PNEUMATIC COMPRESSION DEVICES:
BENEFICIARIES MEETING CRITERIA FOR E0650, E0651, & E0652

REQUIRED DOCUMENTATION

All Claims for Pneumatic Compression Devices E0650, E0651, & E0652

Dates of Service on or after 06/07/2022

- ☐ **Standard Written Order (SWO)**
  - ☐ Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - ☐ Order Date
  - ☐ General description of the item
    - ☐ The description can be either a general description (e.g., pneumatic compression device), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - ☐ For equipment – In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
  - ☐ Quantity to be dispensed, if applicable
  - ☐ Treating Practitioner Name or NPI
  - ☐ Treating Practitioner's signature
  - ☐ Standard Written Order was obtained prior to submitting the claim to Medicare
  - ☐ Any changes or corrections have been initialed/signed and dated by the ordering practitioner
- ☐ **Certificate of Medical Necessity (CMN)**
  - ☐ **For claims with dates of service on or after January 1, 2023,** suppliers must not submit a CMN with the claim. If a CMN is included with the claim, the claim will be rejected and returned to the supplier.
  - ☐ **For claims with dates of service prior to January 1, 2023,** if the CMN is required, it must be submitted with the claim, or be on file with a previous claim.
  - ☐ **For dates of service for which a CMN is required,** if question #1 on the CMN ("Does the beneficiary have chronic venous insufficiency with venous statis ulcers?") if answered "Yes", documentation reflecting all of the following must be in the beneficiary's medical record:
    - ☐ The location of venous stasis ulcer (s), and
    - ☐ How long each ulcer has been continuously present, and
    - ☐ Previous treatment with a compression bandage system or compression garment, appropriate dressing for the ulcer(s), exercise and limb elevation for at least the past 6 months, and
    - ☐ Evidence of regular practitioner visits for treatment of venous stasis ulcer(s) during the past 6 months.

☐ Proof of Delivery Documentation

Direct Delivery	Shipped/Mail Order Tracking Slip	Shipped/Mail Order Return Post-Paid Delivery Invoice
☐ Beneficiary's name ☐ Delivery address ☐ Quantity delivered ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Delivery date ☐ Signature of person accepting delivery ☐ Relationship to beneficiary	☐ Shipping invoice ☐ Beneficiary's name ☐ Delivery address ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Quantity shipped ☐ Tracking slip ☐ References each individual package ☐ Delivery address ☐ Date shipped ☐ Date delivered ☐ Package I.D. #number ☐ A common reference number (package ID #, PO #, etc.) links the invoice and tracking slip (may be handwritten on one or both forms by the supplier)	☐ Shipping invoice ☐ Beneficiary's name ☐ Delivery address ☐ A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number. ☐ Quantity shipped ☐ Date shipped ☐ Signature of person accepting delivery ☐ Relationship to beneficiary ☐ Delivery date

NOTE: If a supplier utilizes a shipping service or mail order, suppliers have two options for the date of service (DOS) to use on the claim:

1. Suppliers may use the shipping date as the DOS. The shipping date is defined as the date the delivery/shipping service label is created or the date the item is retrieved by the shipping service for delivery. However, such dates should not demonstrate significant variation.
2. Suppliers may use the date of delivery as the DOS on the claim.

☐ **Medical Record Documentation**

- ☐ The trial of conservative therapy must be documented in the beneficiary's medical record before prescribing any type of pneumatic compression device (E0650, E0651, E0652). This assessment may be performed by the treating practitioner, or any other licensed/certified medical professional (LCMP) directly involved in the beneficiary's lymphedema or chronic venous insufficiency (CVI) treatment. The LCMP may not have any financial relationship with the DMEPOS supplier providing the device. If the assessment is performed by an LCMP, the treating practitioner must receive and review the report of the evaluation. In addition, the treating practitioner must sign and date the report and state concurrence or disagreement with the assessment. The signature date must be on or before the prescription date.
- ☐ Signatures on medical records meet **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

Pneumatic Compression Devices (PCDs) coded as E0650, E0651, and E0652 are used only in the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous statis ulcers based upon the coverage criteria outlined below.

All Claims for Pneumatic Compression Devices E0650 & E0651 - Lymphedema

☐ Medical Records

- ☐ Diagnosis of lymphedema, and
- ☐ Persistence of chronic and severe lymphedema as identified by the documented presence of at least one of the following clinical findings:
  - ☐ Marked hyperkeratosis with hyperplasia and hyperpigmentation,
  - ☐ Papillomatosis cutis lymphostatica,
  - ☐ Deformity of elephantiasis,
  - ☐ Skin breakdown with persisting lymphorrhea,

- ☐ Detailed measurements over time confirming the persistence of the lymphedema with a history evidencing a likely etiology, and
- ☐ In addition to this documented persistence, the lymphedema is then documented to be unresponsive to other clinical treatment over the course of a required four-week trial.
- ☐ Signatures on medical records meet **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

☐ Four-Week Trial for Lymphedema

- ☐ A documented four-week trial of conservative therapy demonstrating failed response to treatment is required. The four-week trial of conservative therapy must include all of the following:
  - ☐ Regular and compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression

    Adequate compression is defined as:

    » (1) sufficient pressure at the lowest pressure point to cause fluid movement, and (2) sufficient pressure across the gradient (from highest to lowest pressure point) to move fluid from distal to proximal. The compression used must not create a tourniquet effect at any point.
    » The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally.
  - ☐ Regular exercise, and
  - ☐ Elevation of the limb, and
  - ☐ When available, manual lymphatic drainage is a key component of conservative treatment as is appropriate medication treatment when there is concurrent congestive failure.

