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. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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 1.0**

**Clinical Payment and Coding Policy Committee Approval Date: December 10, 2021**

**Plan Effective Date: December 10, 2021**

## Description

This policy provides appropriate coding and billing information for durable medical equipment (DME) for pneumatic compression devices. Correct coding and the appendage of an applicable modifier is needed to identify a rental item versus a purchase item for accurate benefit determination and claims processing.

In order for DME to be eligible for coverage, the need for the equipment 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 (which includes specific exclusions and limitations), and to applicable state and/or federal law. Language and the policies contained in this document does not constitute plan authorization, nor is it an explanation of benefits.

## Term Descriptions:

**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.

**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.

**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.

**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.

**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 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.

**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.

**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.

## Evaluating risk factors for DVT prophylaxis

See Medical Policy MED202.073 Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis for evaluating risk factors

## Reimbursement Information:

Segmented, calibrated gradient pneumatic compression device (E0652) is allowed only when the member has unique characteristics, defined in medical policies **MED202.073** and/or **MED202.060**, that prevent them from receiving satisfactory pneumatic compression treatment using a non-segmented device.

### HCPCS Codes for Pneumatic Compression Devices

The inclusion of a code below does not guarantee reimbursement.

| HCPCS Code(s) | Appropriate Usage |
|---|---|
| **E0655, E0660, E0665, E0666** | **Non-segmental pneumatic compression pumps** |
| **E0656, E0667, E0668, E0669, E0670** | **Segmental pneumatic compression pumps** |
| **E0671, E0672, E0673** | **Segmental gradient pressure pneumatic appliance** |
| **E0675 (Arterial Insufficiency Only)** | **High pressure, rapid inflation/deflation pneumatic compression device** |
| **E0676** | **Intermittent limb compression device, includes all accessories** |
| **E0650, E0673** | **For lymphedema and chronic venous insufficiency use** |
| **E0676** | **For deep vein thrombosis prophylaxis use** |

### Appropriate Modifiers

**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.

### 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 Criteria

**Coverage of DME items** is for home/place of residence use only. The application procedure code is considered bundled into the facility charge. 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.

**Coverage of DVT prophylaxis compression devices** (E0676) requires the member have a contraindication to pharmacological agents (e.g., a high risk for bleeding) and meet criteria in medical policy MED202.073

- 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).

## 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, and
- 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, and
- 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.

For additional information regarding member specific coverage or questions regarding this policy, providers may contact the Plan or their Network Representative.

# References:



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

**Related Policies:**
**Medical Policy** DME101.000-DME Introduction

**Medical Policy:** MED202.073- Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis

**Medical Policy** MED202.060 – Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers

**CPCP023** Modifier Reference Guideline

## Policy Update History:

| Approval Date | Description |
|---|---|
| 07/05/2019 | New policy |
| 08/31/2020 | Annual Review, Disclaimer Update; verbiage update |
| 12/10/2021 | Annual Review |