Pneumatic and Nonpneumatic Compression Devices

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Overview

Pneumatic and nonpneumatic compression devices are used for treatment of chronic venous insufficiency of the lower extremities, lymphedema, peripheral artery disease or deep venous thrombosis. Compressors may be pneumatic, which use air to remove excess fluid, or nonpneumatic, which use other mechanisms. Compressors and appliances may be nonsegmented (a single chamber) or segmented (multiple chambers) with or without calibrated gradient pressure. Treatment concurrently utilizes limb elevation, gradient pressure stockings or sleeves, and compression bandaging.

Eligible Providers

The following providers may provide pneumatic and nonpneumatic compression devices and related supplies:

- Federally qualified health center
- Home health agencies
- Indian Health Services
- Medical suppliers
- Pharmacies
- Rural health clinic

TPL and Medicare

Providers must meet any provider criteria, including accreditation, for third party insurance or Medicare to assist members for whom MHCP is not the primary payer.

Eligible Members

Pneumatic and nonpneumatic compression devices are covered for eligible medical assistance and MinnesotaCare members with chronic venous insufficiency of the lower extremities, peripheral artery disease, deep venous thrombosis, or lymphedema and are not responding to other treatment options.

Covered Services

Codes: E0650-E0652, E0655-E0657, E0660, E0665-E0673, E0675-E0683

MHCP covers compressors and appliances for eligible members. Only compressors approved by the U.S. Food and Drug Administration are covered. MHCP covers one pneumatic or nonpneumatic compressor and appliances per five years when less intensive treatments have not been effective.

Nonsegmental pneumatic compression devices (E0650) and segmental pneumatic compression devices without calibrated gradient pressure (E0651) are covered without authorization for treatment of chronic venous insufficiency of the lower extremities when the member has had one or more lower extremity venous stasis ulcers and meets the following criteria:

- The member has undergone at least six months of conservative therapy. Conservative therapy includes:

    - The use of appropriate compression bandage systems or compression garments
    - Appropriate dressings for the wound
    - Exercise
    - Elevation of the limb
    - Aggressive skin care
- The venous stasis ulcer has failed to heal after a six-month trial.

Nonsegmental pneumatic compression devices (E0650) and segmental pneumatic compression devices without calibrated gradient pressure (E0651) are covered with authorization for treatment of lymphedema when the member meets the following criteria:

- The member has undergone at least four weeks of conservative therapy. Conservative therapy includes:
    - The use of appropriate compression bandage systems or compression garments
    - Appropriate dressings for the wound
    - Exercise
    - Elevation of the limb
    - Aggressive skin care
- No significant improvement has occurred, or significant symptoms remain after a four-week trial.

Before dispensing the compressor and appliances, the medical supplier must obtain documentation from the ordering physician detailing the conservative treatment that was tried and failed.

One appliance for each affected extremity is covered per year for use with a medically necessary compressor. A new order is required for replacement of an appliance.

Segmental pneumatic compression devices with calibrated gradient pressure (E0652), nonpneumatic compression controllers with sequential calibrated gradient pressure (E0680), and nonpneumatic compression controllers without calibrated gradient pressure (E0681) are covered with authorization when the recipient's medical condition cannot be safely and effectively treated with pneumatic nonsegmental devices or with segmental devices without calibrated gradient pressure.

Integrated appliances with two full legs and trunk (E0670) are covered with authorization for members that cannot use other appliances due to coexisting medical conditions, including obesity.

High-pressure, rapid-cycling pneumatic compression devices (E0675) are covered with authorization for treatment of peripheral artery disease for members who might otherwise require surgical treatment of the arterial insufficiency.

Intermittent limb compression devices (E0676) and nonpneumatic, nonsequential, peristaltic wave compression pumps (E0683) are covered with authorization for prevention of deep venous thrombosis.

Noncovered Services

MHCP does not cover compressors and appliances for indications other than chronic venous insufficiency of the lower extremities, peripheral artery disease, deep venous thrombosis, or lymphedema. These devices are considered investigative and substantive research is lacking.

Authorization

Authorization is always required for the following:

- Segmental pneumatic compression devices with calibrated gradient pressure (E0652)

- Integrated appliances with two full legs and trunk (E0670)
- High-pressure, rapid-cycling pneumatic compression devices (E0675)
- Intermittent limb compression devices (E0676)
- Nonpneumatic compression controller with sequential calibrated gradient pressure (E0680)
- Nonpneumatic compression controller without calibrated gradient pressure (E0681)
- Nonpneumatic appliances (E0677 to E0679, E0682)
- Nonpneumatic, nonsequential, peristaltic wave compression pump (E0683)

Documentation for authorization requests must include:

- Member's diagnosis
- Order
- Clinical history, including prior treatments and failure of conservative treatment
- Consideration of less costly treatments
- Treatment plan

High-pressure, rapid-cycling pneumatic compression devices (E0675), intermittent limb compression devices (E0676), nonpneumatic compressors and appliances (E0677 to E0682), and nonpneumatic, nonsequential, peristaltic wave compression pumps (E0683) are capped rental items only. Documentation must clearly articulate the expected length of need. Authorization will be made for up to three months at a time for E0675, E0676, and E0683, up to the total capped rental period. Subsequent requests must illustrate that the member has responded to treatment and continues to require treatment with the device.

Submit authorization requests and required documentation to the Medical Review Agent.

Billing

Providers are responsible to coordinate services. Refer to the Billing Policy Overview section of the MHCP Provider Manual for general billing information.

Bill compression devices using MN–ITS 837P Professional. Refer to the Billing for Durable Medical Equipment, Medical Supplies, Prosthetics, Orthotics, and Augmentative Devices MN–ITS user manual for general billing requirements and guidance when submitting claims.

- Use modifier NU for purchases.
- Use modifiers KH, KI, KJ, and RR for rentals.
- Use HCPCS A4600 for appliance replacements for HCPCS E0676.

Appliances and other supplies used with intermittent limb compression devices (E0676) are included in the payment for the pump.