Subject: Durable Medical Equipment for Pneumatic Compression Devices (PCD)

Medical Policy #: 5.0 Original Effective Date: 01/23/2019

Status: Reviewed Last Annual Review Date: 05-09-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Pneumatic Compression Devices (PCD) are covered under the Durable Medical Equipment (DME) benefit. In order for a member's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met.

NOTE: The licensed/certified medical professional (LCMP) directly involved in the member's lymphedema treatment may not have any financial relationship with the DMEPOS supplier providing the device.

- Items that do not require Prior Authorization are subject to retrospective review and are only covered for the indications listed.
- All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan

Description

Pneumatic compression devices consist of an inflatable garment for the arm or leg 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. Pneumatic devices are covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers.

Edema:
Edema is a non-specific term for the accumulation of fluid in tissue, most often in the extremities. There are numerous causes for edema, ranging from systemic disorders (e.g. congestive heart failure, etc.) to local conditions (post-surgery, congenital abnormalities, etc.). (Examples are not all-inclusive).

Lymphedema:
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. It is essential to rule out other causes of edema in order to diagnose lymphedema. Edema from other causes is not classified as lymphedema for purposes of Medicare reimbursement for PCDs (E0650-E0652).

Lymphedema is divided into two broad classes according to etiology.

1. **Primary lymphedema:**
   Primary lymphedema is a disorder of the lymphatic system that occurs on its own. Primary lymphedema is inherited and relatively uncommon, chronic condition. Examples (not all-inclusive) are:
   - Congenital lymphedema due to lymphatic aplasia or hypoplasia
   - Milroy's disease, an autosomal dominant familial form of congenital lymphedema
   - Lymphedema praecox
   - Lymphedema tarda

2. **Secondary lymphedema:**
   Secondary lymphedema is a disorder of lymphatic flow that is caused by some other disease or condition. Secondary lymphedema is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as surgical removal of lymph nodes or post radiation fibrosis, among other causes. It is most commonly caused by surgery (especially lymph node dissection, such as for breast cancer), radiation therapy (especially axillary or inguinal), trauma, lymphatic obstruction by tumor, and, in developing countries, lymphatic filariasis. Secondary lymphedema may also result from compression of the lymphatic and venous channels resulting from leakage of fluid into interstitial tissues in patients with chronic venous insufficiency. (See below)

Chronic Venous Insufficiency (CVI)
Lymphedema may also be caused by CVI when fluid leaks into the tissues from the venous system. 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 the veins. Signs of CVI include hyperpigmentation, stasis dermatitis, chronic edema, and venous ulcers. The incidence of lymphedema from CVI is not well established.

Peripheral Arterial Disease (PAD)

Peripheral artery disease is a circulatory problem in which narrowed arteries reduce blood flow to limbs, resulting in compromised blood flow to the distal tissue and failure to keep up with oxygen demands.

Coverage Determination

For Medicare, Medicaid, and Commercial.

Prior Authorization is required. Log on to Pres Online to verify and/or submit a request: https://ds.phs.org/preslogin/index.jsp

The only products that may be billed using codes E0650, E0651, E0652 and E0675 are those for which the Pricing, Data Analysis, and Coding (PDAC) contractor has completed a Coding Verification Review.

I - LYMPHEDEMA

A PCD coded as E0650 or E0651 (Single or multi-chamber or segment ***non-programmable*** compression devices) are covered for both primary and secondary lymphedema in individuals with lymphedema when **all** of the following criteria are met:

A. The individual has a diagnosis of lymphedema as defined above,

and

B. The individual's lymphedema is not improving with a 4-week trial of conservative therapy, which includes **all** of the following:

1. Regular and compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
2. Regular exercise
3. Elevation of the limb

C. The individual has been compliant with conservative therapy.

A PCD coded as E0652 (Single or multi-chamber or segment ***programmable*** compression device) is covered for the treatment of lymphedema when the following criteria are met:

A. The criteria above for a ***non-programmable*** compression device have been met;

and

B. Criteria **1** *or* **2** below have been met:

1. All of the below:
    a. A single or multi-chamber or segment ***non-programmable*** compression device has been tried for a minimum of 3 months; **and**
    b. There is documentation of compliance with treatment with the ***non-programmable*** pneumatic compression device; **and**
    c. The records provide objective documentation that lymphedema has progressed;

OR

2. There is clear documentation of a condition that prevents the satisfactory treatment of lymphedema with a ***non-programmable*** device. Such conditions may include, but are not limited to the following:
    a. Contracture; **or**
    b. Sensitive skin; **or**
    c. Significant scarring.

