Lymphedema-Intermittent Pneumatic Compression Devices and Surgical Treatment

Policy

The Medical Management Department reviews referral requests for authorization of treatment of lymphedema.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. Documentation Required:

In order to facilitate the authorization process referral requests must include the following:

1. Documentation of the patient’s diagnosis, medical history and physical exam including lymphedema measurements obtained in the same manner and with reference to the same anatomic landmarks before, during and after trials and therapy and measurements of the opposite limb for comparison when appropriate.
2. Documentation of the impact on activities of daily living.
3. Documentation of previous treatments related to lymphedema including pharmacotherapies, wound care, nutritional interventions, physical and occupational therapy and surgeries.
4. Documentation from applicable specialists caring for patient including physicians and advance practice professionals, dieticians/nutritionists, wound clinic, etc.

II. Criteria for Medical Necessity:

A. Pneumatic Compression Device without Calibrated Gradient Pressure Control (E0650 Non-segmental and E0651 Segmental)

Lymphedema pumps / pneumatic compression devices without calibrated gradient pressure control are medically necessary for home use when ALL the following criteria are met:

1. Diagnosis of lymphedema; AND
2. Chronic, severe lymphedema with at least one of the following clinical findings
   a. Skin breakdown with persistent lymph fluid drainage/seepage, OR
   b. Elephantiasis deformity, OR
   c. Detailed measurements over time that confirm the presence of lymphedema and a known etiology.
3. Lymphedema is unresponsive to a 4-week trial of conservative therapy including trials of ALL of the following or valid reason that one or more are contraindicated:
a. Complex decongestive physiotherapy
   i. Compression bandage system / garment which provides adequate graduated compression of a minimum of 30mmHg distally to move fluid proximally worn 23 hours per day, AND
   ii. Regular exercise; AND
   iii. Elevation of the limb; AND
   iv. Manual lymphatic drainage by a trained therapist and self-manual lymphatic drainage for 30 minutes to 1 hour every day; AND

b. Medication therapy optimized as appropriate (e.g., diuretic therapy); AND

4. Lymphedema measurements are documented as indicated in I.1 above; AND
5. Patient will have an in-person fitting of device by a trained technician; AND
6. Patient/caregiver will have device education and supervision provided by trained technician.

NOTE: Any improvement in lymphedema with these measures is considered a response and conservative measures should continue with weekly assessments until no response is seen over a 4-week time period at which time a Pneumatic Compression Device without Calibrated Gradient Pressure may be medically necessary.

B. Pneumatic Compression Device WITH Calibrated Gradient Pressure Control (E0652 segmental)

Lymphedema pumps / pneumatic compression devices with calibrated gradient pressure control are medically necessary for home use when ALL the following criteria are met:

1. Diagnosis of lymphedema; AND
2. Criteria for pneumatic compression device without calibrated gradient pressure control met (under A. criteria 1-5 above); AND
3. Lymphedema meets ONE of the following:
   a. Failed to improve with a 4-week trial of a device without calibrated gradient pressure control. This trial must include ALL of the following:
      i. Documented daily, multiple hour home usage of a device which has been personally fit for the patient; AND
      ii. Device achieved 30mmHg compression pressure; AND
      iii. Patient received training on device usage; AND
      iv. Lymphedema measurements are documented as indicated in I.1 above
      v. Compliant with conservative therapy trial elements A.3. a. through g. above. OR
   b. Lymphedema extends to the chest, trunk and/or abdomen, OR
   c. Lymphedema extends to the neck and/or head AND
      i. Patient does not have ANY of the following:
         1) Acute thyroid disease,
         2) Radiation dermatitis,
         3) Unhealed or open wounds or incisions,
         4) Surgical flaps < 6-8 weeks post op,
         5) Facial infection,
         6) Carotid sinus hypersensitivity syndrome,
         7) Increased intracranial pressure,
         8) TIA or stroke in past 30 days,
         9) Symptomatic bradycardia without pacemaker

4. Patient will have an in-person fitting of device by a trained technician; AND
5. Patient/caregiver will have device education and supervision provided by trained technician.
C. Conditions considered Experimental, Investigational or not Medically Necessary:

1. Surgical treatment of lymphedema including,
   a. Lymphovenous anastomosis (LVA)
   b. Vascularized lymph node transfer (VLNT)
   c. Liposuction
2. Use of bioimpedance spectroscopy to detect/measure lymphedema.
3. Use during pregnancy
4. Decompensated congestive heart failure
5. Active venous thromboembolism in the limb/area of device use
6. Active infection in the limb/area of device use

HCPCS CODES

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<tr>
<th>Code</th>
<th>Description</th>
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<td>Pneumatic compressor, non-segmental home model</td>
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<tr>
<td>E0651</td>
<td>Pneumatic compressor, segmental home model without calibrated gradient pressure</td>
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<tr>
<td>E0652</td>
<td>Pneumatic compressor, segmental home model with calibrated gradient pressure</td>
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<tr>
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<td>Segmental gradient pressure pneumatic appliance, full leg</td>
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<td>Segmental gradient pressure pneumatic appliance, half leg</td>
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<td>Non-segmental pneumatic appliance for use with pneumatic compressor, half arm</td>
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References


