MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1429**	
Subject:	**Non-Pneumatic Compression Devices for Chronic Venous Insufficiency**	
Section:	**Medical Non-Pharmacy Protocols**	
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Responsible Parties:	**Lisa Speight, MD**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**CMS' First Biannual 2022 HCPCS Meeting (6/7/22)**	
Approved:	**Carol Attia, MBA, BSN, RN** **VP Clinical Care & Quality**	**Karyn Wills, MD** **Chief Medical Officer**

Purpose: **It is the purpose of this policy to define the conditions under which non-pneumatic compression devices will be authorized.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to provide non-pneumatic compression devices when it is medically necessary as outlined in the criteria below.**

Background:

MedStar Family Choice will require prior authorization for non-pneumatic compression devices.

1. Requests for non-pneumatic compression devices should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:
Chronic venous insufficiency (CVI) is a term generally used to describe patients with chronic venous disease who display more advanced clinical signs, e.g., significant edema, skin

changes or ulceration. Initial conservative management is recommended for most patients with chronic venous disease. This includes leg elevation, exercise and static compression therapy (i.e., compression hosiery or bandages). Select patients may need dynamic compression therapy (i.e., intermittent pneumatic compression) or non-pneumatic compression.

A Non-pneumatic compression device is a segmental compression device that consists of a non-pneumatic segmental compressor controller, a liner and a compression garment. The compressor creates calibrated pressure that moves excess fluid from the distal to proximal portion of an extremity. The wearable compression garment allows the patient to remain mobile during treatment.

There are two main types of controllers:

- K1031 Non-pneumatic compression controller without calibrated gradient pressure (nonprogrammable)
- K1024 non-pneumatic compression controller with calibrated gradient pressure (programmable)

Generally, when a non-pneumatic compression pump is needed, a non-programmable controller (without calibrated gradient pressure) is considered sufficient to treat most CVI venous stasis ulcers.

B. Indications for Non-Pneumatic Compression Devices:
    1. The use of a non-pneumatic compression controller without calibrated gradient pressure (coded as K1031)) for the treatment of chronic venous insufficiency with venous stasis ulcers may be considered medically necessary when all of the following are met:
        a. A documented diagnosis of chronic venous insufficiency
        b. Edema in the affected lower extremity
        c. One or more venous stasis ulcers in the affected lower extremity
            i. Documentation must include the location of venous stasis ulcer(s) and how long each ulcer has been continuously present
        d. Measurements of each ulcer; Measurements of the affected extremity
        e. The ulcer(s) has failed to heal after a six-month trial of conservative therapy directed by the treating provider.
        f. Clinical records must demonstrate the member has been compliant with a minimum of a six-month trial of conservative therapy. The trial of conservative therapy must include all of the following:
            i. Use of an appropriate compression bandage system or compression garment to provide adequate graduated compression
                1. Adequate compression is defined as sufficient pressure at the lowest pressure point to cause fluid movement and 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.

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

ii. Regular Exercise
iii. Elevation of the limb
iv. Medications as appropriate (e.g., diuretics and/or other treatment of congestive failure, etc.)
v. Appropriate wound care for the ulcer(s)

g. At the end of the six-month trial, if there has been improvement, then a non-pneumatic compression device will not be approved. In cases where improvement occurred, the trial of conservative therapy must be continued with subsequent reassessments. When no further improvement has occurred for a continuous period of six months and the coverage criteria above are still met, treatment with a non-pneumatic compression device may be considered medically necessary.
h. The member must be under the care of a plastic surgeon, wound care specialist or physical therapist that specializes in edema. All clinical notes and any other documentation must be submitted.
i. The member must be under the care of a plastic surgeon or wound care specialist that specializes in wound care. All clinical notes and any other documentation must be submitted.
j. The trial of conservative therapy must be documented in the member's medical record before ordering any non-pneumatic compression device. The physician/nurse practitioner/physician assistant that is prescribing a non-pneumatic compression device must receive and review all reports of conservative treatment. In addition, the prescribing provider must sign and date these reports and state agreement or disagreement with the assessments and treatments. The signature date must be on or before the non-pneumatic compression device prescription date.
k. There must be documentation of the ability of the member (or caregiver) to appropriately apply the device in the frequency prescribed for use in the home.
l. The member must be ambulatory
m. Documentation of a medical reason why the patient must remain mobile during treatment must be provided. This must meet the COMAR definition of medical necessity. (COMAR 10.67.01.01(B))

i. A non-pneumatic compression device allows the patient to remain mobile during treatment. This is different from pneumatic compression devices.

2. The use of a non-pneumatic compression device to treat ulcers and wounds that are not caused by chronic venous stasis will be considered not medically necessary. The use of a

non-pneumatic compression device to treat ulcers in locations other than the lower extremity will be considered not medically necessary.

3. The use of single chamber or multi-chamber programmable pneumatic compression devices (i.e., manual control of the pressure in each chamber) (coded as K1024) is not covered for the treatment of CVI even if the criteria above are met.

4. The use of any non-pneumatic compression device for any disease process other than lymphedema (see Policy # 1430) or chronic venous insufficiency with ulcer will be considered not medically necessary.

5. The use of any non-pneumatic compression device for any body part other than an extremity (arm or leg) will be considered not medically necessary and therefore not a covered benefit.

6. The use of a non-pneumatic compression device in any member with a history of any of the following conditions will not be approved as these are contraindications to using this device:

    - Pulmonary edema
    - Thrombophlebitis
    - Congestive heart failure
    - Deep vein thrombosis
    - Episodes of pulmonary embolism
    - Infections and inflammations
    - Uncontrolled systemic disease
    - Severe peripheral artery disease
    - Conditions in which increased venous and lymphatic return is undesirable

Summary of Changes:	**07/23:** • New policy.