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## Coverage Overview for the Lymphedema Pumps (PCD: Pneumatic Compression Device) Documentation Requirements & Checklist



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### Pneumatic Compression Device (E0651)

A PCD coded E0651 is covered for both primary and secondary lymphedema in beneficiaries with chronic and severe lymphedema when **all three of following requirements are met:**

**1. Patients must have a Lymphedema diagnosis (at least one of the following):**

- ☐ **I89.0** Lymphedema, not elsewhere classified
- ☐ **I97.2** Postmastectomy lymphedema syndrome
- ☐ **I97.89** Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
- ☐ **Q82.0** Hereditary lymphedema

**2. The patient has 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 the above documented persistence (2.), the lymphedema is then documented to be unresponsive to other clinical treatment over the course of a **required four-week trial.***

**3. A 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:****

- ☐ **Compression Trial:** Regular and compliant use of an appropriate compression bandage system or compression garment to provide **adequate graduated compression**. Adequate compression is defined as:

(A) Sufficient pressure at the lowest pressure point to cause fluid movement, and (B) 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. (C) The garment may be prefabricated (ready-to-wear / off the shelf) or custom made.

☐ **Regular Exercise** (2-3xs a week / 4 weeks)

- If the patient is unable to perform exercise due to the condition (i.e. immobile, or lacking mobility), this should be documented in the patient's medical records
- Example: "*Patient is unable to stand for more than 5 minutes, therefore is unable to walk/exercise.*"

☐ **Elevation of the Limb** (daily for 4 weeks)

☐ **Manual Lymph Drainage:** (if available)

- When available, manual lymphatic drainage is a key component of conservative treatment as is appropriate medication treatment when there is concurrent congestive failure.

☐ **Medical necessity determination:**

The treating practitioner must include symptoms and objective findings, including measurements, to establish the severity of the condition. The documentation by the treating practitioner of the medical necessity of a pneumatic compression device 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

**IMPORTANT:**

- ★ 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 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 approval or disagreement with the assessment.
- ★ The signature date must be on or before the prescription date.