1. Purpose

The purpose of this policy is to establish the criteria for the medically necessary use of vasopneumatic devices.

2. Definitions

2.1. Vasopneumatic devices are a form of specialized equipment, which are designed to apply pressure to an extremity to reduce swelling following an acute injury or as a nonsurgical option for the treatment of lymphedema. The use of vasopneumatic devices requires supervision and may be reported for each 15 minute time period.

3. Statement of Policy

3.1. The determination of medical necessity for the use of vasopneumatic devices is always made on a case-by-case basis.

3.2. The use of vasopneumatic devices may be considered medically necessary for a patient who has a documented edema (swelling) from an acute injury or lymphedema which has resulted from disease, injury or surgery.

3.3. Any treatment plan involving the use of vasopneumatic devices should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate activities of daily living. The use of passive modalities, such as vasopneumatic devices, beyond three (3) weeks has not been shown to produce meaningful long term benefit and is considered not medically necessary. Care, at this point, should be focused on transitioning the patient to active and self-care strategies.

Note: This policy pertains to the in-office application of vasopneumatic devices. This policy does not pertain to home vasopneumatic units (DME) and will addressed in a separate DME policy.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding vasopneumatic devices and may modify this policy at a later date based upon the
evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


4.2. Related Triad Medical Policies:
• TMMP 18 - Medical Necessity
• TMMP 10 - Use of Passive and Active Care
• TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures

CPT Codes
This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>97016</td>
<td>Application of a modality to 1 or more areas; vasopneumatic devices.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

Table of Revisions

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/27/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3. changed from: “Any treatment plan involving the use of vasopneumatic devices should ultimately result in a reduction in the patient’s pain and/or an improved ability to perform age appropriate activities of daily living. The use of vasopneumatic devices beyond two to three (2-3) weeks without a clinically meaningful reduction in pain levels, edema, and clinical signs of functional improvement is considered not medically necessary.” Additional sentence added: “Care, at this point, should be focused on transitioning the patient to active and self-care strategies.</td>
</tr>
<tr>
<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Description of CPT Code 97016 updated.</td>
</tr>
<tr>
<td>11/16/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>07/22/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.3 changed language to read “is considered not medically necessary” instead of “may be considered…” to be consistent with other medical policies with the same §3.3. replaced ‘carry out’ with ‘perform age appropriate’. §4.2 added reference to TMMP 13 – Use of Adjunctive Modalities and/or Therapeutic Procedures Removed §5, Attachments and 5.1 Provider Manual as the provider manual has been re-written administratively. Added CPT Code table.</td>
</tr>
<tr>
<td>08/09/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>08/17/2008</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.