LifeWise
Health Plan of Washington

MEDICAL POLICY – 1.01.18

Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers

BCBSA Ref. Policy: 1.01.18

Effective Date:	June 1, 2024
Last Revised:	May 13, 2024
Replaces:	N/A

RELATED MEDICAL POLICIES:

1.01.525	Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis
7.01.567	Surgical Treatments for Lymphedema and Lipedema

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Swelling due to too much fluid in the arm or leg is called lymphedema. The usual treatment is raising the arm or leg or wearing an elastic compression garment, which applies gentle pressure to the limb. If the usual treatments don't work, wearing an inflatable garment attached to a pump may be medically necessary. There are basically three kinds of garments and pumps. One type of garment consists of a single chamber and the pump pushes in a pre-set, non-calibrated amount of pressure. Another type of garment contains several chambers, and the pressure is non-calibrated but can be set to a single pressure that is sequentially sent to each of those chambers. The last type of garment and pump contains several chambers, and the pump can be calibrated to send each chamber a different amount of pressure. This policy describes when each of these different types of lymphedema pumps may be medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

If coverage is available for Durable Medical Equipment (DME) then the following conditions apply.

Medically necessary DME may be rented up to a period of 10 months up to the purchase price of an equivalent item and in accordance with the member benefit as described in the member contract (see **Benefit Application** below).

Type of Pump	Medical Necessity
Single-compartment lymphedema pumps • **Nonprogrammable** • **Programmable** **Multi-chamber lymphedema pumps** • **Nonprogrammable** • **Programmable**	**Nonprogrammable** **Single-compartment (non-segmented/E0650) or multi-chamber (segmented/E0651) lymphedema pumps applied to the limb may be considered medically necessary for the treatment of lymphedema that has failed to respond to conservative measures, such as elevation of the limb and use of compression garments.** **Programmable (e.g., calibrated gradient pressure)** **Single-compartment or multi-chamber (E0652) lymphedema pumps applied to the limb may be considered medically necessary for the treatment of lymphedema when:** • The individual is otherwise eligible for nonprogrammable pumps, and • There is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression with single-compartment (non-segmented/E0650) or multi-chamber (segmented/E0651) **nonprogrammable** lymphedema pumps (e.g., significant scarring, contractures) **Single-compartment or multi-chamber lymphedema pumps applied to the limb are considered investigational in all situations other than those specified above.**

Type of Pump	Investigational
Lymphedema pumps to treat other areas or other conditions (E0656, E0657, E0670)	**The use of lymphedema pumps to treat the trunk or chest in individuals with lymphedema with or without involvement of the upper and/or lower limbs is considered investigational.** **The use of lymphedema pumps applied to the head and neck to treat lymphedema is considered investigational.** **The use of pneumatic compression pumps to treat venous ulcers is considered investigational**

Documentation Requirements
For a nonprogrammable pump, the medical records submitted for review should include: • Clinical documentation supporting that member has lymphedema which has failed to respond to conservative treatment such as limb elevation and use of compression garments **For a programmable pump, the medical records submitted for review should include:** • Clinical documentation supporting that member has lymphedema which has failed to respond to conservative treatment such as limb elevation and use of compression garments • Documentation that member has tried the nonprogrammable pump and it was not effective in relieving member's symptoms OR documentation indicating member has unique characteristics that prevent standard nonprogrammable pump from being effective (e.g., significant scarring)

Coding

Claims for lymphedema pumps are coded with 2 HCPCS codes:

- One to describe the actual pump
- One to describe the appliance (i.e., sleeve) that is put on the affected body part

Note: Pneumatic compression pumps may be used in lymphedema clinics or purchased or rented for home use. This policy addresses the home use of pneumatic compression pumps. For other indications see **Related Policies**.

Code	Description
HCPCS	
Medically Necessary	
Single Compartment Nonprogrammable Pumps	
E0650	Pneumatic compressor, nonsegmental home model
Single Compartment Nonprogrammable Appliances (used in conjunction with E0650)	
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg
Multichamber Nonprogrammable Pumps	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure
Multichamber Nonprogrammable Appliances (used in conjunction with E0651)	
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
Multichamber Programmable Pumps	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure
Multichamber Programmable Appliances (used in conjunction with E0652)	
E0671	Segmental gradient pressure pneumatic appliance, full leg
E0672	Segmental gradient pressure pneumatic appliance, full arm
E0673	Segmental gradient pressure pneumatic appliance, half leg
Investigational	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest

Code	Description
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Benefit Application

Coverage for DME depends on the member benefit as described in the member contract.

