

Lymphedema - Diagnosis and Treatment



Medical Coverage Policy

Effective Date: 01/23/2014
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Change Summary: Updated Description, Coverage Determination, Coverage Limitations, Provider Claims Codes, References

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at <http://www.cms.gov>. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Assessment and monitoring of lymphedema can be accomplished by a number of methods. One of the most common is circumferential measurement of limb volume. The volume is calculated with measurements obtained from the use of a tape measure at various locations on the limb, or may be compared to measurements of the opposite limb. Another method is the water displacement measurement. The limb is submerged into a container of water and the amount that is displaced is measured.

A more recently proposed method is bioimpedance spectroscopy, which measures the impedance (resistance) of electrical current through extracellular fluid. This involves the use of a device that is connected to electrodes that have been attached to the wrist when testing the arm or the ankle when testing the leg. A mild electrical current is passed through the electrode and a measurement of the resistance of the current

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flow through the fluid is obtained. An example of this device is the L-Dex U400. (**Refer to Coverage Limitations section**)

Treatment of lymphedema may be undertaken by a number of methods, either alone or in combination, including, but not limited to, the use of lymphedema garments, manual lymph drainage massage, use of lymphedema pumps and/or surgery.

Lymphedema garments (also referred to as compression garments), which include sleeves, gloves and stockings, are special bandages that can be worn on the arms, legs, hands or feet to help reduce swelling that is caused by the removal of nearby lymphatic vessels or nodes. The garments provide specific amounts of pressure to keep the fluid from accumulating in the limb.

Manual lymph drainage massage (also known as complex decongestive physiotherapy or complete decongestive physiotherapy) may be performed by a physical therapist or occupational therapist certified in manual lymph drainage. This technique combines massage, bandaging, exercise and skin care in an attempt to reduce the accumulation of fluid.

Lymphedema pumps (pneumatic compression pumps) are devices that use compressed air to apply pressure to a limb in order to move excess lymph fluid into the rest of the body. A unicompartamental (nonsegmented) device consists of a rubberized sleeve or boot with a single inflatable chamber that exerts uniform pressure along the affected limb. A multicompartamental (segmented) device has multiple chambers in the rubberized sleeve or boot that inflate and deflate in a sequential fashion. These devices may be controlled either with or without manual control of the amount of pressure used in the compartments (manual control is also known as gradient pressure). (**Note:** This policy only addresses treatment for lymphedema. For information regarding **other uses of pneumatic compression pumps**, please refer to [Pneumatic Compression Pumps](#) Medical Coverage Policy).

The two-stage multichamber programmable pneumatic compression device operates in two separate phases. These devices are proposed to be based on the principles of manual lymph drainage (treat the proximal areas first, which is theorized to prepare the distal areas for drainage). The first phase is a "preparatory" phase, followed by the treatment or drainage phase, which utilizes light variable pressure to drain the fluid/blood from the distal treatment areas. The second phase may be controlled by

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multiple programmable options. Examples of this type of pump include, but may not be limited to, the **ACTitouch Adaptive Compression Therapy system, Flexitouch or LymphaPress Optimal.** (Refer to Coverage Limitations section)

Surgery, though rarely performed, has been suggested as a treatment for those with refractory lymphedema. Surgery is not curative but is purported to be performed to treat those patients who do not improve with conservative management. The two main categories of operations that are available for the care of patients with lymphedema are reconstructive and excisional.¹ Excisional surgical procedures for lymphedema include, but may not be limited to, debulking and liposuction. Reconstructive surgical procedures include, but may not be limited to, microsurgical treatment (e.g., microsurgical lymphatico-venous anastomosis) and tissue transfers. (Refer to Coverage Limitations section)

Coverage Determination

LYMPHEDEMA GARMENTS:

Humana members may be eligible under the Plan for **custom-made lymphedema compression garments** for the extremities (e.g., **sleeves, gloves or stockings**) only when following a mastectomy or other surgical causes of lymphedema.

Note: A limit of two lymphedema garments per affected extremity allowed initially; an additional one per affected extremity may be covered annually.

MANUAL LYMPH DRAINAGE MASSAGE:

Humana members may be eligible under the Plan for **manual lymph drainage massage** (also known as **complex or complete decongestive physiotherapy**) when performed by a Physical Therapist or Occupational Therapist, preferably certified in manual lymph drainage, only when following a mastectomy or other surgical causes of lymphedema.

Note: The treatment may be applied toward the number of allowable visits of the physical therapy benefit. Refer to the member's certificate of coverage.

