# Rx/REFERRAL FOR PNEUMATIC COMPRESSION THERAPY

aria Health
A ResMed company

This form is provided for convenience only. Use of this form is voluntary/optional.
Use of an alternative prescription form is valid as long as it includes the required information.

Date:

## PATIENT INFORMATION

Patient First Name: Patient Last Name: Date of Birth:

## PHYSICIAN INFORMATION

Physician Name: NPI #:

Office Location(s):

**Office Contact for Follow Up**

Name: Phone:

## MEDICARE AND OTHER INSURANCES REQUIRE THE FOLLOWING TO BE COMPLETE WITH THIS SIGNED Rx FORM FAX TO ARIA HEALTH (855) 943-3326

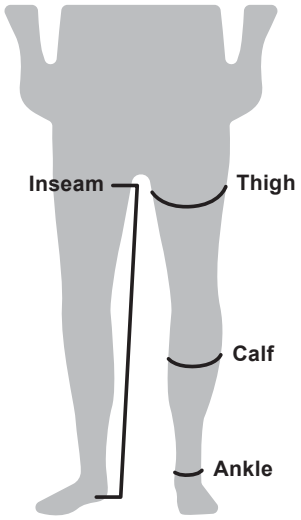
☐ Facesheet ☐ Patient Measurements (see section below) ☐ Documentation to support the use of E0651 Pneumatic Compression Device
**See specific Medicare requirements on backside**

## PATIENT MEASUREMENTS

Height: Weight:

Inseam: (max 85cm) Calf: (max 60cm)

Thigh: (max 80cm) Ankle: (max 35cm)




**Product Details**

☐ Aria Free™ Pneumatic Compression Pump – E0651, E0667

Affected limb: (Check one) ☐ Right leg ☐ Left leg ☐ Bilateral

Frequency of use: ☐ 1x Daily ☐ Every other day ☐ Other

Length of need: ☐ 99 months (lifetime) ☐ Other

Additional Patient notes:

## DIAGNOSIS

☐ Q82.0 Primary Lymphedema

☐ I89.0 Secondary Lymphedema caused by: (Check all that apply)

☐ CVI ☐ Obesity ☐ Trauma ☐ Surgery ☐ Cancer ☐ Other

**PRESCRIBER SIGNATURE:** **DATE:**

I certify that I am the physician identified in the "Physician Information" section above, and that the information provided with this form is true, accurate and complete, to the best of my knowledge.

## PLEASE FAX ALL DOCUMENTS TO ARIA HEALTH AT: (855) 943-3326

**IMPORTANT NOTE:** Any missing documentation could result in delays. Please make sure documentation is complete.

This checklist is provided for informational purposes only. Use of this checklist does not guarantee coverage or reimbursement by Medicare or any insurance payor. Please consult with your own billing or coding experts if you have questions about Medicare requirements for prescribing a PCD.

Aria Health
7581 Convoy Court, San Diego, CA 92111, U.S.A.
T: (866) 647-0691 support@ariahealth.com
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MKT-022 Rev B


***REFER TO BACKSIDE FOR MEDICARE QUALIFICATIONS.**

# MEDICARE CHECKLIST: COVERAGE CRITERIA FOR PNEUMATIC COMPRESSION DEVICE E0651*

Medicare requires patient medical records documenting the following to meet criteria for coverage of a pneumatic compression device (PCD) code E0651.

**Policy References:** Local Coverage Determination (LCD) (L33829)

**1. Diagnosis with at least one of the following documented in medical records:**

- I89.0 Lymphedema, not elsewhere classified (document etiology)
- Q82.0 Hereditary lymphedema (including lymphedema tarda)
- I97.2 Post mastectomy lymphedema
- I87.2/L97.919R or I87.2/L97.929L Chronic venous insufficiency with chronic ulcer (see #6)

**2. Physician Oversight**

- Demonstrated by physician notes and/or signed plan of care with one face-to-face visit within 6 months from order date

**3. Symptoms and clinical findings establishing the severity of lymphedema**

- Measurements confirming the persistence of lymphedema
- Documented presence of at least one of the following clinical findings:
    i. Marked hyperkeratosis with hyperplasia and hyperpigmentation
    ii. Papillomatosis (warts, nodules, papules)
    iii. Deformity of elephantiasis
    iv. Skin breakdown with persisting lymphorrhea
    v. Detailed measurements over time confirming the persistence of the lymphedema with a history evidencing a likely etiology
    vi. OR synonymous clinical terms, description of persisting symptoms

**4. Conservative Therapy Trial Documentation**

- A documented four-week trial of conservative therapy demonstrating failed response to treatment is required. The four-week trial of conservative therapy must include all of the following:
    i. Four-week trial of appropriate compression system or bandages, exercise and elevation of limb(s)) demonstrating failed response to treatment
        1. 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.
        2. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression starting with a minimum of 30 mmHg distally.
- Lymphedema symptoms persist despite clinical treatment over the course of a required four-week trial
- When available, manual lymphatic drainage and appropriate medication treatment

**5. Clinical Response to an Initial Treatment with the E0651 Device**

- Measurements pre and post initial treatment
- Ability to tolerate the treatment session and parameters
- Ability of the patient (or caregiver) to apply the device for continued use in the home

**6. A PCD coded as E0651 is covered for the treatment of CVI of the lower extremities only if the patient has all of the following:**

- Edema in the affected lower extremity
- One or more venous stasis ulcer(s)
- The ulcer(s) have failed to heal after a six-month trial of conservative therapy directed by the treating practitioner
- Six-month rial must include all of the following: Compliant use of an appropriate compression bandage system or compression garment to provide adequate graduated compression; medications as appropriate; regular exercise, elevation of the limb; appropriate wound care for the ulcer

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*For more information visit: www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33829

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