Pneumatic Compression

CMS requires that for Specified Covered Items payment may only be made if a physician has communicated to the supplier a written order for the item before the delivery of the item.

For many items of DME, a physician must document that a physician, a physician assistant (PA), a nurse practitioner (NP), or a clinical nurse specialist (CNS) has had a face-to-face encounter with the beneficiary pursuant to that order. The encounter must occur during the six months prior to the written order for each item.

The patient's ***medical record must contain*** sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and ***must be signed by the ordering physician.***

Documentation Requirements

- ☐ Duration of patient's condition
- ☐ Clinical course
- ☐ Prognosis
- ☐ Nature and extent of functional limitations
- ☐ Other Therapeutic interventions and results

Key Items to Address

- ☐ Why does the patient require the item?
- ☐ Do the physical examination findings support the need for the item?
- ☐ Signs and symptoms that indicate the need for the item.
- ☐ Diagnoses that are responsible for these signs and symptoms.
- ☐ Other diagnoses that may relate to the need for the item.

Documentation Tips

- ☐ The information must not be recorded in vague and subjective terms.
- ☐ The information must provide objective measures, tests or observations.
- ☐ Each medical record is expected to be individualized to the unique patient.

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Coverage Criteria Specific to Pneumatic Compression Devices

The determination by the physician of the medical necessity of a pneumatic compression device must be documented in the patient's medical record and must include:

- ☐ The patient's diagnosis and prognosis
- ☐ Symptoms and objective findings, including measurements which establish the severity of the condition
- ☐ The reason the device is required, including the treatments which have been tried and failed, and
- ☐ The clinical response to an initial treatment with the device.

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

- ☐ Lymphedema - The patient has undergone a four-week trial of conservative therapy and the treating physician determines that there has been no significant improvement or if significant symptoms remain after the trial. The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise and elevation of the limb.
- ☐ Chronic venous insufficiency with venous stasis ulcers - The patient has one or more venous stasis ulcers which have failed to heal after a six-month trial of conservative therapy directed by the treating physician. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressing for the wound,

Specific Documentation Requirements

If the patient has chronic venous insufficiency with stasis ulcers and it is so noted on the CMN, documentation in the patient's medical record must reflect all of the following:

- ☐ The location of the venous stasis ulcers
- ☐ How long each ulcer has been continuously present
- ☐ Previous treatment with a compression bandage system or compression garment, appropriate dressings for the ulcers, exercise and limb elevation for at least the past 6 months
- ☐ Evidence of regular physician visits for treatment of venous stasis ulcers during the past 6 months.

Should a pneumatic compressor segmental home model with calibrated gradient pressure be ordered, the following additional documentation supporting the medical necessity for this device must be substantiated by information in the patient's medical record:

- ☐ The treatment plan including the pressure in each chamber, and the frequency and duration of each treatment episode
- ☐ Whether a segmented compressor without calibrated gradient pressure or a non-segmented compressor with a segmented appliance had been tried and the results
- ☐ Why the features of the device that was provided are needed for the patient
- ☐ The name, model number, and manufacturer of the device