Medical Coverage Policy
Policy Number – MP21-014E
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Compression devices

Definition

Compression devices can be pneumatic or non-pneumatic/mechanical. Both work on the principal of muscle compression increasing vascular/lymphatic flow. These devices can be used in the treatment of lymphedema or prevention of deep vein thrombosis.

Lymphedema is the swelling caused by abnormal accumulation of lymph as a result of obstruction to flow. Obstruction can be caused by developmental problems with the lymphatic system or can be secondary to damaged lymphatics caused by surgery, cancer, radiation, or infection.

Policy statement

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Chapter 17, Section 3. Please review TOM Chapter 17, Section 3, Paragraph 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

I. Non-segmented or segmented pneumatic compression devices without manual control of the pressure in each chamber **(E0650, E0651)** may be considered medically necessary for the following:
   1. Diagnosis of **lymphedema** AND Documented failure of four weeks of conservative therapy which includes ALL the following:
      a. Regular use of appropriate compression garment
      b. Regular exercise
      c. Limb elevation
   2. **Chronic venous insufficiency** of the legs AND ALL the following:
      a. Venous stasis ulcers
      b. Failure of 6 months of conservative therapy which includes appropriate wound dressing, compression bandages, limb elevation, and regular exercise.

II. Non-segmented or segmented pneumatic compression devices with manual control of pressure in each chamber **(E0652)** may be considered medically necessary for the following:
   1. Diagnosis of **lymphedema** and ALL the following:
      a. Documented failure of four weeks of conservative therapy which includes ALL the following:
         i. Regular use of appropriate compression garment
         ii. Regular exercise
         iii. Limb elevation
      b. Documentation of clinical contraindications to use of E0650 or E0651 or failure of these pumps after 4 weeks of continued use

2. **Chronic venous insufficiency** of the legs with venous stasis ulcer AND documented failure of E0650 or E0651 despite 4 weeks of continual use

III. Intermittent limb compression device, **(E0676)** for the **prevention of deep vein thrombosis** may be considered medically necessary if ALL the following conditions are met:
   a. Member has had major surgery and is determined to be at risk for developing deep vein thrombosis; AND
   b. Physician attestation certifying that member is ordered complete bed rest as well as expected duration of non-ambulatory condition; AND
   c. Member has contraindications to medical anticoagulation therapy

Continuation of coverage

- Initial authorization for lymphedema and venous stasis ulcers is given for 180 days. Continued coverage may be approved with documentation of clinical benefit with compliant use of pneumatic compression device.
- Authorization for the prevention of deep vein thrombosis will be given for a maximum of 30 days. Continued coverage may be approved with demonstration of medical necessity.

Limitations of coverage

1. Non-pneumatic compression devices will not be covered due to unproven evidence of clinical benefit.
2. Contraindicated in acute deep venous thrombosis
3. Contraindicated in untreated cellulitis in affected area

TRICARE Policy Manual (TPM) Chapter 8, section 17.1

3.2 Lymphedema pumps, both segmental and non-segmental, are authorized durable medical equipment for both institutional and home use.

4.0 POLICY CONSIDERATIONS

A physician's prescription is required for all claims for the segmental type pumps with or without a calibrated pressure gradient.

Coding information

E0650	Pneumatic compressor, nonsegmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg

E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0677	Non-pneumatic sequential compression garment, trunk – NOT COVERED
E0678	Nonpneumatic sequential compression garment, full leg NOT COVERED
E0679	Nonpneumatic sequential compression garment, half leg NOT COVERED
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure NOT COVERED
E0681	Nonpneumatic compression controller without calibrated gradient pressure NOT COVERED
E0682	Nonpneumatic sequential compression garment, full arm NOT COVERED

References

1. TPM Chapter 8, Section 17.1 TRICARE Manuals - Manual Information (health.mil)
2. TPM Chapter 8, Section 2.1 TRICARE Manuals - Manual Information (health.mil)
3. Uptodate. Clinical Staging and Conservative Management of Peripheral Lymphedema. Last updated June 21, 2021
4. Uptodate. Compression therapy for the treatment of chronic venous insufficiency. Last updated July 18, 2023
5. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD) 280.6 Pneumatic Compression Devices. Effective Date: 01/14/2002
6. MCG Health. Lymphatic Drainage, Manual. Ambulatory Care. 27th edition. ACG: A-0361 (AC). Last reviewed: 09/21/2023
7. MCG Health. Graduated Compression Stockings Ambulatory Care. 27th edition. ACG: A-0336 (AC). Last reviewed: 09/21/2023
8. MCG Health. Intermittent Pneumatic Compression with Extremity Pump. Ambulatory Care. 27th edition. ACG: A-0340 (AC). Last reviewed: 09/21/2023

Revision History

August 2024:

- Changed policy name to reflect additional coverage criteria
- Added coverage criteria
- Updated coding
- Updated references

August 2023:

- Added limitations of coverage for non-pneumatic compression devices
- Updated references

Approved by:

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Chief Medical Officer

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