



Health & Human Services

PNEUMATIC PRESSURE DEVICES

Service Authorization: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

PNEUMATIC PRESSURE DEVICES

Item is non-covered.

Date Revised	Revisions
May 2, 2017	Reviewed and reformatted.
January 3, 2020	Reviewed. Added new Department logo.
December 22, 2022	Reviewed and reformatted. Update with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 18, 2025	Reviewed and reformatted. Removed "CMN" verbiage from the header section.