

Medicare Coverage Criteria for Pneumatic Compression Devices (PCDs)

APPLIES TO ALL PCDs (HCPCS E0651 AND E0652) REGARDLESS OF SUPPLIER PER NATIONAL COVERAGE DETERMINATION 280.6

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 Symptoms and clinical findings establishing the severity of lymphedema.
 - Documentation of clinical findings supporting **chronic** and **severe** symptoms. Examples may include:
 - Marked hyperkeratosis with hyperpigmentation
 - Papillomatosis (warts, nodules, papules)
 - Skin breakdown with persisting lymphorrhea
 - Deformity of elephantiasis
 - **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 confirming the persistence of lymphedema
 - Measurements pre and post initial treatment with an E0651 device
 - 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 E0652 devices to treat trunk, chest or abdominal lymphedema may qualify for reimbursement when:
 - The presence of chest, trunk or abdominal lymphedema is established in the patient's medical record **AND**
 - An initial treatment with an E0651 device does not provide satisfactory treatment **AND**
 - Initial treatment with E0651 device is documented to include:
 - 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 is documented to include:
 - Pre and post measurements of chest, trunk or abdomen **AND**
 - Frequency and duration of initial treatment with device

Clinical findings of severe lymphedema include:



PAPILLOMATOSIS

Wart-like growths (papillomas) 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

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FOR ADDITIONAL INFORMATION

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