

CLINICIAN CHECKLIST FOR PNEUMATIC COMPRESSION DEVICES E0650-E0651

Policy References:

- [Local Coverage Determination \(LCD\) \(L33829\)](#)
- [Policy Article \(A52488\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation Required Prior to Date of Service

Diagnosis of lymphedema

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

Lymphedema is then documented to be unresponsive to other clinical treatment over the course of a required four-week trial or if significant symptoms remain after the trial.

Patient's diagnosis and prognosis;

Symptoms and objective findings, including measurements which establish the severity of the condition;

Reason the device is required, including the treatments which have been tried and failed; and

Clinical response to an initial treatment with the device.

*The clinical response includes the 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.

Four-Week Trial for Lymphedema

A documented 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:

Regular and compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression

Adequate compression is defined as (1) sufficient pressure at the lowest pressure point to cause fluid movement, and (2) 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.

The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally.

Regular exercise

Elevation of the limb

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