Pneumatic compression devices and heat/cold therapy units

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for pneumatic compression devices (compression pumps and appliance sleeves) that are to be used in the home setting.

Pneumatic compression pumps are covered only as a rental item until the purchase price is met.

One segmental or non-segmental appliance sleeve for each affected extremity or the trunk or chest is covered per year for use with a medically necessary pneumatic compressor. Pneumatic compression appliances are covered as either outright purchase or as a rental item until purchase price met.

Prior authorization is not required for pneumatic compression devices received/used in a surgical setting.

Coverage

Pneumatic compression devices are generally covered per the indications listed below. Devices that deliver heat and/or cold compression therapy are considered convenience items and are therefore not covered.

Indications that are covered

Lymphedema treatment:

1. The use of a segmented or non-segmented pneumatic compression device without calibrated gradient pressure (E0650, E0651) is covered in the home setting for the treatment of extremity or truncal lymphedema if the member:
   A. Is under the care of a lymphedema specialist or program; and
   B. Has undergone a trial of conservative therapy as outlined below and the treating practitioner has documented that there has been no significant improvement or if significant symptoms remain after the trial. Note: Treating practitioner's clinical documentation must be submitted.
      i. The trial of conservative therapy must be at least 4 weeks in length.
      ii. The trial must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. Trial of a compression bandage or garment is not required for truncal edema.
      iii. The compression garment may be prefabricated or custom-fabricated but must provide adequate graduated compression.
   C. Pneumatic compression devices will be covered for an initial rental period not to exceed six months. Coverage beyond six months requires a new prior authorization request which documents that the member is consistently using the device as directed and that use of the device has been effective in improving lymphedema symptoms during the previous six months. Note: Treating practitioner's clinical documentation must be submitted.

2. The use of a segmented or non-segmented pneumatic compression devices with calibrated gradient pressure (E0652) is covered in the home setting for the treatment of extremity or truncal edema lymphedema if the member:
   A. Is under the care of a lymphedema specialist or program; and
   B. Has undergone a trial of conservative therapy as outlined below and the treating physician has documented that there has been no significant improvement or if significant symptoms remain after the trial. Note: Treating practitioner's clinical documentation must be submitted.
      i. The trial of conservative therapy must be at least 4 weeks in length.
      ii. The trial must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. Trial of a compression bandage or garment is not required for truncal edema.
      iii. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression; and
Peripheral arterial disease
Deep vein thrombosis (DVT)
Chronic venous insufficiency (CVI)

1. Contraindication to the use of anti-coagulation medication (E0652) are covered in the home setting for the treatment of CVI of the lower extremities if the member has:
   A. The use of segmented or non-segmented pneumatic compression device with calibrated pressure (E0650, E0651) has been completed and failed to improve symptoms. Documentation describing consistent use as prescribed and lack of significant symptom improvement is required. A trial of E0650 or E0651 is not required when there is specific documentation of a rare clinical circumstance that prevents effective pneumatic compression treatment using a device without calibrated pressure contracture that may require reduced pressure in a localized area, such as extensive scarring or contracture. Note: Treating practitioner’s clinical documentation must be submitted
   B. Pneumatic compression devices will be covered for an initial rental period not to exceed six months. Coverage beyond six months requires a new prior authorization request which documents that the member is consistently using the device as directed and that use of the device has been effective in improving lymphedema symptoms during the previous six months. Note: Treating practitioner’s clinical documentation must be submitted

Chronic venous insufficiency (CVI) treatment:

1. The use of a segmented or non-segmented pneumatic compression device without calibrated pressure (E0650, E0651) is covered in the home setting for the treatment of CVI of the lower extremities if the member has:
   A. One or more venous stasis ulcer(s) which have failed to heal after a trial of conservative therapy directed by the treating physician, Note: Treating practitioner’s clinical documentation must be submitted, and
   B. The trial of conservative therapy:
      i. Is at least 6 months in length, and
      ii. Includes a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb
   C. When these criteria are met, a pneumatic compression device will be covered for an initial rental period not to exceed six months. Coverage beyond six months requires a new prior authorization request which indicates that the member is consistently using the device as directed and that use of the device has been effective in treating ulcers. Note: Treating practitioner’s clinical documentation must be submitted

2. The use of segmented or non-segmented pneumatic compression devices with calibrated pressure (E0652) are covered in the home setting for the treatment of CVI of the lower extremities if the member has:
   A. One or more venous stasis ulcer(s) which have failed to heal after a trial of conservative therapy directed by the treating physician, and
   B. The trial of conservative therapy:
      i. Is at least 6 months in length, and
      ii. Includes a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb
   C. A minimum 4 week trial using a pneumatic compression device without calibrated gradient pressure (E0650, E0651) has been completed and failed to improve symptoms. Documentation describing consistent use as prescribed and lack of significant symptom improvement is required. A trial of E0650 or E0651 is not required when there is specific documentation of a rare clinical circumstance that prevents effective pneumatic compression treatment using a device without calibrated pressure contracture that may require reduced pressure in a localized area, such as extensive scarring or contracture. Note: Treating practitioner’s clinical documentation must be submitted
   D. Pneumatic compression devices will be covered for an initial rental period not to exceed six months. Coverage beyond six months requires a new prior authorization request which indicates that the member has been consistently using the device as directed and that use of the device has been effective in treating ulcers during the previous six months. Note: Treating practitioner’s clinical documentation must be submitted