A PCD coded as E0650, E0651, or E0652 used to treat edema from causes other than lymphedema is **not** considered reasonable and medically necessary.

The documentation by the treating practitioner of the medical necessity for PCD must include:

- The patient's diagnosis and prognosis;
- Symptoms and objective findings, including measurements which establish the severity of the condition;
- The reason the device is required, including the treatments which have been tried and failed; and
- The clinical response to an initial treatment with the device

II - CHRONIC VENOUS INSUFFICIENCY (CVI) WITH VENOUS STASIS ULCERS

A PCD coded as E0650 or E0651 (Single or multi-chamber or segment ***non-programmable*** compression devices) is covered for the treatment of CVI of the lower extremities only if the individual has **all** of the following:

A. Edema in the affected lower extremity

B. One or more venous stasis ulcer(s)

C. The ulcer(s) have failed to heal after a six-month trial of conservative therapy directed by the treating practitioner, which includes **all** of the following:

1. Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
2. Regular exercise
3. Elevation of the limb
4. Appropriate wound care for the ulcer (including sharp debridement where appropriate)

At the end of the six-month trial of conservative management, if there has been improvement, then PCD is not reasonable and medically 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 CVI is medically necessary.

A PCD coded as E0652 (Single or multi-chamber or segment ***programmable*** compression device) is covered for the treatment of CVI when the following are met:

A. The criteria above for a ***non-programmable*** compression device have been met;

and

B. There is clear documentation of a condition that prevents the satisfactory treatment of lymphedema with a ***non-programmable*** **device**. Such conditions may include, but are not limited to the following:

- Contracture; **or**
- Sensitive skin; **or**
- Significant scarring.

III – PERIPHERAL ARTERY DISEASE (PAD)

Pneumatic Compression Devices (PCD) coded as **E0675** is used in the treatment of peripheral arterial disease.

A PCD coded as **E0675** to treat PAD is not eligible for reimbursement. There is insufficient evidence to demonstrate that reimbursement is justified. Claims for **E0675** will be denied as not reasonable and necessary.

Other PCD codes are not used for this condition

IV – DEEP VENOUS THROMBOSIS (DVT) PREVENTION

The use of E0676, Intermittent Pneumatic Compression device for Venous Thromboembolism Prophylaxis will be medically necessary and are covered for thirty (30) days for:

- Members undergoing Total Hip Arthroplasty, Total Knee Arthroplasty, or Hip Fracture Surgery, who has contraindications for pharmacologic prophylaxis or who are at high risk of bleeding.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPCS CODE	Pneumatic compression device (PCD) used to treat edema from causes other than lymphedema is not reasonable and necessary. See policy section for further details on correct usage of PCD
E0650	Pneumatic compressor, non-segmental home model. A PCD coded as E0650 used to treat edema from causes other than lymphedema or CVI is not eligible for reimbursement
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure. A PCD coded as E0651 used to treat edema from causes other than lymphedema or CVI is not eligible for reimbursement
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure. A PCD coded as E0652 used to treat lymphedema not extending onto the chest, trunk and/or abdomen or CVI is not eligible for reimbursement

HCPCS Code	PCD related accessories
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system). PCD coded as E0675 to treat PAD will not be covered since it is considered not reasonable and necessary.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified.

