BlueCross BlueShield of Illinois

Reimbursement Policy

Policy Number: RP022	**Policy Title:** Pneumatic Compression Devices
Approval Date: July 7, 2026	**Effective Date:** July 17, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

This policy provides appropriate billing and coding guidance for durable medical equipment (DME) for pneumatic compression devices. Correct coding and the appendage of an applicable modifier is needed to identify a rental item versus a purchase item for accurate benefit determination and claims processing.

Coverage of DME items outlined in this policy are for home/place of residence use only. For these services to be reimbursed, documentation criteria outlined in the Plan's Medical Policies must be met. See *Additional Resources* section.

Providers are urged to contact the number on the back of the member's card for specific coverage for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) and/or check eligibility and benefits through Availity® or a preferred vendor to determine prior authorization, or to determine if the member's plan has specific prior authorization rules based on DME costs.

The language in this policy does not constitute plan authorization, nor is it an explanation of benefits.

Terms/Descriptions

Chronic venous stasis ulcer wounds thought to occur due to improper functioning of venous valves, usually of the legs. Synonyms: venous insufficiency ulcer, stasis ulcer, stasis dermatitis, varicose ulcer.

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The abnormal accumulation of lymph in the interstitial tissues is usually the result of impairment of normal clearance by the lymphatic system caused by therapy or disease.

Non-segmented pneumatic compressor is a device which has a single outflow port on the compressor. The air from the single tube may be transmitted to a sleeve/appliance with multiple compartments or segments.

Pneumatic compression device consists of an inflatable garment for the arm, leg, trunk or chest and an electrical pneumatic pump that fills the garment with compressed air. The garment is intermittently inflated and deflated with cycle times and pressures that vary between devices.

Segmented compressor is a device which has multiple outflow ports on the compressor which lead to a distinct segment on the appliance which inflate sequentially.

Segmented device with calibrated gradient pressure is characterized by a manual control on at least three outflow ports which can deliver an individually determined pressure to each segment unit.

Segmented device without calibrated gradient pressure is a device in which either (a) the same pressure is present in each segment or (b) there is a predetermined pressure gradient in successive segments but no ability to individually set or adjust pressures in each of several segments. Pressure is set by a single control on the distal segment.

Segmental gradient pressure pneumatic appliances are appliances/sleeves which are used with a non-segmental pneumatic compressor, but which achieve a pressure gradient through the design of the tubing and/or air chambers.

Venous thromboembolism (VTE) is deep vein thrombosis (DVT) - formation of a blood clot in a deep vein and pulmonary embolism (PE) - a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the blood stream. It is a complication associated with major surgeries resulting in significant morbidity and mortality.

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to coding and billing policies may impact claims processing and reimbursement.

HCPCS Codes for Pneumatic Compression Devices
The inclusion of a code below does not guarantee reimbursement.

HCPCS Code(s)	Description
E0650	Pneumatic compressor, non-segmental home model • For lymphedema and chronic venous insufficiency use
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655, E0660, E0665, E0666	Non-segmental pneumatic compression pumps

E0656, E0657, E0667, E0668, E0669, E0670	Segmental pneumatic compression pumps
E0671, E0672, E0673	Segmental gradient pressure pneumatic appliance • E0673 – for lymphedema and chronic venous insufficiency use
E0675 (Arterial Insufficiency Only)	High pressure, rapid inflation/deflation pneumatic compression device
E0676	Intermittent limb compression device, includes all accessories, not otherwise specified • For deep vein thrombosis prophylaxis use

When codes **E0655-E0673** are billed for compression device accessories along with code **E0676**, the all-inclusive code for compression devices, the accessories will be denied as inclusive to the device and therefore ineligible for separate payment.

Appropriate Modifiers

- **NU**: Indicates purchase of new DME equipment
    - May be appropriate for lymphedema patients
- **RR:** Indicates rental of the DME equipment
    - One unit of service may be billed per monthly period
- **UE**: Indicates used DME equipment

Place of Service (POS)

Coverage of DME items outlined in this policy are for home/place of residence use only. DME items utilized in a facility setting (hospital, outpatient surgery, physician office, other) are not separately billable and are considered part of the facility/office charge. Equipment that is to be used in the office setting is considered office equipment.

Documentation Information

To establish support for billing pneumatic compression devices, the following must be submitted with the claim or upon request:

- Documentation of appropriate physician oversight including the evaluation of the member's condition to determine medical necessity of the device
- Suitable instruction in the operation of the machine, and

- Treatment plan defining the pressure to be used, frequency and duration of use, ongoing monitoring of use, and response to the treatment

Physician evaluation documentation must include:
- Diagnosis and prognosis
- Symptoms and objective findings, including measurements which establish the severity of the condition, and
- Reason the device is required, including treatments which have been tried and failed

Record review for DME must include appropriate orders from the treating provider. If equipment is to be used post operatively, the surgical facility discharge instructions/summary must reflect orders and instructions for use.

For additional information regarding member specific coverage or questions regarding this policy, providers may contact the Plan.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)
RP023 Modifier Reference Policy

Medical Policy
DME101.000-Durable Medical Equipment (DME) Reference List
MED202.060 –Compression Pumps for Treatment of Lymphedema and Venous Ulcers

References

Centers for Medicare & Medicaid Services (2026). Healthcare Common Procedure Coding System (HCPCS). Accessed June 18, 2026.

DMEPDAC – Medicare Contractor for Pricing, Data Analysis and Coding of HCPCS and Level II DMEPOS Codes. Accessed April 2, 2026.

Policy History

Approval Date	Description
07/05/2019	New policy
08/31/2020	Annual Review, Disclaimer Update; verbiage update
12/10/2021	Annual Review
01/30/2023	Annual Review
02/09/2024	Annual Review
07/25/2025	Annual Review; Updated title; Grammatical and formatting updates; Language under Description section revised; Additional codes added to HCPCS table, E0651, E0657; POS section revised. References updated.
07/07/2026	Annual Review