Deep vein thrombosis (DVT) prevention:

Pneumatic compression device is covered to prevent deep vein thrombosis (DVT) when there is a contraindication to the use of anti-coagulation medication
A. Pneumatic compression device will be covered for an initial rental period not to exceed six months. Coverage beyond six months requires a new prior authorization request which indicates that the member has been consistently using the device as directed over the previous six months. Note: Treating practitioner’s clinical documentation must be submitted

Peripheral arterial disease:

1. The use of a pneumatic compression device with high pressure, rapid inflation/deflation cycle,
Indications not covered

1. The use of a pneumatic compression device is not covered for any other indication.
2. The use of a segmented or non-segmented pneumatic compression devices with calibrated gradient pressure (E0652) is not medically necessary in the absence of clear documentation of failed symptom improvement with a device without calibrated pressure or a documented requirement for specified pressure to a localized area as available medical literature does not support improved efficacy compared with standard segmented pneumatic compression devices.
3. Devices that deliver heat and/or cold compression therapy are not covered. Therapy administered with these devices has not been proven to be any more effective than traditional delivery of heat/cold and compression (e.g., heating pads, ice packs, compression wraps), and therefore these devices are considered convenience items. Examples of such devices include, but are not limited to, Game Ready® units with attached cooled systems, BioCry0® Cold Compression System, and Aqua Relief System®.
4. More than one segmental or non-segmental appliance sleeve for each affected extremity or the trunk or chest per year. Appliances must be for use with a medically necessary pneumatic compressor.

Definitions

Complex lymphedema therapy (CLT) is a rehabilitative treatment used for chronic (lasting about 3 months or more) lymphedema (swelling caused by buildup of fluid) that does not respond to other treatments. It may include exercises and massage performed by specialized therapists. This method has also been referred to as complete decongestive physiotherapy (CDP). The treatment goal is to reduce and control the amount of swelling in the affected limb, as well as to restore function and improve appearance. Programs are generally provided on an outpatient basis in the office setting or in a lymphedema rehabilitation center or clinic.

Chronic venous insufficiency (CVI) of the lower limbs is a condition that occurs when the walls and valves of the veins are not working effectively, leading to blocking or reflux (backflow) of blood in the veins. This makes it difficult for the blood to return to the heart. Signs of CVI include discolored or inflamed skin, chronic swelling, and venous ulcers (sores).

Devices that deliver heat and/or cold compression therapy use pneumatic (air pressure powered) or mechanical pumps that may be operated by battery or electricity. The intended function of a pump is to provide timed periods of compression and cooling or heating to the affected area. The devices generally consist of two basic parts: a wrap or wrap system for the affected body part and a control unit or pump, which is filled with ice and/or water. The control unit or pump circulates the cooled or heated water through the wrap system to the affected area.

Intermittent pneumatic compression devices prevent venous clotting by improving blood flow in the deep legs of the veins, thereby preventing the slowing or stopping of blood flow.

Lymphedema is the swelling of the subcutaneous (just below the skin) tissues caused by blocking of lymphatic vessel drainage. It results from excess lymph fluid collection and may be caused by surgery, radiation treatment, injury, infection, the presence of a tumor in the area of the lymph nodes, or a faulty formation of the lymphatic system. Lymphedema may cause serious infection (cellulitis), hardening of tissues (fibrosis), skin damage and difficulty with mobility.

Pneumatic compression devices for treatment of lymphedema or chronic venous insufficiency with ulcers consist of an electrical pneumatic (air pressure powered) pump and an inflatable sleeve(s) that enclose the affected body part. The device is turned on and the sleeve is inflated for a period of time to gently squeeze the tissues and then deflate. Pneumatic pumps assist blood and lymph flow through the limbs.

- A nonsegmented pneumatic compression device (E0650) has a single pressure outflow port on the pump unit which can be connected to a single or to multiple compartment sleeve(s). The segment(s) inflate and deflate based on the on amount of pressure and timing cycle options available for the device.
- A segmented pneumatic compression device without calibrated gradient pressure (E0651) has multiple pressure outflow ports on the pump unit. The compressed air from each outflow port is sent to a separate segment on the appliance. Each segment inflates and deflates based on the pressures settings.
and treatment cycle times options available for the device. The same pressure is present in each segment or there is a different pressure pre-set in each segment.

