CLINICIAN CHECKLIST FOR PNEUMATIC COMPRESSION DEVICES E0652

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

The coverage criteria for an E0650 or E0651 are met

Lymphedema extending onto the chest, trunk and/or abdomen that extends past the limits of a standard compression sleeve, and the chest, trunk and/or abdominal lymphedema has failed to improve with a four-week trial. (See below for trial guidelines)

Four-Week Trial for Lymphedema Extending onto the Chest, Trunk and/or Abdomen

At least four weeks of regular, daily, multiple-hour home usage of the E0650 or E0651 after careful, in-person fitting, training and supervision by a technician who is skilled in and who regularly and successfully uses the appliance provided

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 where appropriate

Manual lymphatic drainage (where available) and self-manual lymphatic drainage (MLD) for at least 30 minutes per day

Evaluation of diet and implementation of any necessary change

Medications as appropriate (e.g., diuretics and/or other treatment of congestive failure, etc.)

Correction (where possible) of anemia and/or hypoprotenemia