Medicare C/D Medical Coverage Policy

Lymphedema Pumps – Pneumatic Compression Device

Origination: March 3, 2000
Review Date: March 15, 2010
Next Review: March 2012

DESCRIPTION OF PROCEDURE OR SERVICE
Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. Lymphedema is manifested as primary or secondary and is caused by an interruption in the lymphatic drainage.

- Primary lymphedema is a relatively uncommon, chronic condition that 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 radical surgical procedures with removal of regional groups of lymph nodes (for example, after radical mastectomy), post-radiation fibrosis, and spread of malignant tumors to regional lymph nodes with lymphatic obstruction, among other causes.

The goal of treatment for lymphedema is aimed at preventing further swelling or injury to the affected limb. First line treatment options should be instituted before progressing to pneumatic compression pumps. Multi-modal therapy is often more effective than single modality therapy.

POLICY STATEMENT
Coverage will be provided for lymphedema when it is determined to be medically necessary, as outlined in the below guidelines and medical criteria.

BENEFIT APPLICATION
Please refer to the member’s individual Evidence of Coverage (E.O.C.) for benefit determination. Coverage will be approved according to the E.O.C. limitations if the criteria are met.

Coverage decisions will be made in accordance with:
- The Centers for Medicare & Medicaid Services (CMS) national coverage decisions;
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations; and
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered.

Benefit payments are subject to contractual obligations of the Plan. If there is a conflict between the general policy guidelines contained in the Medical Coverage Policy Manual and the terms of the member’s particular Evidence of Coverage (E.O.C.), the E.O.C. always governs the determination of benefits.

**CRITERIA REQUIRED FOR COVERAGE APPROVAL**
Pneumatic compression devices are considered a treatment of last resort for refractory primary and secondary lymphedema.

Pneumatic compression pumps are only covered for lymphedema or chronic venous insufficiency with venous stasis ulcers if all of the following are met:

1. **Refractory Primary and Secondary Lymphedema**
   - The member has undergone a four-week trial of *conservative therapy* that must include use of an appropriate compression bandage system or compression garment, exercise, and elevation of the limb; and
   - The treating physician determines that there has been no significant improvement or if significant symptoms remain after the trial therapy; and
   - The member has shown compliance in the previous treatment options and is capable of following instructions that accompany the use of the lymphedema pump.

2. **Venous Stasis Ulcers**
   - The member must have one or more venous stasis ulcer(s) which have failed to heal after a six month trial of conservative therapy including a compression bandage system or compression garment, appropriate dressings for the wound, exercise, and elevation of the limb.

**WHEN COVERAGE WILL NOT BE APPROVED**
- For indications other than cited above.
- When the medical guidelines shown above are not met.
- Appliances used for pneumatic compression of the chest or trunk (E0656 and E0657) will be denied as not medically necessary.
- Reid sleeves- A non-elastic binder for an extremity (A4465) is non-covered for all indications because it does not meet the definition of a surgical dressing.

**LIMITATIONS**
The use of Lymphedema Pumps is contraindicated in those individuals with arterial occlusive disease or active infection.

**BILLING/ CODING/PHYSICIAN DOCUMENTATION INFORMATION**
This policy may apply to the following codes. Inclusion of a code in the section does not guarantee reimbursement.
Applicable codes: E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0671, E0672, E0673, A6545

The Plan may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

SPECIAL NOTES
Non-segmented Compression Devices
When a pneumatic compression device is covered, a non-segmented device (E0650) or segmented device without manual control of the pressure in each chamber (E0651) is generally sufficient to meet the clinical needs of the patient.

- A non-segmented compressor (E0650) with a segmented appliance/sleeve (E0671- E0673) is considered functionally equivalent to an E0651 compressor with a segmented appliance/sleeve (E0667-E0669).

Segmented Compression Devices
When a segmented device with manual control of the pressure in each chamber (E0652) is ordered and provided, payment will be based on the allowance for the least costly medically appropriate alternative, E0651, unless there is clear documentation of medical necessity in the individual case.

- Full coverage for code E0652 will be approved only when there is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segmented device (E0650) with a segmented appliance/sleeve (E0671- E0673) or a segmented device without manual control of the pressure in each chamber (E0651).

References:
1. Medicare National Coverage Determination for Pneumatic Compression Devices (ID #280.6); Effective date: 1/14/2002; Accessed via Internet site www.cms.hhs.gov/mcd/viewncd on 9/24/09.
2. Medicare Local Coverage Determination for Pneumatic Compression Devices (ID#L5017); Effective date: 1/1/09; Accessed via Internet site www.cms.hhs.gov/mcd/viewlcd on 9/24/09.

Policy Implementation/Update Information:
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