MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1420**	
Subject:	**Pneumatic Compression Devices for Chronic Venous Insufficiency**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**07/01/2017**	
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Historical Review Date(s):	**07/17**	
Responsible Parties:	**Lisa Speight, MD**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**LCD L33829, NCD 280.6**	
Approved:	**Carol Attia, MBA, BSN, RN VP Clinical Care & Quality**	**Karyn Wills, MD Chief Medical Officer**

Purpose: **It is the purpose of this policy to define the conditions under which pneumatic compression devices will be authorized.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to provide pneumatic compression devices when it is medically necessary as outlined in the criteria below.**

Background:

MedStar Family Choice will require prior authorization for pneumatic compression devices.

1. Requests for pneumatic compression devices should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:

Chronic venous insufficiency (CVI) is a term generally used to describe patients with chronic venous disease who display more advanced clinical signs, e.g., significant edema, skin changes or ulceration. Initial conservative management is recommended for most patients with chronic venous disease. This includes leg elevation, exercise and static compression therapy (i.e., compression hosiery or bandages). Select patients may need dynamic compression therapy (i.e., intermittent pneumatic compression).

Pneumatic compression pumps are proposed as a treatment option for some patients with chronic venous insufficiency with venous stasis ulcers that have failed conservative measures. A variety of pumps are available. They can be single chamber (non-segmented) or multi-chamber (segmented) and have varying design and complexity. Pneumatic compression devices consist of an inflatable garment for an 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.

There are three main types of pumps:

1. Single chamber (non-segmented) non-programmable compressor (pump) consist of a single outflow port on the compressor. The pressurized air from this single outflow port can be transmitted to an appliance (garment) that consists of a single segment or multiple segments. The parts of the garment inflate and deflate based on pressure and cycle times specified by the pump.

2. Multi-chamber (segmented) non-programmable pumps consist of multiple outflow ports on the pump. The pressurized air from each of the outflow ports is transmitted to corresponding segments on the appliance (garment). The segments of the garment are inflated sequentially and have a fixed pressure in each compartment. They either have the same pressure in each compartment or a pressure gradient, but they do not include the ability to manually adjust the pressure in individual compartments.

3. Multi-chamber (segmented) programmable pumps are similar to the above pumps except that it is possible to make manual adjustments in the pressure on at least three outflow ports. This allows an individually determined pressure to be delivered to a corresponding garment segment.

Generally, when a pneumatic compression pump is needed, a non-segmented or segmented compression device without manual control (non-programmable) is considered sufficient to treat most CVI venous stasis ulcers.

B. Indications for Pneumatic Compression Devices (PCD):
    1. The use of single chamber (non-segmented) or multi-chamber (segmented) non-programmable pneumatic compression devices (coded as E0650 or E0651, respectively) for the treatment of chronic venous insufficiency with venous stasis ulcers may be considered medically necessary when all of the following are met:
        a. A documented diagnosis of chronic venous insufficiency

b. Edema in the affected lower extremity
c. One or more venous stasis ulcers in the affected lower extremity
    i. Documentation must include the location of venous stasis ulcer(s) and how long each ulcer has been continuously present
d. Measurements of each ulcer; Measurements of the affected extremity
e. The ulcer(s) has failed to heal after a six-month trial of conservative therapy directed by the treating provider.
f. Clinical records must demonstrate the member has been compliant with a minimum of a six-month trial of conservative therapy. The trial of conservative therapy must include all of the following:
    i. Use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
        1. Adequate compression is defined as sufficient pressure at the lowest pressure point to cause fluid movement and 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.
        2. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression beginning with a minimum of 30mmHg distally.
    ii. Regular Exercise
    iii. Elevation of the limb
    iv. Medications as appropriate (e.g., diuretics and/or other treatment of congestive failure, etc.)
    v. Appropriate wound care for the ulcer(s)
g. At the end of the six-month trial, if there has been improvement, then a PCD will not be approved. In cases where improvement occurred, the trial of conservative therapy must be continued with subsequent reassessments. When no further improvement has occurred for a continuous period of six months and the coverage criteria above are still met, treatment with a PCD may be considered medically necessary.
h. The member must be under the care of a plastic surgeon, wound care specialist or physical therapist that specializes in edema. All clinical notes and any other documentation must be submitted.
i. The trial of conservative therapy must be documented in the member's medical record before ordering any pneumatic compression device. The physician/nurse practitioner/physician assistant that is prescribing a pneumatic compression device must receive and review all reports of conservative treatment. In addition, the prescribing provider must sign and date these reports and state agreement or disagreement with the assessments and treatments. The signature date must be on or before the pneumatic compression device prescription date.
j. There must be documentation of the ability of the member (or caregiver) to appropriately apply the device in the frequency prescribed for use in the home.

2. The use of a PCD to treat ulcers and wounds that are not caused by chronic venous stasis will be considered not medically necessary. The use of a PCD to treat ulcers in locations other than the lower extremity will be considered not medically necessary.

3. The use of single chamber or multi-chamber programmable pneumatic compression devices (i.e., manual control of the pressure in each chamber) (coded as E0652) is not covered for the treatment of CVI even if the criteria above are met.

4. The use of any pneumatic compression device for any disease process other than lymphedema (see Policy #1419) or chronic venous insufficiency will be considered not medically necessary.

5. The use of any pneumatic compression device for any body part other than an extremity (arm or leg) will be considered not medically necessary and therefore not a covered benefit.

Summary of Changes:	**07/23:** • Updated approved by to Carol Attia and Dr. Wills **07/22:** • Added requirement of documentation of ability of member/caregiver to apply device in frequency prescribed in Procedure B.1.j. • Removed Dr. Toye from responsible parties. **07/21:** • Updated Responsible Departments from Utilization Management to Clinical Operations. • Added "Maryland" to scope. • Specified "Regular" in Section B. #1, f, ii. **07/20:** • Updated Section from Care Management to Medical Non-Pharmacy Protocols. **07/19:** • Removed "Maryland" from scope. • Edits made in A. 1, 2, and 3. • Added B1, c. ii: measurements of each ulcer. • Added B1, d: measurements of the affected extremity. • Added B2. • Section B#5: added "and therefore not a covered benefit." **07/18:** • Removed DC Healthy Families and Alliance under Scope. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates;

	and added Historical Review Dates and Review Effective Dates. **07/17:** • New policy.