When DME is purchased, the total benefits available cannot exceed the contracted fee schedule for the item.

When DME is rented, the benefits cannot exceed the total of the cost to purchase the DME or the contracted fee schedule for the item.

Evidence Review

Description

Pneumatic compression pumps are proposed as a treatment for individuals with lymphedema who have failed conservative measures. They are also proposed to supplement standard care for individuals with venous ulcers. A variety of pumps are available; they can be single chamber (non-segmented) or multi-chamber (segmented) and have varying designs and complexity.

Background

Lymphedema and Venous Ulcers

Lymphedema is an abnormal accumulation of lymph fluid in subcutaneous tissues or body cavities resulting from obstruction of lymphatic flow. Lymphedema can be subdivided into primary and secondary categories. Primary lymphedema has no recognizable etiology, while secondary lymphedema is related to a variety of causes including surgical removal of lymph nodes, post-radiation fibrosis, scarring of lymphatic channels, or congenital anomalies. Conservative therapy is the initial treatment for lymphedema and includes general measures such as limb elevation and exercise as well as the use of compression garments and compression bandaging. Another conservative treatment is manual lymphatic drainage, a massage-like technique used to move edema fluid from distal to proximal areas. Manual lymphatic drainage is performed by physical therapists with special training. Complete decongestive therapy is a comprehensive program that includes manual lymphatic drainage in conjunction with a range of other conservative treatments. Rarely, surgery is used as a treatment option. Pneumatic compression pumps are proposed as a treatment for individuals with lymphedema who have failed conservative measures.

Pneumatic compression pumps are also proposed to supplement standard care for individuals with venous ulcers. Venous ulcers, which occur most commonly on the medial distal leg, can develop in individuals with chronic venous insufficiency when leg veins become blocked. Standard treatment for venous ulcers includes compression bandages or hosiery supplemented by conservative measures such as leg elevation.

Treatment

Pneumatic compression pumps may be used in lymphedema or wound care clinics, purchased, or rented for home use; home use is addressed herein. Pneumatic compression pumps consist of pneumatic cuffs connected to a pump. These pumps use compressed air to apply pressure to the affected limb. The intention is to force excess lymph fluid out of the limb and into central body compartments in which lymphatic drainage should be preserved. Many pneumatic compression pumps are available, with varying materials, designs, degree of pressure, and complexity. There are 3 primary types of pumps:

- **Single-chamber (non-segmented) nonprogrammable pumps:** These are the simplest pumps, consisting of a single chamber that is inflated at the same time to apply uniform pressure.
- **Multichamber (segmented) nonprogrammable pumps:** These pumps have multiple chambers, ranging from 2 to 12 or more. The chambers are inflated sequentially and have a fixed pressure in each compartment. They can either have the same pressure in each compartment or a pressure gradient, but they do not include the ability to manually adjust the pressure in individual compartments.
- **Single-chamber or multichamber programmable or self-calibrating pumps:** These are similar to the pumps described above except that it is possible to adjust the pressure manually in the individual compartments and/or the length and frequency of the inflation cycles. In some situations, including individuals with scarring, contractures, or highly sensitive skin, programmable pumps are generally considered the preferred option.

Non-segmented or segmented pneumatic compression devices that are not manually controlled are generally considered sufficient to meet the needs of most individuals. Usually, the only time a segmented, calibrated gradient pressure device is indicated is when an individual has scarring or extensive contractures that prevents them from safely receiving adequate treatment from a non-segmented or segmented device without manual control.

Summary of Evidence

For individuals who have lymphedema who failed to respond to conservative therapy who receive pneumatic compression pumps applied to the limb only, the evidence includes randomized controlled trials (RCTs) and systematic reviews of RCTs. The relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Most RCTs were rated as moderate-to-high quality by an Agency for Healthcare Research and Quality review, and about half reported significant improvements with pumps compared with conservative care. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have lymphedema who failed to respond to conservative therapy who receive pneumatic compression pumps applied to the trunk and/or chest as well as a limb, the evidence includes two RCTs comparing treatment with and without truncal involvement. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of

