Lake Region
HOME MEDICAL SUPPLY

Physician's Order for Pneumatic Compression Device

Acct: _____

Date of Order: _____

Patient Name: _____ DOB: _____

Date of Face-to-Face (F2F) Examination: _____ Height: _____ Weight: _____ lbs

ICD10 Diagnosis code(s): _____ Blood Pressure: _____/_____

1. Does the patient have chronic venous insufficiency with venous stasis ulcers? ☐ Yes ☐ No
2. If the patient has venous stasis ulcers, have you seen the patient regularly over the past six months and treated the ulcers with a compression bandage system or compression garment? ☐ Yes ☐ No
3. Has the patient had radical cancer surgery or radiation for cancer that interrupted normal lymphatic drainage of the extremity? ☐ Yes ☐ No
4. Does the patient have a malignant tumor with obstruction of the lymphatic drainage of an extremity? ☐ Yes ☐ No
5. Has the patient had lymphedema since childhood or adolescence? ☐ Yes ☐ No

Lymphedema

Pretreatment Measurement

	Left	Right
Foot		
Ankle		
Knee		
Thigh		

Patient has completed 4-week trial of the following:

☐ Yes ☐ No Compression Bandage System
☐ Yes ☐ No Regular Exercise
☐ Yes ☐ No Elevation of Limb

Response to above treatment:

☐ None ☐ Fair ☐ Good

Venous Insufficiency

Ulcer Size: _____

Location: _____

How Long Present: _____

Patient has completed 6-month trial of the following:

☐ Yes ☐ No Compression Bandage System
☐ Yes ☐ No Appropriate dressing for ulcer
☐ Yes ☐ No Elevation of Limb
☐ Yes ☐ No Exercise

Response to above treatment:

☐ None ☐ Fair ☐ Good

Equipment and Supplies (please check all that apply):

☐ Pump (E0651)
- ☐ Upper Extremity Full Arm (E0668)
  - ☐ Left ☐ Right ☐ Bilateral
- ☐ Lower Extremity Full Leg (E0667)
- ☐ Lower Extremity Half Leg (E0669)
  - ☐ Left ☐ Right ☐ Bilateral

Pressure mmHg: _____ Hours per day: _____ Days per Week: _____

Length of Need (months): _____ (99=lifetime) Start Date (if different from Date of Order): _____

Physician Signature: _____ **Date:** _____

Physician Name: (please print) _____ **NPI:** _____

Fax back to: 320-231-4941

Pneumatic Compression Device
Order and Documentation Requirements

A Pneumatic Compression Device (PCD) is used only in the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers. Medicare, and other insurance providers who follow Medicare guidelines, will reimburse for these items if the following requirements are met.

Lymphedema is just one group of conditions that can be a cause of accumulation of fluid in the tissue. Lymphedema arises from disorders of the lymphatic system. It is essential to rule out other causes of edema in order to diagnose lymphedema. Edema from other causes is not classified as lymphedema for purposes of Medicare reimbursement for PCDs (E0650-E0652).

Primary lymphedema: a disorder of the lymphatic system that occurs on its own. It is inherited and uncommon. Examples (not all-inclusive) are: congenital lymphedema due to lymphatic aplasia or hypoplasia; Milroy's disease, an autosomal dominant familial form of congenital lymphedema; Lymphedema praecox; and Lymphedema tarda.

Secondary lymphedema: a disorder of lymphatic flow that is caused by some other disease or condition. It is more common than primary lymphedema. It is most commonly caused by surgery (especially lymph node dissection, such as for breast cancer), radiation therapy (especially axillary or inguinal), trauma, lymphatic obstruction by tumor, and, in developing countries, lymphatic filariasis. Secondary lymphedema may also result from compression of the lymphatic and venous channels resulting from leakage of fluid into interstitial tissues in patients with chronic venous insufficiency. (See below)

LYMPHEDEMA

A PCD is covered for both primary and secondary lymphedema in patients with chronic and severe lymphedema when ALL of the following requirements 1-3 are met:

1. The patient has a diagnosis of lymphedema as defined above, and
2. The patient has 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
3. In addition to documented persistence, the lymphedema **must be unresponsive to other clinical treatment over the course of a required four-week trial**. The four-week trial of conservative therapy must be documented in the patient medical records and include all of the following A-C:
    A. Regular and compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally. Adequate compression is: (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.
    B. Regular exercise
    C. 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.

If there has been improvement at the end of the 4-week trial, the PCD will NOT be considered medically necessary. Where improvement has occurred, the trial of conservative therapy must be continued with subsequent reassessment at intervals at least a week apart.

Only when no significant improvement has occurred in the most recent four weeks and the coverage criteria above are still met, may the lymphedema be considered unresponsive to conservative therapy, and coverage for a PCD considered.

- At a minimum, re-assessments conducted for a trial must include detailed measurements, obtained in the same manner and with reference to the same anatomic landmarks, prior to and at the conclusion of the various trials and therapy, with bilateral comparisons where appropriate.

This assessment may be performed by the prescribing physician or any other licensed/certified medical professional (LCMP) directly involved in treatment of the patient's lymphedema. If the assessment is performed by an LCMP, the prescribing physician must:

1. review the report of the evaluation,
2. state concurrence or disagreement with the assessment,
3. sign and date the report. The signature date must be on or before the prescription date.

CHRONIC VENOUS INSUFFICIENCY WITH VENOUS STASIS ULCERS (CVI)

A Pneumatic Compression Device is covered for the treatment of CVI of the lower extremities only if the patient has ALL of the following 1-3:

1. Edema in the affected lower extremity
2. One or more venous stasis ulcer(s)
3. The ulcer(s) have failed to heal after a 6-month trial of conservative therapy directed by the treating physician. **The trial of conservative therapy must be documented in the patient's medical record** and must include ALL of the following A-E:
   A. Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression. . The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally. 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.
   B. Medications as appropriate (e.g. diuretics and/or other treatment of congestive failure, etc.)
   C. Regular exercise
   D. Elevation of the limb
   E. Appropriate wound care for the ulcer (including sharp debridement where appropriate)

At the end of the six-month trial, if there has been improvement, then reimbursement for a PCD is not reasonable and necessary. Where improvement has occurred, the trial of conservative therapy must be continued with subsequent reassessments. When no significant improvement has occurred for a continuous period of six months and the coverage criteria above are still met, then the use of a PCD to treat chronic venous insufficiency is eligible for reimbursement.

This assessment may be performed by the prescribing physician or any other licensed/certified medical professional (LCMP) directly involved in treatment of the patient's chronic venous insufficiency. If the assessment is performed by an LCMP, the prescribing physician must:

1. review the report of the evaluation,
2. state concurrence or disagreement with the assessment, and
3. sign and date the report. The signature date must be on or before the prescription date.

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.