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee (PHCQC): Clinton White MD
Senior Medical Directors: Jim Romero MD
Medical Director: Kresta Antillon MD
Date Approved: 05/28/2025

References

1. CMS. Pneumatic Compression Devices (L33829), Retired, Revision Date 11/14/2024, Revision # R14. Accessed 04-30-2025
2. CMS, Local Coverage Article, Pneumatic Compression Devices – Policy Article (A52488), Retired, Revision date: 11/14/2024, Revision number R13. Accessed 04/30/2025
3. CMS for Pneumatic Compression Devices NCD (280.6), Effective Date: 01/14/2002, Version 1 Accessed 04/30/2025
4. UpToDate, Management of peripheral lymphedema, Literature review current through: Mar 2025. | This topic last updated: Jan 03, 2025. Accessed 04/30/2025
5. Anthem, Compression Devices for Lymphedema, GL#CG-DME-06, Publish Date: 01/30/2025, Last review: 11/14/2024 [Cited 04/30/2025]
6. BCBS of New Mexico, Compression Pumps for Treatment of Lymphedema and Venous Ulcers, Policy Number: MED202.060, Effective date: 02/01/2025. [Cited 04/30/2025]
7. Cigna, Compression Devices, Policy # 0354, Effective Date: 04/15/2025, Next Review 4/15/2026. [Cited 04/30/2025]
8. Aetna, Intermittent Pneumatic Compression Devices, Number: 0500, Next Review:05/22/2025 [Cited 04/30/2025]

Publication History

01-23-19 Effective Date. Policy follows CMS PCD Guidelines using LCD L33829, Article A52488 and NCD 280.6.
05-20-20 Annual review. Reviewed by PHP Medical Policy Committee on 03/18/20. Committee agreed to keep policy without PA since utilization is stable; keep CMS LCD/NCD. No change to LCD L33829/A52488 and NCD 280.6 remains the same. No substance change, only order of policy display was altered or changed.

	Removed duplicate policy DME for Lymphedema Pumps/Garments, MPM 26.0
05-26-21	Annual review. Reviewed on 04/13/2021. Policy with no change, will resume to follow LCD L33829 and NCD 280.6. The LCD is still on the same revision as last review. Continue no PA requirement.
05-25-22	Annual review. Reviewed by PHP Medical Policy Committee on 04/29/22, 05/02/22 and 05/06/2022. The coverage determination guideline language removed from policy and reformatted to only include description of services with CMS LCD/NCD web links. Continue to follow Pneumatic Compression Devices, (LCD L33829/LCA A52488) for the following conditions: lymphedema, chronic venous insufficiency w/venous stasis ulcers, lymphedema extending onto chest, truck and/or abdomen and for PAD. PHP extended coverage for prevention of DVT (code E0676) for all LOB and developed internal criteria. Code E0675 will be set to deny as not reasonable and necessary for all LOB, per LCD (L33829) and LCA (A52488). Device codes: E0650, E0651, E0652 and E0676 and their related accessories codes E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672 and E0673 will now require prior authorization.
05-24-23	Annual review. Reviewed by PHP Medical Policy Committee on 04/19/2023. No change. Continue to follow LCD (L33829). Continue configuration of E0675 to deny usage of pneumatic compression device for arterial insufficiency. Continue coverage for all LOB for DVT prevention using (E0676). Continue PA requirement.
05-22-24	Annual review. Reviewed by PHP Medical Policy Committee on 04/17/2024. No change. Continue to follow LCD (L33829) and NCD 280.6 for ALOB. Continue configuration of E0675 to deny usage of pneumatic compression device for arterial insufficiency per LCD L33829. Continue coverage for (code E0676) for ALOB for DVT prevention and require PA. Continue PA requirement for: E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676. Update 12-31-2024 -Removed LCD L33829 and LCA A52488. DME MACs are retiring the Pneumatic Compression Devices LCD (L33829) and related Policy Article (A52488) effective for claims with dates of service on or after November 14, 2024 due to existence of National Coverage Determination 280.6.
05-28-25	Annual review. Reviewed by PHP Medical Policy Committee on 05-02-2025. ALOB will no longer follow NCD 280.6. A homegrown criterion was created due to the complexity and vagueness of NCD 280.6. The new criteria are equivalent and not more restrictive as NCD 280.6. The criteria combined NCD 280.6 guidance along with additional explanation to provide clarification making the criteria easier to follow. The PA requirement will continue since the approval rate for PCD devices are mostly below 95% approval rating.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: Click here for Medical Policies

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.