Vasopneumatic Device Modality

Effective Date: 08/13/2020  Revised Date: N/A
Responsible Department: Medical Services  Reviewed Date: N/A

Purpose
The purpose of this document is to establish the criteria Workforce Safety & Insurance (WSI) requires for reimbursement of a Vasopneumatic Device Modality (CPT® 97016).

Background
WSI has adopted the documentation standards from the American Physical Therapy Association’s Guidelines: Physical Therapy Documentation of Patient/Client Management and will only reimburse a therapy service supported by the medical documentation. See Physical and Occupational Therapy Documentation Medical Policy.

In the event submitted documentation fails to demonstrate the application of Vasopneumatic Compression through skilled therapy intervention, WSI will deny the charge.

Policy
For a charge of CPT® 97016, WSI will audit submitted medical documentation for the following:

- Application required the unique skills of a qualified clinician
  - Evaluation of the patient’s condition to determine the medical necessity of the device, e.g., the type and amount of edema
  - Treatment parameters which must include:
    - Specific level of pressure in mmHg
    - Duration of use
- Pre- and post-girth measurements
- Area of the body receiving treatment
- Device used for treatment
  - Must have different compartments with adjustable settings
  - Units with low, medium or high settings are not reimbursable

As Vasopneumatic Compression is a supervised modality, not time-based, a provider may only report it once per visit, regardless of the number of treated areas or the time spent for treatment.

WSI will deny reimbursement if the submitted documentation does not meet the criteria outlined in this policy.
References
