

	Vasopneumatic Device Therapy	
	Policy Number: POL-PP-204	Original Creation Date: 11/1/2020
	Version Number: 08`	Version Effective Date: 11/1/2020
	Policy Status: Active	Next Review Date: 11/1/2026

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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 checked="" 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 QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ 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

Vasopneumatic devices are machines designed to pump cold water into an inflatable wrap or brace, compressing the enveloped area of the body. This form of treatment is common among physical therapy practices and has been proven effective in reducing swelling in the applied area.

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. Lymphedema is manifested as primary or secondary and is caused by an interruption in the lymphatic drainage.

Policy

Please see MCG- BKC-A-0340 Intermittent Pneumatic Compression with Extremity Pump for medical necessity indications.

Vasopneumatic treatment may be reimbursed for the following conditions:

- Edema of the extremities
- Lymphedema of the arm
- Lymphedema of the leg
- Venous insufficiency or venous stasis disorder
- Postmastectomy lymphedema syndrome
- Patient unable to perform other compression intervention (eg, compression garment, bandage, manual lymph drainage), or failure of other compression intervention to relieve symptoms

Conditions other than those listed may not be reimbursed.

This service is considered a “supervised” modality and is not considered “time-based.” It should be reported only once per treatment session, regardless of the number of areas treated or the length of time required to complete treatment.

Documentation to support the application of a compression device should include the type, amount, and location of the edema as well as the circumferential measurements of the treated extremity, before and after treatment.

A participating, preferred or network provider cannot bill the member for the denied service unless the provider has given advanced written notice, informing the member that the service may be deemed not medically necessary and provide an estimate of the cost. The member must agree in writing to assume financial responsibility in advance of receiving the service. The signed agreement should be maintained in the provider's records.

Coding

CPT	Code Description
97016	Application of a modality to 1 or more areas; vasopneumatic devices

References and Resources

MCG- BKC-A-0340 Intermittent Pneumatic Compression with Extremity Pump
 Blue KC Provider Reference Guide

Related Documents

MCG- BKC-A-0340 Intermittent Pneumatic Compression with Extremity Pump

Revision History

Version	Date	Summary of Revisions
001	11/1/2020	Initial version

002	8/12/2021	CPT codes removed from policy
003	11/1/2021	Annual review, no updates or changes were made to the policy
004	11/1/2022	Annual review, no updates or changes were made to the policy
005	11/1/2023	Annual review, added reference to Blue KC medical policy for clinical indications
006	11/1/2024	Annual review, no updates or changes were made to the policy
007	11/1/2025	Annual review, changed reference from archived Blue KC medical policy to MCG BKC-A-0430 Intermittent Pneumatic Compression with Extremity Pump
008	12/15/2025	Update, corrected transposed CPT code