymphedema when ALL of the following requirements 1-3 are met:

1. The patient has a diagnosis of lymphedema as defined above, and
2. The patient has persistence of chronic and severe lymphedema as identified by the documented presence of at least one of the following clinical findings:
 - Marked hyperkeratosis with hyperplasia and hyperpigmentation
 - Papillomatosis cutis lymphostatica,
 - Deformity of elephantiasis,
 - Skin breakdown with persisting lymphorrhea,
 - Detailed measurements over time confirming the persistence of the lymphedema with a history evidencing a likely etiology, and
3. In addition to documented persistence, the lymphedema **must be unresponsive to other clinical treatment over the course of a required four-week trial**. The four-week trial of conservative therapy must be documented in the patient medical records and include all of the following A-C:
 - A. Regular and compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally. Adequate compression is:
 - (1) sufficient pressure at the lowest pressure point to cause fluid movement and
 - (2) sufficient pressure across the gradient (from highest to lowest pressure point) to move fluid from distal to proximal. The compression used must not create a tourniquet effect at any point.
 - B. Regular exercise
 - C. Elevation of the limb

➤ When available, manual lymphatic drainage is a key component of conservative treatment as is appropriate medication treatment when there is concurrent congestive failure.

If there has been improvement at the end of the 4-week trial, the PCD will not be considered medically necessary. Where improvement has occurred, the trial of conservative therapy must be continued with subsequent reassessment at intervals at least a week apart. Only when no significant improvement has occurred in the most recent four weeks and the coverage criteria above are still met, may the lymphedema be considered unresponsive to conservative therapy, and coverage for a PCD considered.

- At a minimum, re-assessments conducted for a trial must include detailed measurements, obtained in the same manner and with reference to the same anatomic landmarks, prior to and at the conclusion of the various trials and therapy, with bilateral comparisons where appropriate.

This assessment may be performed by the prescribing physician or any other licensed/certified medical professional (LCMP) directly involved in treatment of the patient's lymphedema. If the assessment is performed by an LCMP, the prescribing physician must:

1. review the report of the evaluation,
2. state concurrence or disagreement with the assessment,
3. sign and date the report. The signature date must be on or before the prescription date.

CHRONIC VENOUS INSUFFICIENCY WITH VENOUS STASIS ULCERS (CVI)

A Pneumatic Compression Device is covered for the treatment of CVI of the lower extremities only if the patient has ALL of the following 1-3:

1. Edema in the affected lower extremity
2. One or more venous stasis ulcer(s)
3. The ulcer(s) have failed to heal after a 6-month trial of conservative therapy directed by the treating physician. **The trial of conservative therapy must be documented in the patient's medical record** and must include ALL of the following A-E:
 - A. Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression. . The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally. Adequate compression is defined as:
 - (1) sufficient pressure at the lowest pressure point to cause fluid movement and
 - (2) sufficient pressure across the gradient (from highest to lowest pressure point) to move fluid from distal to proximal. The compression used must not create a tourniquet effect at any point.
 - B. Medications as appropriate (e.g. diuretics and/or other treatment of congestive failure, etc.)
 - C. Regular exercise
 - D. Elevation of the limb
 - E. Appropriate wound care for the ulcer (including sharp debridement where appropriate)

At the end of the six-month trial, if there has been improvement, then reimbursement for a PCD is not reasonable and necessary. Where improvement has occurred, the trial of conservative therapy must be continued with subsequent reassessments. When no significant improvement has occurred for a continuous period of six months and the coverage criteria above are still met, then the use of a PCD to treat chronic venous insufficiency is eligible for reimbursement.

This assessment may be performed by the prescribing physician or any other licensed/certified medical professional (LCMP) directly involved in treatment of the patient's chronic venous insufficiency. If the assessment is performed by an LCMP, the prescribing physician must:

1. review the report of the evaluation,
2. state concurrence or disagreement with the assessment, and
3. sign and date the report. The signature date must be on or before the prescription date.

Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.