

## DOCUMENTATION CHECKLIST FOR PNEUMATIC COMPRESSION DEVICES

### Policy Resources

- [National Coverage Determination \(280.6\)](#)

### Documentation Resources

- **Beneficiary Authorization**
  - [Noridian Medicare website](#) > Browse by Topic > Documentation > Beneficiary Authorization
- [Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\)](#)
- **Standard Written Order (SWO)**
  - Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - Order date
  - General description of the item
  - Quantity to be dispensed, if applicable
  - Treating practitioner name or National Provider Identifier (NPI)
  - Treating practitioner's signature
- **Request for Refill**
- **Continued Use**
- **Continued Need**
- **Medical Records** (from treating practitioner)
- **Proof of Delivery (POD)**

| Method 1—Direct Delivery                                                                                                                                                                                                                              | Method 2—Delivery via Shipping or Delivery Service                                                                                                                                                                                                                                                                                                                                                                                | Method 3—Delivery to Nursing Facility                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Beneficiary's name</li> <li>Delivery address</li> <li>A description of the item(s) being delivered</li> <li>Quantity delivered</li> <li>Date delivered</li> <li>Beneficiary (or designee) signature</li> </ul> | <ul style="list-style-type: none"> <li>Beneficiary's name</li> <li>Delivery address</li> <li>Delivery service's package identification number, supplier invoice number, or alternative method that links the supplier's delivery documents with the delivery service's records</li> <li>A description of the item(s) being delivered</li> <li>Quantity delivered</li> <li>Date delivered</li> <li>Evidence of delivery</li> </ul> | <ul style="list-style-type: none"> <li>Documentation demonstrating delivery of the item(s) to the facility by the supplier or delivery entity; and,</li> <li>Documentation from the nursing facility demonstrating receipt and/or usage of the item(s) by the beneficiary. The quantities delivered and used by the beneficiary must justify the quantity billed.</li> </ul> |
| Date of delivery equals date of service                                                                                                                                                                                                               | Shipping date or delivery date equals date of service                                                                                                                                                                                                                                                                                                                                                                             | Date of delivery equals date of service                                                                                                                                                                                                                                                                                                                                      |

## Medical Record Documentation

*The medical records must contain enough information regarding the beneficiary's medical condition to substantiate the medical necessity of the items provided. At the very least, the information should include the diagnosis, duration of condition, clinical course, prognosis, nature and extent of functional limitations, therapeutic interventions, and experience with related items, or documentation of items that have been tried or considered and ruled out. Additionally, medical records must clearly support the information reflected on the SWO. Orders alone are not sufficient to establish medical necessity. Failure to meet requirements may result in claim denial, overpayments, or additional medical review.*

## Indications and Limitations of Coverage

Pneumatic devices are covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers.

## Pneumatic Compression Devices (PCD) General Coverage Criteria (E0650, E0651, E0652)

- ☐ Pneumatic compression devices are covered only when prescribed by a physician and when they are used with appropriate physician oversight, i.e., physician evaluation of the patient's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the

machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

The determination by the physician of the medical necessity of a pneumatic compression device must include:

- ☐ 1. The patient's diagnosis and prognosis;
- ☐ 2. Symptoms and objective findings, including measurements which establish the severity of the condition;
- ☐ 3. The reason the device is required, including the treatments which have been tried and failed; and
- ☐ 4. The 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.

### **PCD Lymphedema Four-Week Trial (E0650, E0651, E0652)**

- ☐ Compliant use of compression bandage or garment
  - ☐ Adequate compression
  - ☐ Sufficient pressure
  - ☐ Prefabricated or custom fabricated
  - ☐ Graduated compression
- ☐ Regular exercise
- ☐ Elevation of limb
- ☐ Initial treatment of PCD must be documented on or before date of delivery by clinician
  - ☐ Includes measurements
  - ☐ Must be part of medical record
  - ☐ Signed by treating practitioner

### **PCD E0652 Coverage**

- ☐ Meets general coverage criteria
- ☐ Meets four-week trial
- ☐ Individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

**NOTE:** Listing only “unique characteristics” in medical record will result in denial

## **Chronic Venous Insufficiency with Venous Stasis Ulcers (CVI) (E0650 or E0651)**

- ☐ Pneumatic compression devices are covered in the home setting for the treatment of CVI of the lower extremities only if the patient has one or more venous stasis ulcer(s) which have failed to heal after a 6-month trial of conservative therapy directed by the treating physician.

### **Six-Month Trial for CVI**

A six-month trial of conservative therapy demonstrating failed response to treatment is required.

The six-month trial of conservative therapy must include all of the following:

- ☐ Compliant use of compression bandage or garment
- ☐ Regular exercise
- ☐ Elevation of limb
- ☐ Ulcer wound care