



# Pneumatic Compression Devices

## REQUIRED DOCUMENTATION

**Standard Written Order** that contains:

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., wheelchair or hospital bed), 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).

For supplies—In addition to the description of the base item, the DMEPOS order/prescription may include all concurrently ordered supplies that are separately billed (list each separately)

Quantity to be dispensed, if applicable

Treating Practitioner Name or NPI

Treating Practitioner's signature

The practitioner's signature on the written order meets **CMS Signature Requirements**

100-08 Program Integrity Manual (PIM), Chapter 3, Section 3.3.2.4

Any changes or corrections have been initialed/signed and dated by the ordering practitioner

### 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 Package I.D. #number Date shipped Date delivered 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 DOS to use on the claim:

- 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.
- Suppliers may use the date of delivery as the DOS on the claim.



# Pneumatic Compression Devices

## Coverage

Pneumatic compression devices are covered for the treatment of:

- Lymphedema (primary or secondary), or
- Chronic venous insufficiency (CVI) with venous stasis ulcers.

## Pneumatic Compression Devices (PCD) General Coverage Criteria (E0650, E0651, E0652)

Pneumatic compression devices are covered only when prescribed by a physician and when they are used with appropriate physician oversight, i.e., physician evaluation of the patient's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

### The determination by the physician of the medical necessity of a pneumatic compression device must include:

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

#### The clinical response includes:

- Change in pre-treatment measurements
- Ability to tolerate the treatment session and parameters, and
- Ability of the patient (or caregiver) to apply the device for continued use in the home.

## Pneumatic compression devices for Lymphedema

The pneumatic compression device is prescribed for use in the home in the treatment of lymphedema (primary or secondary)

Patient underwent a 4-week trial of conservative therapy which includes the following:

- Appropriate use of a compression garment system or compression garment (prefabricated or custom fabricated)

- Provides adequate graduated compression

- Exercise

- Elevation of the limb

Treating physician determines that:

- There has been no significant improvement after the trial, or
- Significant symptoms remain after the trial

## Pneumatic compression devices for CVI with Venous Stasis Ulcers

The pneumatic compression device is prescribed for use in the home in the treatment of CVI in the lower extremities

The patient has one or more venous stasis ulcer(s) which have failed to heal after a 6-month trial of conservative therapy directed by the treating practitioner which included all of the following:

- A compression bandage system or compression garment

- Appropriate dressings for the wound

- Exercise, and

- Elevation of the limb

## Calibrated Gradient Pneumatic Compression Device (E0652) Coverage

Patient meets general coverage criteria for a pneumatic compression device outlined above, and



# Pneumatic Compression Devices

Patient has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a non-segmented device (E0650) in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber (E0651)

## Timely Continued Need and Use Documentation

- Continued Need
- Continued Use

Timely documentation is defined as a record in the preceding 12 months

## REMINDERS

- Effective April 13, 2026, E0651 and E0652 require prior authorization
- Starting for dates of service on or after January 1, 2026, suppliers must add one of these modifiers (SC, GA, GY, or GZ) on all claims for Pneumatic Compression Devices and related accessories
  - The SC modifier (medically necessary service or supply) indicates applicable payment criteria are met based on the relevant National Coverage Determination (NCD) or regulation.
  - The GA, GY, or GZ indicate the applicable payment criteria are not met.
  - Claims submitted without a SC, GA, GY or GZ modifier will be rejected as missing information.

## 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>
- **Pneumatic Compression Devices—Correct Coding and Billing—Revised**
  - **JB:** <https://cgsmedicare.com/jb/pubs/news/2024/10/cope164223.html>
  - **JC:** <https://cgsmedicare.com/jc/pubs/news/2024/10/cope164223.html>
- **PCD Prior Authorization Page**
  - **JB:** <https://www.cgsmedicare.com/jb/pa/pneumatic-comp-devices.html>
  - **JC:** <https://www.cgsmedicare.com/jc/pa/pneumatic-comp-devices.html>
- **National Coverage Determinations (NCD) Manual (CMS Pub. 100-03), Chapter 1, Section 280.6**  
[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1\\_Part4.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf)
- **Standard Documentation Requirements for All Claims Submitted to DME MACs**  
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>

## 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.