☐ Documentation by the treating practitioner 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.

All Claims for Pneumatic Compression Devices E0650 & E0651 – Chronic Venous Insufficiency with Venus Stasis Ulcers (CVI)

☐ Medical Records

- ☐ Edema in the affected lower extremity, and
- ☐ One or more venous stasis ulcer(s), and
- ☐ The ulcer(s) have failed to heal after a six-month trial of conservative therapy directed by the treating practitioner.
- ☐ Signatures on medical records meet **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

☐ Six-Month Trial for CVI

- ☐ A six-month trial of conservative therapy demonstrating failed response to treatment is required. The six-month trial of conservative therapy must include all of the following:
  - ☐ Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression

    Adequate compression is defined as:

    » Adequate compression is defined as (1) sufficient pressure at the lowest pressure point to cause fluid movement and (2) pressure across the gradient (from highest to lowest pressure point) to move fluid from distal to proximal. The compression used must not create a tourniquet effect at any point.

  - » The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally.
- ☐ Medications as appropriate (e.g., diuretics and/or other treatment of congestive failure, etc.)
- ☐ Regular exercise
- ☐ Elevation of the limb
- ☐ Appropriate wound care for the ulcer (including sharp debridement where appropriate)

☐ End of Six-Month Trial for CVI

- ☐ If there has been improvement, then reimbursement for a PCD **is not reasonable and 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 6 months and the coverage criteria are still met,** then the use of a PCD to treat CVI is eligible for reimbursement.

All Claims for Pneumatic Compression Devices E0652 – Lymphedema Extending Onto The Chest, Trunk and/or Abdomen

☐ Medical Records

- ☐ The beneficiary has lymphedema of an extremity, and
- ☐ The coverage criteria for an E0650 or E0651 are met, and
- ☐ The beneficiary has lymphedema extending onto the chest, trunk, and/or abdomen that extends past the limits of a standard compression sleeve, and the chest, trunk and/or abdominal lymphedema has failed to improve with a four-week trial
- ☐ Signatures on medical records meet CMS Signature Requirements https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

☐ Four-Week Trial for Lymphedema Extending Onto the Chest, Trunk and/or Abdomen

- ☐ At least four weeks of regular, daily, multiple-hour home usage of the E0650 or E0651 after careful, in-person fitting, training and supervision by a technician who is skilled in and who regularly and successfully uses the appliance provided, and
- ☐ Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
  - ☐ Adequate compression is defined as (1) sufficient pressure at the lowest pressure point to cause fluid movement and (2) sufficient pressure across the gradient (from highest to lowest pressure point) to move fluid from distal to proximal. The compression used must not create a tourniquet effect at any point.
  - ☐ The garment bay be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally.
- ☐ Regular exercise, and
- ☐ Elevation where appropriate,
- ☐ Manual lymphatic drainage (where available) and self-manual lymphatic drainage (MLD) for at least 30 minutes per day, and
- ☐ Evaluation of diet and implementation of any necessary change, and
- ☐ Medications as appropriate (e.g., diuretics and/or other treatment of congestive failure, etc.), and
- ☐ Correction (where possible) of anemia and/or hypoprotenemia.

REMINDERS

- A PCD coded as E0650 or E0651 is used for lymphedema or CVI.
  - Appliances appropriate for use with an E0650 PCD are E0655, E0660, E0665, E0666, E0671, E0672, and E0673.

  - Appliances appropriate for use with an E0651 PCD are E0667, E0668, and E0669.
- A PCD coded E0652 is used for lymphedema extending onto the chest, trunk and/or abdomen which has remained unresponsive to all other therapies.
  - Appliances appropriate for use with an E0652 PCD are E0656, E0657, E0667, E0668, E0669, and E0670.
- When a foot or hand segment is used in conjunction with any leg or arm appliance respectively, there must be no separate billing for this segment. It is considered included in the code for the leg or arm appliance
- The only products that may be billed to the DME MACs using codes E0650, E0651, and E0652 are those for which the Pricing, Data Analysis, and Coding (PDAC) contractor has completed a Coding Verification Review. The coding determination subsequently is published on the appropriate Product Classification List (PCL).
- Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Review can be found on the PDAC's website or by contacting the PDAC (https://www.dmepdac.com)

ONLINE RESOURCES

- **DME MAC Supplier Manual**
  - **JB:** https://www.cgsmedicare.com/jb/pubs/supman/index.html
  - **JC:** https://www.cgsmedicare.com/jc/pubs/supman/index.html
- **Local Coverage Determinations (LCDs) and Policy Articles**
  - **JB:** https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - **JC:** https://www.cgsmedicare.com/jc/coverage/lcdinfo.html

DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.