

	<b>Post-surgical Use of Limb Compression Devices</b>	
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	<b>Policy Status: Active</b>	<b>Next Review Date: 11/1/2026</b>

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input checked="" type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP <sup>1</sup>	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA <sup>2</sup>	<input checked="" type="checkbox"/> FEP <sup>3</sup>	<input type="checkbox"/> DENTAL

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Intermittent pneumatic compression (IPC) devices are inflatable sleeves worn on the arms, legs, chest, or trunk to help blood circulate.

**Policy**

Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for postsurgical outpatient use of limb compression devices when it is determined to be medically necessary. Please see Blue KC Medical Policy 1.01.28 Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis for clinical indications.

Post-surgical use of limb compression devices in a facility setting such as an ambulatory surgery center (POS 24) or hospital (POS 22 or 21) are considered inclusive to the surgery performed and will not be separately reimbursed.

Postsurgical outpatient use of limb compression devices for venous thromboembolism (VTE) prophylaxis may be reimbursed for individuals with a contraindication to pharmacologic agents (in the following situations):

- After major orthopedic surgery (total hip arthroplasty, total knee arthroplasty, hip fracture surgery); OR
- After major non-orthopedic surgery or other orthopedic procedures in individuals who are at moderate or high risk of VTE

Postsurgical use of limb compression devices for VTE prophylaxis for periods longer than 30 days may not be reimbursed.

**Coding**

<b>CPT</b>	<b>Code Description</b>
E0650	Pneumatic compressor, nonsegmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump

**References and Resources**

Blue KC Medical Policy 1.01.28 Postsurgical Outpatient Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis

Blue KC Provider Reference Guide

**Related Documents**

Payment Policy POL-PP-204 Vaso Pneumatic Device Therapy

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001		Initial version