- A segmented pneumatic compression device with calibrated gradient pressure (E0652) has multiple pressure outflow ports on the pump unit. The pressurized air from each outflow port is sent to a separate segment on the appliance sleeve. The segments inflate and deflate based on the pressures and treatment cycle time options available for the device. The device can be adjusted manually to control at least six ports that can deliver a specific amount of pressure to each appliance segment. Additionally, two phase devices are available, with the first phase is a “preparatory” phase, followed by a drainage treatment phase, which utilizes light variable pressure to drain fluid from the treatment area. The Flexitouch® System is an example of a two phase calibrated gradient pressure device. Software programming for the device allows the clinician to adjust the pressures and timing of the individual air segments on the sleeve, most often to adjust for scarring or contracture. Each treatment session takes approximately 1 hour.

Pneumatic compression devices for the treatment of peripheral artery disease (PAD) (E0675) delivers high pressure and rapid inflation/deflation cycles for the treatment of peripheral artery disease, a condition that causes poor blood flow to the legs, which can cause pain, difficulty walking, and slower wound healing.

Segmental gradient pressure pneumatic appliances (E0671-E0673) are appliances/sleeves which are used with a non-segmented pneumatic compressor (E0650) to achieve a pressure gradient through the design of the tubing and/or air chambers.

Venous thromboembolism (VTE) refers to deep vein thrombosis (DVT) (blood clotting) or pulmonary embolism (PE) (blood clot in the lungs). Risk of DVT increases due to slowing or stopping of blood in the veins of the lower limbs as a result of the body not being able to move during or after surgery. Patients who have major orthopedic (bone) surgery (such as total hip replacement, total knee replacement, and hip fracture repair surgery) are at higher risk. While most DVTs don’t cause problems and generally resolve when the patient can be mobile again, some DVTs may cause serious complications, such as a clot moving to the lungs, causing chest pain and breathing difficulties, and possibly death.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

Covered ICD-10-CM Codes when coverage criteria are met:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>I87.2</td>
<td>Venous insufficiency (chronic)</td>
</tr>
<tr>
<td>I89.0- I89.9</td>
<td>Other noninfective disorders of lymphatic vessels and lymph nodes</td>
</tr>
<tr>
<td>I97.2</td>
<td>Postmastectomy lymphedema syndrome</td>
</tr>
<tr>
<td>Q82.0</td>
<td>Hereditary lymphedema</td>
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Covered HCPCS Codes when coverage criteria are met:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0650</td>
<td>Pneumatic compressor, nonsegmental home model</td>
</tr>
<tr>
<td>E0651</td>
<td>Pneumatic compressor, segmental home model without calibrated gradient pressure</td>
</tr>
<tr>
<td>E0652</td>
<td>Pneumatic compressor, segmental home model with calibrated gradient pressure</td>
</tr>
<tr>
<td>E0655</td>
<td>Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm</td>
</tr>
<tr>
<td>E0656</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, trunk</td>
</tr>
<tr>
<td>E0657</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, chest</td>
</tr>
<tr>
<td>E0660</td>
<td>Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg</td>
</tr>
<tr>
<td>E0663</td>
<td>Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm</td>
</tr>
<tr>
<td>E0666</td>
<td>Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg</td>
</tr>
<tr>
<td>E0667</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, full leg</td>
</tr>
<tr>
<td>E0668</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, full arm</td>
</tr>
<tr>
<td>E0669</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, half leg</td>
</tr>
<tr>
<td>E0670</td>
<td>Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk</td>
</tr>
<tr>
<td>E0671</td>
<td>Segmental gradient pressure pneumatic appliance, full leg</td>
</tr>
<tr>
<td>E0672</td>
<td>Segmental gradient pressure pneumatic appliance, full arm</td>
</tr>
<tr>
<td>E0673</td>
<td>Segmental gradient pressure pneumatic appliance, half leg</td>
</tr>
<tr>
<td>E0675</td>
<td>Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial</td>
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Non-covered HCPCS Codes:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0217</td>
<td>Water circulating heat pad with pump</td>
</tr>
<tr>
<td>E0218</td>
<td>Water circulating cold pad with pump</td>
</tr>
<tr>
<td>E0236</td>
<td>Pump for water circulating pad</td>
</tr>
<tr>
<td>E0249</td>
<td>Pad for water circulating heat unit, for replacement only</td>
</tr>
<tr>
<td>E1399</td>
<td>Durable medical equipment, miscellaneous, when used to describe heat and cold compression therapy systems for home use</td>
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## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 1-800-233-9645.

### Vendor

- Items must be received from a contracted vendor for in-network benefits to apply.
- Full line vendors provide a wide range of equipment and supplies, such as hospital beds, aids for ambulating and toileting, phototherapy lights, wheelchairs, custom seating devices, monitors, pumps, oxygen and etc.

## References:
