Medicare Coverage Criteria for Pneumatic Compression Devices (PCDs)

APPLIES TO ALL PCDs (HCPCS E0651 AND E0652) REGARDLESS OF SUPPLIER

MEDICARE REQUIRES PATIENT MEDICAL RECORDS DOCUMENTING THE FOLLOWING TO MEET CRITERIA FOR COVERAGE OF A PNEUMATIC COMPRESSION DEVICE (PCD) CODED AS E0651 OR E0652:

1 Diagnosis with at least **one** of the following documented in medical records:

- ☐ **I97.2** Post mastectomy lymphedema
- ☐ **I89.0** Lymphedema, not elsewhere classified (document etiology)
- ☐ **Q82.0** Hereditary lymphedema (including lymphedema tarda)
- ☐ **I87.2/L97.919R or I87.2/L97.929L** Chronic venous insufficiency with chronic ulcer (see item 6)

2 Physician oversight:

- ☐ Signed plan of care and/or physician notes with one **face-to face visit within 6 months** from order date

3 Clinical findings supporting **chronic** and **severe** lymphedema. Examples include:

- ☐ Marked hyperkeratosis with hyperplasia and hyperpigmentation
- ☐ Papillomatosis cutis lymphostatics
- ☐ Deformity of elephantiasis
- ☐ Skin breakdown with persisting lymphorrhea
- ☐ **OR synonymous clinical terms, description of persisting symptoms**

4 Conservative therapy documentation to include:

- ☐ 4 weeks of appropriate compression system or bandages, exercise, and elevation of the limb(s)
- ☐ Persisting symptoms despite clinical treatments and need for PCD
- ☐ When available, manual lymphatic drainage and adjustments to medication and diet

5 Measurements confirming persistence of lymphedema:

- ☐ Measurements establishing severity
- ☐ Measurements pre and post initial treatment with an E0651device
- ☐ If appropriate, measurements pre and post initial treatment with an E0652 device (see item 7)

6 Chronic venous insufficiency and venous ulcers documented signs/symptoms of **unhealed** wounds over the course of 6 months of treatment to include:

- ☐ Therapies tried and failed including:
  - Regular and compliant use of appropriate compression system or bandages, exercise, and elevation of the limb(s)
  - Appropriate wound care

7 Trunk, chest or abdominal lymphedema **may** deem patient appropriate for E0652 documentation must also include:

- ☐ Lymphedema in the chest, trunk or abdominal regions **AND**
- ☐ Initial treatment with E0651 device:
  - Pre and post measurements of chest, trunk or abdomen **AND**
  - Frequency and duration of initial treatment with E0651 device **AND**
- ☐ Initial treatment with E0652 device:
  - Pre and post measurements of chest, trunk or abdomen **AND**
  - Frequency and duration of initial treatment with device

CONTINUES ON REVERSE

Clinical findings of severe lymphedema include:



HYPERPLASIA

Increase in tissue due to increase in total number of cells



PAPILLOMATOSIS

Papillomas are raised wart-like growths, hard bumps/projections, that can appear with longstanding lymphedema



HYPERKERATOSIS

An overgrowth of the skin, like a very thick callus, where skin easily flakes



LYMPHORRHEA

Skin breakdown, clear lymph fluid leaks externally, also called skin "weeping"



HYPERPIGMENTATION

Skin discoloration, in earlier stages can be salmon pink with progression darkens often to brown, purple or rusty in color



ELEPHANTIASIS

Progressive enlargement of extremity, chronic fibrosis

VISIT CMS.GOV OR TACTILEMEDICAL.COM FOR ADDITIONAL INFORMATION

IF YOU HAVE QUESTIONS ABOUT MEDICARE COVERAGE CRITERIA FOR PCDs, PLEASE CONTACT TACTILE MEDICAL'S

MEDICARE HOTLINE: 855.319.9949 OR MARKETACCESS@TACTILEMEDICAL.COM

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