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LYMPHEDEMA PUMPS (PNEUMATIC COMPRESSION PUMPS):

Humana members may be eligible under the Plan for the following types of lymphedema pumps only when following a mastectomy or other surgical causes of lymphedema:

- **Unicompartmental (nonsegmented) or multicompartmental (segmented) lymphedema pump WITHOUT manual control of the pressure in the chamber for home use for the treatment of lymphedema IF the member 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. Conservative therapy should include the use of an appropriate compression garment, exercise and elevation; OR**
- **Unicompartmental (nonsegmented) or multicompartmental (segmented) lymphedema pump with gradient pressure (manual control of the pressure) IF the member has undergone a four week trial of a unicompartmental or multicompartmental lymphedema pump without manual control of the pressure in each chamber and the treating physician determines that there has been no significant improvement or significant symptoms remain**

Note: The criteria for **lymphedema pumps** are consistent with the treatment of lymphedema *portion* of the Medicare National Coverage Policy for Pneumatic Compression Pumps, and therefore apply to Medicare members.

*Coverage
Limitations*

Humana members may **NOT** be eligible under the Plan for **treatment of lymphedema for any indications other than those listed above**. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **any other treatment method not listed above** including, but not limited to, the following:

- Compression garments for the chest, head, neck or trunk; **OR**

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- Surgical treatment of lymphedema including, but not limited to, excisional operations (e.g., debulking and liposuction), microsurgical treatment (e.g., microsurgical lymphatico-venous anastomosis) and tissue transfers; **OR**
- Trunk or chest appliances/use of a lymphedema pump to the trunk or chest

These technologies are considered experimental/investigational as they are not identified as widely used and generally accepted for any other proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for a **two-stage multichamber programmable pneumatic compression device** (e.g., **ACTitouch**, **Flexitouch** or **LymphaPress Optimal**) for any indication. This technology is considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for the use of **bioimpedance spectroscopy** including, but not limited to, the **L-Dex 400**, for pre- or post-operative assessment or monitoring of lymphedema. This technology is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Background

Additional information about the **lymphatic system and lymphedema** may be found from the following websites:

- American Cancer Society - <http://www.cancer.org>
- National Cancer Institute - <http://www.cancer.gov>
- National Comprehensive Cancer Network - <http://www.nccn.org>
- National Library of Medicine - <http://www.nlm.nih.gov>

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Medical Alternatives

Alternatives to **bioimpedance spectroscopy** include, but may not be limited to, the following:

- Circumferential measurement
- Water displacement

Alternatives for the **treatment of lymphedema** include, but may not be limited to, the following:

- Prescription drug therapy may be appropriate for this condition

To make the best health decision for the patient's individual needs, the patient should consult his/her physician.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
38308	Lymphangiectomy or other operations on lymphatic channels	Not Covered if used to report surgical treatment of lymphedema
97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	

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CPT [®] Category III Code(s)	Description	Comments
0239T	Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs	Not Covered
HCPCS Code(s)	Description	Comments
A6544	Gradient compression stocking, garter belt	Not Covered
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	Not Covered
A6549	Gradient compression stocking/sleeve, not otherwise specified	Not Covered if used to report any lymphedema compression garment that is not custom-made
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	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Not Covered
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Not Covered
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	

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E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0671	Segmental gradient pressure pneumatic appliance, full leg	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0672	Segmental gradient pressure pneumatic appliance, full arm	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices

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E0673	Segmental gradient pressure pneumatic appliance, half leg	Not Covered if used to report two-stage multichamber programmable pneumatic compression devices
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	
E1399	Durable medical equipment, miscellaneous	Not Covered if used to report any treatments outlined in Coverage Limitations section
L8010	Breast prosthesis, mastectomy sleeve	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Not Covered
S8422	Gradient pressure aid (sleeve), custom made, medium weight	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	
S8424	Gradient pressure aid (sleeve), ready made	Not Covered
S8425	Gradient pressure aid (glove), custom made, medium weight	
S8426	Gradient pressure aid (glove), custom made, heavy weight	
S8427	Gradient pressure aid (glove), ready made	Not Covered
S8428	Gradient pressure aid (gauntlet), ready made	Not Covered
S8429	Gradient pressure exterior wrap	
S8950	Complex lymphedema therapy, each 15 minutes	
ICD-9 Procedure Code(s)	Description	Comments
40.0	Incision of lymphatic structures	
40.9	Other operations on lymphatic structures	
93.39	Other physical therapy	
93.59	Other immobilization, pressure, and attention to wound	

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Click [here](#) to view ICD-10 code(s) associated with this medical coverage policy.

Medical Terms

Excision - Surgical removal of tissue or a body part.

Extracellular - Outside of the cell.

Lymph - Clear, yellowish, slightly alkaline, coagulable fluid that contains white blood cells and resembles blood plasma. Lymph is derived from the tissues of the body and is transferred to the blood by the lymphatic vessels.

Lymph Nodes - Small bean-shaped organs that are located throughout the lymphatic system. The lymph nodes store special cells that can trap cancer cells or bacteria that travel throughout the body in the lymph.

Lymphedema - Fluid accumulation that may arise from surgery, radiation or the presence of a tumor in the areas of the lymph nodes.

Mastectomy - Surgery to remove portions of or the entire breast.

Post-Operative - After surgery.

Refractory - Resisting ordinary methods of treatment.

Sequential - Consecutive; in regular succession without gaps.

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