GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The accumulation of lymph fluid results from impairment to the normal clearing function of the lymphatic system and/or from an excessive production of lymph. Lymphedema is divided into two broad classes according to etiology. Primary lymphedema is a relatively uncommon, chronic condition which may be due to such causes as Milroy's disease or congenital anomalies. Secondary lymphedema, which is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as radical surgical procedures with removal of regional groups of lymph nodes (for example, after radical mastectomy), post-radiation fibrosis, and spread of malignant tumors to regional lymph nodes with lymphatic obstruction, among other causes.

Chronic venous insufficiency (CVI) of the lower extremities is a condition caused by abnormalities of the venous wall and valves, leading to obstruction or reflux of blood flow in veins. Signs of CVI include hyperpigmentation, status dermatitis, chronic edema, and venous ulcers.

Pneumatic compression pumps, also referred to as intermittent pneumatic compression (IPC) pumps, consist of an inflatable garment and an electric pump that fills the garment with compressed air. The inflatable garment may be thigh high, calf length or for the foot only (foot pump). Periodically, the pneumatic compression pump inflates the garment chamber (or chambers) with a preset pressure to compress the leg, and then deflates. This alternating inflation/deflation is thought to improve the flow of blood back to the heart, thereby decreasing the potential complications from poor circulation. The frequency of the periodic inflation/deflation and the amount of pressure used may vary from one device to another. The use of a pneumatic compression device in the home environment may be an alternative to other compression therapies (e.g., stockings, bandages, Unna boots) for patients who are unable or refuse to comply with other methods of treatment or are refractory to standard wound care treatment.

There are several different types of pneumatic compression pumps: unicompartmental, multicompartalmental, with or without gradient pressure (programmable or nonprogrammable), two-stage multichamber programmable pneumatic compression pumps, high pressure rapid inflation pneumatic compression pumps or combination cold/compression pumps.

POLICY

Pneumatic compression devices and supplies, if covered, do not require prior authorization, but limits may apply.

Items A4600, E0652, E0656, E0657, E0670, E0671, E0672, E0673, E0675, E0676 are non-covered for Advantage.

Unicompartal (nonsegmented) or multicompartalmental (segmented) pneumatic compression pump with gradient pressure (e.g., Flexitouch or Lymphapress Optimal) (E0652) do not require prior authorization for HMO, PPO, Individual Marketplace, Elite.

NON-COVER for All Product Lines:
- A-V Impulse System foot pump
- Ambulatory, portable, battery powered intermittent or combination intermittent and sustained pneumatic compression devices (e.g., ActiveCare+SFT, Cirona 6300, Cirona 6400, Vasculaire, VenaPro Vascular Therapy System, VenoWave2 and VenoWave VW5)
- Devices with a sustained gradient pressure while also delivering a higher, intermittent pneumatic compression including, but not limited to, the ACTItouch Adaptive Compression Therapy System
- Combination cold or heat therapy/intermittent pneumatic compression devices (e.g., Cothera VPULSE,
HMO, PPO, Individual Marketplace, Elite

Compression devices are covered as durable medical equipment (DME) benefit, and are subject to any applicable DME co-insurance and benefit maximums. Pneumatic compression devices are covered in the home setting if the patient has undergone a four-week trial of conservative therapy, and the treating physician determines that there has been no significant improvement, or if significant symptoms remain after the trial. The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. The garment may be prefabricated or custom-fabricated, but must provide adequate graduated compression.

Pneumatic compression devices may be considered medically necessary for the following conditions:

1. Venous thromboembolism (VTE) prophylaxis for patients at high risk for deep venous thrombosis (DVT), and patients with pulmonary embolism (PE) who cannot fully ambulate due to major trauma, major surgery, or other circumstances preventing ambulation

2. Treatment of chronic venous stasis ulcers caused by chronic venous insufficiency (CVI) which have failed to heal after a six month trial of conservative physician-directed medical therapy

3. Treatment of lymphedema in the home setting for patients that have failed a four week trial of conservative therapy

The only time that a segmented, calibrated gradient pneumatic compression device (E0652) would be covered is when the individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

All other medical indications for pneumatic compression devices are considered experimental, investigational, and unproven including but not limited to, diabetic neuropathic ulcers and arterial ischemic ulcers.

