If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSIL may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

# Pneumatic Compression Devices – Outpatient Use

**Policy Number: CPCP022**

**Version 2.0**

**Clinical Payment and Coding Policy Committee Approval Date: Aug. 31, 2020**

**Plan Effective Date: Sept. 1, 2020**

## Description

Durable medical equipment (DME) pneumatic compression devices represented by HCPCS codes E0650 through E0676 cover a range of uses. This policy endeavors to describe correct code selection and appropriate use. Assignment of correct code and applicable modifier to identify rental versus purchase is critical for accurate benefit determination and reimbursement. DME to be eligible for coverage must meet all the criteria listed in medical policy DME101.000 which includes when used in the member's home/place of residence and does not serve as a comfort or convenience item.

Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Policies contained in this document do not constitute plan authorization, nor are they an explanation of benefits. Contact Provider Customer Service for specific coverage or policy information.

## Term Descriptions:

**Pneumatic compression device** consists of an inflatable garment for the arm, leg, trunk or chest and an electrical pneumatic pump that fills the garment with compressed air. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices.

**Non-segmented pneumatic compressor** is a device which has a single outflow port on the compressor. The air from the single tube may be transmitted to a sleeve/appliance with multiple compartments or segments.

**Segmented compressor** is a device which has multiple outflow ports on the compressor which lead to a distinct segment on the appliance which inflate sequentially.

**Segmented device without calibrated gradient pressure** is a device in which either (a) the same pressure is present in each segment or (b) there is a predetermined pressure gradient in successive segments but no ability to individually set or adjust pressures in each of several segments. Pressure is set by a single control on the distal segment.

**Segmented device with calibrated gradient pressure** is characterized by a manual control on at least three outflow ports which can deliver an individually determined pressure to each segment unit.

**Segmental gradient pressure pneumatic appliances** are appliances/sleeves which are used with a non-segmental pneumatic compressor, but which achieve a pressure gradient through the design of the tubing and/or air chambers.

**Venous thromboembolism (VTE)** is deep vein thrombosis (DVT) - formation of a blood clot in a deep vein and pulmonary embolism (PE) - a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the blood stream. It is a complication associated with major surgeries resulting in significant morbidity and mortality.

**Lymphedema** is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The abnormal accumulation of lymph in the interstitial tissues is usually the result of impairment of the normal clearance by the lymphatic system caused by therapy or disease.

**Chronic venous stasis ulcer** wounds thought to occur due to improper functioning of venous valves, usually of the legs. Synonyms: venous insufficiency ulcer, stasis ulcer, stasis dermatitis, varicose ulcer

## Evaluating risk factors for DVT prophylaxis

High risk factors for bleeding identified by medical policy MED202.060

- Previous major bleeding (and previous bleeding risk similar to current risk)
- History of heparin induced thrombocytopenia (HIT)
- Severe renal failure, (GFR<30%)
- Concomitant antiplatelet agent
- Surgical factors: history of or difficult-to-control surgical bleeding during the current operative

procedure, extensive surgical dissection, and revision surgery

Moderate and High-risk factors for VTE as identified by medical policy MED202.060

- Prior DVT/PE or family history of genetic thrombocytopenia
- Age >60 years or members 40 to 60 years with additional risk factors
- Sepsis or systemic infection
- Presence of an inherited or acquired hypercoagulable state;
  - Antithrombin III deficiency
  - Protein C or S deficiency
  - Activated Protein C resistance (Factor V Leiden)
  - Antiphospholipid syndrome
  - Prothrombin20210 defect
  - Dysfibrinolysis
- Active cancer or cancer treatment
- Kidney failure
- Recent myocardial infarction (MI)
- Nonhemorrhagic stroke within the past 6 months
- Congestive heart failure (CHF) (decompensated)
- Low ejection fraction (EF) <40%
- Severe obesity (BMI >35)
- Spinal cord injury
- Multiple limb fractures
- Lower extremity or pelvic fracture
- Use of clotting medications or transfusions

**HCPCS codes for pneumatic compression devices**

Non-Segmental pneumatic compression pumps – E0655, E0660, E0665 and E0666

Segmental pneumatic compression pumps – E0656, E0667, E0668, E0669 and E0670

Segmental gradient pressure pneumatic appliance – E0671, E0672 and E0673

High pressure, rapid inflation/deflation pneumatic compression device – E0675 (arterial insufficiency only)

Intermittent limb compression device, includes all accessories – E0676

For Lymphedema and Chronic Venous Insufficiency use: E0650 – E0673

For Arterial Insufficiency use: E0675

For Deep Vein Thrombosis prophylaxis use: E0676

**Documentation Information:**

To establish the medical necessity of pneumatic compression devices the following must be submitted with the claim or upon request:

- Documentation of appropriate physician oversight including the evaluation of the member's condition to determine medical necessity of the device,
- Suitable instruction in the operation of the machine,
- Treatment plan defining the pressure to be used, frequency and duration of use and ongoing monitoring of use and response to the treatment

Physician evaluation documentation must include:

- Diagnosis and prognosis
- Symptoms and objective findings, including measurements which establish the severity of the condition,
- Reason the device is required, including treatments which have been tried and failed

Record review for DME will include appropriate orders from the treating provider and if equipment is to be used post operatively the surgical facility discharge instructions/summary will reflect orders and instructions for use.

## Reimbursement Information:

Coverage of DME items is for home/place of residence use only. DME items utilized in a facility setting (hospital, outpatient surgery, physician office) are not separately billable and are considered a part of the facility/office charge.

ClaimsXten™ Edits - When codes E0655 through E0673 are billed for Compression Device Accessories along with code E0676, the all-inclusive code for Compression Devices, the accessories will be denied as inclusive to the device and therefore ineligible for separate payment.

Coverage of DVT prophylaxis compression devices (E0676) requires the member have a contraindication to pharmacological agents (i.e. a high risk for bleeding) and meet criteria in medical policy MED202.060

- Major orthopedic surgery (total hip arthroplasty, total knee arthroplasty or hip fracture surgery, OR
- Major non-orthopedic surgery (general gynecological, urologic, thoracic or neuromuscular procedures AND are at moderate or high risk of VTE, OR
- Nonmajor orthopedic surgery AND are at moderate or high risk of VTE

Coverage for Chronic Venous Stasis Ulcers

- Caused by venous insufficiency
- Failed to heal after six-month trial of conservative physician-directed medical therapy (must include use of a compression bandage system or garment, exercise and elevation of the limb)

Coverage for Lymphedema

- Member has failed a four-week trial of conservative therapy (must include use of a compression bandage system or garment, exercise and elevation of the limb)

Segmented, calibrated gradient pneumatic compression device (E0652) is allowed only when the member has unique characteristics, defined in the medical policy MED202.060, that prevent them from receiving satisfactory pneumatic compression treatment using a non-segmented device.

**Modifier NU** indicates purchase of new DME equipment and may be appropriate for lymphedema patients.

**Modifier RR** indicates rental of the DME equipment. One unit of service is billed per monthly period.

**Modifier UE** indicates used DME equipment.

## References:

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DMEPDAC – Medicare Contractor for Pricing, Data Analysis and Coding of HCPCS and Level II DMEPOS Codes, www.dmepdac.com

Medical Policy: DME101.000-DME Introduction

Medical Policy: MED202.060 – Outpatient use of Pneumatic Compression Devices

## Policy Update History:

| Approval Date | Description |
|---|---|
| 07/05/2019 | New policy |
| 08/31/2020 | Annual Review, Disclaimer Update; verbiage update |