BlueCross BlueShield of New Mexico

If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSNM may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Pneumatic Compression Devices – Outpatient Use

Policy Number: CPCP022

Version 1.0

Clinical Payment and Coding Policy Committee Approval Date: February 9, 2024

Plan Effective Date: March 1, 2024

Description

This policy provides appropriate coding and billing information for durable medical equipment (DME) for pneumatic compression devices. Correct coding and the appendage of an applicable modifier is needed to identify a rental item versus a purchase item for accurate benefit determination and claims processing.

In order for these services to be reimbursed, documentation criteria outlined in the Plan's Medical Policies must be met. See Additional Resources section.

Coverage decisions are subject to all terms and conditions of the applicable benefit plan (which includes specific exclusions and limitations), and to applicable state and/or federal law. Language and the policies contained in this document does not constitute plan authorization, nor is it an explanation of benefits.

Term Descriptions:

Chronic venous stasis ulcer wounds thought to occur due to improper functioning of venous valves, usually of the legs. Synonyms: venous insufficiency ulcer, stasis ulcer, stasis dermatitis, varicose ulcer.

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The abnormal accumulation of lymph in the interstitial tissues is usually the result of impairment of the normal clearance by the lymphatic system caused by therapy or disease.

Non-segmented pneumatic compressor is a device which has a single outflow port on the compressor. The air from the single tube may be transmitted to a sleeve/appliance with multiple compartments or segments.

Pneumatic compression device consists of an inflatable garment for the arm, leg, trunk or chest and an electrical pneumatic pump that fills the garment with compressed air. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices.

Segmented compressor is a device which has multiple outflow ports on the compressor which lead to a distinct segment on the appliance which inflate sequentially.

Segmented device with calibrated gradient pressure is characterized by a manual control on at least three outflow ports which can deliver an individually determined pressure to each segment unit.

Segmented device without calibrated gradient pressure is a device in which either (a) the same pressure is present in each segment or (b) there is a predetermined pressure gradient in successive segments but no ability to individually set or adjust pressures in each of several segments. Pressure is set by a single control on the distal segment.

Segmental gradient pressure pneumatic appliances are appliances/sleeves which are used with a non-segmental pneumatic compressor, but which achieve a pressure gradient through the design of the tubing and/or air chambers.

Venous thromboembolism (VTE) is deep vein thrombosis (DVT) - formation of a blood clot in a deep vein and pulmonary embolism (PE) - a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the blood stream. It is a complication associated with major surgeries resulting in significant morbidity and mortality.

Reimbursement Information:

HCPCS Codes for Pneumatic Compression Devices

The inclusion of a code below does not guarantee reimbursement. See Medical Policies in the Additional Resources section.

HCPCS Code(s)	Description
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655, E0660, E0665, E0666	Non-segmental pneumatic compression pumps
E0656, E0667, E0668, E0669, E0670	Segmental pneumatic compression pumps
E0671, E0672, E0673	Segmental gradient pressure pneumatic appliance
E0675 (Arterial Insufficiency Only)	High pressure, rapid inflation/deflation pneumatic compression device
E0676	Intermittent limb compression device, includes all accessories

E0650, E0673	For lymphedema and chronic venous insufficiency use
E0676	For deep vein thrombosis prophylaxis use

Appropriate Modifiers

Modifier NU: Indicates purchase of new DME equipment and may be appropriate for lymphedema patients.
Modifier RR: Indicates rental of the DME equipment. One unit of service is billed per monthly period.
Modifier UE: Indicates used DME equipment.

ClaimsXten™ Edits

When codes **E0655-E0673** are billed for compression device accessories along with code **E0676**, the all-inclusive code for compression devices, the accessories will be denied as inclusive to the device and therefore ineligible for separate payment.

Place of Service (POS)

DME suppliers must report the place of service code where the device is intended to be used. For devices that are not intended to be used in the home setting, a home POS code will not be eligible for separate reimbursement. Equipment that is to be used in the office setting is considered office equipment.

Documentation Information:

To establish support for billing pneumatic compression devices, the following must be submitted with the claim or upon request:

- Documentation of appropriate physician oversight including the evaluation of the member's condition to determine medical necessity of the device,
- Suitable instruction in the operation of the machine, and
- Treatment plan defining the pressure to be used, frequency and duration of use and ongoing monitoring of use and response to the treatment.

Physician evaluation documentation must include:

- Diagnosis and prognosis
- Symptoms and objective findings, including measurements which establish the severity of the condition, and
- Reason the device is required, including treatments which have been tried and failed.

Record review for DME will include appropriate orders from the treating provider and if equipment is to be used post operatively the surgical facility discharge instructions/summary will reflect orders and instructions for use.

For additional information regarding member specific coverage or questions regarding this policy, providers may

contact the Plan or their Network Representative.

Additional Resources:

Medical Policies:
DME101.000-DME Introduction
MED202.060 – Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers

Clinical Payment and Coding Policy:
CPCP023 Modifier Reference Policy

References:

Healthcare Common Procedure Coding System (HCPCS)
DMEPDAC – Medicare Contractor for Pricing, Data Analysis and Coding of HCPCS and Level II DMEPOS Codes, www.dmepdac.com

Policy Update History:

Approval Date	Description
07/05/2019	New policy
08/31/2020	Annual Review, Disclaimer Update; verbiage update
12/10/2021	Annual Review
01/30/2023	Annual Review
02/09/2024	Annual Review