Advantage

COVERED

E0650, E0651 are allowed one every five years

E0655, E0660, E0665, E0666-E0669 are allowed one every two years

1. Pneumatic compression devices and accessories are only covered in a private residence for the treatment of lymphedema or the treatment of chronic venous insufficiency with venous stasis ulcers.

2. Pneumatic compression devices and accessories are covered in a private residence for the treatment of lymphedema if the member has undergone a four-week trial of conservative therapy and the prescriber determines that there has been no significant improvement or if significant symptoms remain after the trial. The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. The compression garment may be prefabricated or custom-fabricated but must provide adequate graduated compression.

3. Pneumatic compression devices and accessories are covered in a private residence for the treatment of CVI of the lower extremities only if the member has one or more venous stasis ulcer(s) which have failed to heal after a six month trial of conservative therapy directed by the treating prescriber. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb.

4. For either lymphedema or CVI with venous stasis ulcers, pneumatic compression devices are covered only when prescribed by a prescriber and when they are used with appropriate prescriber oversight, i.e., prescriber evaluation of the consumer's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

5. Any prescription for a pneumatic compression device and accessories must be prescribed by a prescriber actively involved in managing the consumer's medical condition and who should be treating the consumer under a comprehensive plan of care which addresses the underlying medical need for any equipment and accessories.
When a pneumatic compression device is covered, a non-segmented device or segmented device without manual control of the pressure in each chamber is generally sufficient to meet the clinical needs of the member.

The initial rental period of the device cannot be less than thirty days or more than ninety days before request for purchase is made by the provider.

Dispensing
1. The following components are considered "inclusive" with any pneumatic compression device:
   a. Any supporting wires, cables, or attachment kits
   b. Education, training, monitoring, or counseling in support of the member’s ordered treatment plan
   c. Maintenance, repair, or cleaning charges incurred by the provider during a rental period
   d. Delivery, set up, or pick up charges associated with the equipment or supplies
2. The provider of a pneumatic compression device must assure that the member (or the member’s caregiver) is properly instructed on how to use the device and is aware of and understands any emergency procedures regarding the use of the device. The provider must maintain written documentation regarding the member’s instruction on the use of the device in the member’s medical record.
3. Upon the dispensing of a pneumatic compression device, the member (or the member’s caregiver) must be supplied by the provider with a twenty-four hour, seven-day-a-week telephone number to be utilized in case of an emergency during the rental period.
4. Previously utilized, refurbished or loaner pneumatic compression devices cannot be purchased.

NON-COVERED
A4600, E0652, E0656, E0657, E0670, E0671, E0672, E0673, E0675, E0676
1. Pneumatic compression devices and accessories are not separately reimbursable for members in long term care facilities (LTCFs) as this equipment and supplies are included in the facility's per diem payment.
2. Accessories used for pneumatic compression of the chest or trunk will be denied as non-covered.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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TAWG REVIEW DATES: 04/22/2016

REVISION HISTORY EXPLANATION
05/15/10: Updated
01/01/11: No changes
06/09/15: Added CPT code E0670 as non-covered. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
04/22/16: Added Flexitouch (E0652), the ACTitouch Adaptive Compression Therapy System (E0651), and the Cirona® 6300 Portable Deep Vein Thrombosis (DVT) Prevention Therapy System (E0675, E0676) to the policy as non-covered. Policy reviewed and updated to reflect most current clinical evidence per TAWG.
11/08/16: Codes E0656, E0657, E0670, E0675 are now covered for HMO, PPO, Individual Marketplace, Elite per CMS guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

07/10/18: Unicompartmental (nonsegmented) or multicompartmental (segmented) pneumatic compression pump with gradient pressure (e.g., Flexitouch or LymphaPress Optimal) (E0652) are now covered without prior authorization for HMO, PPO, Individual Marketplace, Elite. Added as non-covered for all product lines: A-V Impulse System foot pump, Ambulatory, portable, battery powered intermittent or combination intermittent and sustained pneumatic compression devices (e.g., ActiveCare+SFT, Cirona 6400, Vasculaire, VenaPro Vascular Therapy System, VenoWave2 and VenoWave VW5), combination cold or heat therapy/intermittent pneumatic compression devices (e.g., Cothera VPULSE, Game Ready Accelerated Recovery System, Kinex ThermoComp Device, NanoTherm, TEC System, Triple Play VT and the VascuTherm). Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.