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Lymphedema Treatment Policy

Indication/Usage:

Lymphedema refers to accumulation of fluid in the tissue due to inadequate lymphatic circulation related to either congenital defective lymphatics (Primary Lymphedema) or destruction or obliteration of the lymphatic system (Secondary Lymphedema). Examples include radical surgical procedures with removal of regional groups of lymph nodes such as mastectomy, post-radiation fibrosis or tumors with lymphatic obstruction. Treatment for lymphedema may include mechanical measures such as compression garments, bandaging, manual massage, compression devices, drugs, and in rare cases, surgery.

Medical Indications for Authorization
Commercial and Medicare Members

SummaCare considers the following lymphedema treatments medically necessary for the treatment of lymphedema only when medical necessity criteria has been met.

1. Compression garments for the arms and legs are considered medically necessary for members with intractable lymphedema of the arms, hands and legs.

   2 pairs of sleeves, leg garments and gloves are covered every 6 months

   CPT Codes

   A6524 - A6527, A6530 - A6549, A6552 - A6564, A6572, A6573, A6583, A6585 - A6587, A6610 Gradient compression stockings
   A4465 Non-hyphenelastic binder for extremity
   A6520 – A6565 A6579 – A6581 Gradient compression garment, gloves
   A6568- A6569 Gradient compression garment
   A6574 - A6582 Gradient compression arm sleeve and or glove combination, custom
   A6584 , A6588 Gradient pressure wrap with adjustable straps,
   A6594 – A6609 Gradient compression bandaging supplies

2. Lymphedema pumps - Pneumatic compression devices with or without calibrated gradient pressure are considered medically necessary for the treatment for lymphedema please refer to InterQual Durable Medical Equipment, Pneumatic and other Powered Compression Devices for criteria. InterQual®

   Medicare Members
   CMS NCD ID 280.6 Pneumatic Compression Devices
   Benefit Category
   Durable Medical Equipment

   Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

   Item/Service Description
   Pneumatic compression devices consist of an inflatable garment for the arm or leg and an electrical pneumatic pump that fills the garment with compressed air. The garment is

intermittently inflated and deflated with cycle times and pressures that vary between devices.

Indications and Limitations of Coverage

Pneumatic devices are covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers.

Lymphedema

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The accumulation of lymph fluid results from impairment to the normal clearing function of the lymphatic system and/or from an excessive production of lymph. Lymphedema is divided into two broad classes according to etiology. Primary lymphedema is a relatively uncommon, chronic condition which may be due to such causes as Milroy's Disease or congenital anomalies. Secondary lymphedema, which is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as surgical removal of lymph nodes or post radiation fibrosis, among other causes.

Pneumatic compression devices are covered in the home setting for the treatment of lymphedema if the patient has undergone a four-week trial of conservative therapy and the treating physician determines that there has been no significant improvement or if significant symptoms remain after the trial. The trial of conservative therapy must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb. The garment may be prefabricated or custom-fabricated but must provide adequate graduated compression.

Chronic Venous Insufficiency With Venous Stasis Ulcers

Chronic venous insufficiency (CVI) of the lower extremities is a condition caused by abnormalities of the venous wall and valves, leading to obstruction or reflux of blood flow in the veins. Signs of CVI include hyperpigmentation, stasis dermatitis, chronic edema, and venous ulcers.

Pneumatic compression devices are covered in the home setting for the treatment of CVI of the lower extremities only if the patient has one or more venous stasis ulcer(s) which have failed to heal after a 6 month trial of conservative therapy directed by the treating physician. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb.

General Coverage Criteria

Pneumatic compression devices are covered only when prescribed by a physician and when they are used with appropriate physician oversight, i.e., physician evaluation of the patient's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine, a treatment plan defining the pressure to be

used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

The determination by the physician of the medical necessity of a pneumatic compression device must include:

1. The patient's diagnosis and prognosis;
2. Symptoms and objective findings, including measurements which establish the severity of the condition;
3. The reason the device is required, including the treatments which have been tried and failed; and
4. The clinical response to an initial treatment with the device.

The clinical response includes the change in pre-treatment measurements, ability to tolerate the treatment session and parameters, and ability of the patient (or caregiver) to apply the device for continued use in the home.

The only time that a segmented, calibrated gradient pneumatic compression device (HCPCs code E0652) would be covered is when the individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

Pneumatic compression devices for the treatment of lymphedema of the head, neck and face are considered experimental and not covered.

Pneumatic compression devices for the treatment of peripheral arterial disease (PAD) are considered experimental and not covered.

CPT Codes

E0650 Pneumatic compressor, non-hyphensegmental home model
E0651 Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652 Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655 Non-hyphensegmental 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 Non-hyphensegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665 Non-hyphensegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666 Non-hyphensegmental 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 arm
E0669 Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0670 Segmental pneumatic appliance for use with pneumatic compressor; 2 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

3. Decongestive therapy, complex decongestive therapy or manual lymphoid drainage is considered medically necessary to treat lymphedema when conservative management of compression garments, elevation and regular exercise has failed and have 1 of the following conditions.
    - Ulceration or cellulitis due to lymphedema
    - Intractable lymphedema of the extremities
    - Lymphedema impairs physical functioning of the affected limb

    Decongestive therapy 2–5 times per week for two weeks is considered medically necessary for the treatment of lymphedema and can be transitioned to a home - based program.

    CPT Codes

    97140 Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
    Complex lymphedema therapy, each 15 minutes
    97016 Application of a modality to 1 or more areas; vasopneumatic devices

4. Debulking liposuction and lipectomy are considered medically necessary for members with chronic refractory lymphedema when all of the following criteria has been met.
    - Lymphedema impairs physical functioning
    - Failure of 3 months of conservative medical management (compression garments, lymphatic drainage)

    CPT Codes

    15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infra-hyphenumbilical panniculectomy
    15832 - 15839 Excision, excessive skin thigh, leg, hip, buttocks, arm, forearm/hand, submental fat
    15847 Excision, excessive skin and subcutaneous tissue abdomen liposuction\lipectomy
    15876 - 5879 Suction assisted lipectomy; head and neck, trunk, upper or lower extremity

Limitations

The following treatments and procedures for the prevention or treatment of lymphedema are considered experimental and investigational because the effectiveness of these approaches has not been. These procedures include but are not limited to:

- Axillary Reverse Mapping (ARM)

- Microsurgical treatment
- Lymphaticovenous Anastomosis
- Lymphovenous bypass
- Vascularized Lymph Node Transfer
- ARFI elastography for measurement of tissue stiffness in limb lymphedema
- Bioimpedance Spectroscopy Devices
- Compression garments for lymphedema of the genitals, head, and neck or post mastectomy compression bras
- PRP
- Light therapy
- Aqua therapy
- Tissue Transfers

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare
Self-funded Commercial groups refer to plan document for coverage

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