MedStar Health, Inc.
POLICY AND PROCEDURE MANUAL

Policy Number: PA.075.MH
Last Review Date: 11/08/2018
Effective Date: 01/01/2019

PA.075.MH – Lymphedema Pumps and Appliances

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Lymphedema pumps and appliances** medically necessary for the following indications:

Non-segmented Compressor or Segmented Compressor Without Calibrated Gradient Pressure (E0650/E0651) are covered when all of the following criteria are met:

General Coverage Criteria:

1. The device is prescribed by a physician
   And
2. The device is used with appropriate physician oversight

Specific Coverage Criteria:

- Treatment of Lymphedema:
  Member has had a four week trial of conservative therapy and the treating provider has determined that there has been no significant improvement in symptoms. The trial must include elevation of the limb exercise and an appropriate compression garment.

- Chronic Venous Insufficiency (CVI**):**
  - Member has had a six month trial of conservative therapy for the treatment of one or more venous stasis ulcers and the treating provider has determined that no significant improvement in symptoms.

Segmented Pneumatic Compressor with Calibrated Gradient Pressure (E0652)

A segmented device with manual control of the pressure in each chamber is considered medically necessary only if there is clear documentation of medical necessity in the individual case. It will be covered if the following criteria are met:

- Member meets general coverage criteria and only if there is clear documentation of medical necessity in the individual case.

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NOTE: For Segmented Pneumatic Compressor With Calibrated Gradient Pressure (i.e., Flexitouch® Biotouch Massage Therapy System and Lympha Press® pumps, etc.) for specific anatomical locations such as treatment of perineal, chest or trunk edema there must be a documented evaluation by a Certified Lymphedema Therapist before a Medical Director reviews the case. The CLT should not recommend a specific brand product but support the need for the device.

Pneumatic Compression Appliances
When the compression (lymphedema) pump is deemed medically necessary, the accompanying compression garments will be covered.

Limitations/Exclusions
1. Prior to billing of pump or appliance, the supplier must have a signed and dated order. Lymphedema Pumps must be rented for one month and documentation submitted for review and evaluation of continued medically necessary before purchase is considered.
2. For an item to be covered, there must be a documented face-to-face encounter conducted by the physician, physician assistant, nurse practitioner, or clinical nurse specialist within six months prior to written order.
   For a segmented device with manual control of the pressure in each chamber, payment will be based on the allowance for the least costly medically appropriate alternative, unless medical necessity is documented in the individual case.
3. Full coverage and payment for a segmented device with manual control of the pressure in each chamber will be made only when there is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segmented device with a segmented appliance/sleeve or a segmented device without manual control of the pressure in each chamber.

Background
Lymphedema is the swelling of a part of the body such as an arm or leg that is the result of excessive lymph fluid accumulation as a result of impaired lymphatic system function or excessive production of lymphatic fluid.

Lymphedema can be divided into two broad classes, primary lymphedema or secondary lymphedema. Secondary is much more common and may result from destruction or damage to lymphatic system from surgery or disease such as spread of malignant tumors. The most common cause of secondary is breast cancer surgery. Between 5% and 77% of patients undergoing this surgery are affected with the higher rates occurring in patients who also underwent radiation therapy. Primary lymphedema is uncommon and may be caused by congenital anomalies.

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Chronic venous insufficiency (CVI) of the lower extremities is a condition caused by abnormalities of the venous wall and valves. It leads to obstruction or reflux of blood flow in the veins.

Pneumatic Compression Devices, or Lymphedema Pumps, are electric pneumatic pumps with an inflatable arm or leg garment that assist in facilitating the movement of fluid from the limbs into body cavity.

The three most common types of pneumatic compression pumps include: non-segmented pneumatic compressors, segmented pneumatic compressor without calibrated gradient pressure, and segmented pneumatic compressor with calibrated gradient pressure

Codes:

HCPCS codes covered if selection criteria are met (If Appropriate):	
Code	Description
E0650	Pneumatic compressor, non-segmental home model
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655	Non-segmental 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-segmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Non-segmental 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
E0671	Segmental gradient pressure pneumatic appliance, full leg

E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg

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