life. In one RCT, two of four key outcomes were significantly better with truncal involvement than without. This trial was limited by small sample size, failure to adjust statistically for multiple primary outcomes, and use of intermediate outcomes (e.g., amount of fluid removed) rather than health outcomes (e.g., functional status, quality of life). The other RCT did not find statistically significant differences between groups for any of the efficacy outcomes. The available evidence does not demonstrate that pumps treating the trunk or chest provide incremental improvement beyond that provided by pumps treating the affected limb only. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have lymphedema who failed to respond to conservative therapy who receive pneumatic compression pumps applied to the head and neck, the evidence includes one RCT comparing treatment with a pneumatic compression pump along with lymphedema self-management compared to self-management alone. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. The trial evaluated the feasibility, adherence, and safety of the intervention. Results demonstrated some improvements in patient-reported outcomes and swelling, but adherence was low, with only one individual using the pneumatic compression treatment device twice daily as prescribed. Further investigation in larger studies and those that compare against the gold standard comparator of complete decongestive therapy are needed to determine efficacy of this treatment approach. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have venous ulcers who receive pneumatic compression pumps, the evidence includes RCTs and two systematic reviews of RCTs. The relevant outcomes are symptoms, change in disease status, morbid events, and quality of life. A meta-analysis of three trials found significantly higher healing rates with lymphedema pumps plus continuous compression than with continuous compression alone; however, two of the three trials were judged to be at high risk of bias. Another meta-analysis of six trials compared pneumatic compression pumps to care with bandage pressure therapy and found no differences between groups for the rate of wound healing, area of wound healed, or the rate of adverse events between groups. Moreover, the two trials comparing lymphedema pumps with continuous compression did not find significant between-group differences in healing rates. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing and Unpublished Clinical Trials

Some currently ongoing trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT04797390[a]	A Randomized Trial of an Advanced Pneumatic Compression Device vs. Usual Care for Head and Neck Lymphedema	250	Dec 2023
NCT05659394[a]	Intermittent Pneumatic Compression of the Thigh for the Treatment of Lower Limb Wounds: a Randomised Control Trial (IPCOTT)	160	Sep 2024

NCT: national clinical trial.
[a] Denotes industry-sponsored or cosponsored trial.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Venous Forum et al

In 2022, the American Venous Forum, American Vein and Lymphatic Society, and the Society for Vascular Medicine published an expert opinion consensus statement on lymphedema diagnosis and treatment.[18] The following statements were issued regarding use of pneumatic compression:

- "Sequential pneumatic compression should be recommended for lymphedema patients." (92% panel agreement; 32% strongly agree)
- "Sequential pneumatic compression should be used for treatment of early stages of lymphedema." (62% panel agreement - consensus not reached; 38% panel disagreement; 2% strongly disagreed)

International Union of Phlebology

A 2013 consensus statement from the International Union of Phlebology indicated that primary lymphedema could be managed effectively by a sequenced and targeted management program based on a combination of decongestive lymphatic therapy and compression therapy.[19] Treatment should include compression garments, self-massage, skin care, exercises, and, if desired, pneumatic compression therapy applied in the home.

Society for Vascular Surgery and American Venous Forum

The 2014 joint guidelines from the Society for Vascular Surgery and the American Venous Forum on the management of venous ulcers included the following statement on pneumatic compression[20]:

> We suggest use of intermittent pneumatic compression when other compression options are not available, cannot be used, or have failed to aid in venous leg ulcer healing after prolonged compression therapy. [GRADE - 2; LEVEL OF EVIDENCE - C]

Wound Healing Society

A 2015 guideline from the Wound Healing Society states that for patients with venous ulcers, intermittent pneumatic pressure can be used with or without compression dressings and can provide another option in patients who cannot or will not use an adequate compression dressing system.[21]

Medicare National Coverage

A 2002 national coverage determination for pneumatic compression devices by the Centers for Medicare & Medicaid Services has stated the following[22]:

A. Lymphedema

…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.

B. 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 six-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.

Regulatory Status

Several pneumatic compression pumps, indicated for the primary or adjunctive treatment of primary or secondary (e.g., post-mastectomy) lymphedema, have been cleared for marketing by the US Food and Drug Administration (FDA) through the 510(k) process. Examples of devices with these indications intended for home or clinic/hospital use include:

- Compression Pump, Model GS-128 (Medmark Technologies)

- The Sequential Circulator (Bio Compression Systems)
- The Lympha-Press and Lympha-Press Optimal (Mego Afek)
- The Flexitouch and Flexitouch Plus systems (Tactile Medical, formerly Tactile Systems Technology)
- The PowerPress Unit Sequential Circulator (Neomedic)
- EzLymph and EzLymph M (EEZCare Medical)

Several pneumatic compression devices have been cleared by the FDA for treatment of venous stasis ulcers. Examples of devices for this indication include:

- The Model GS-128
- The Lympha-Press
- The Flexitouchand Flexitouch Plus
- The PowerPress Unit
- Nanotherm (ThermoTek)
- CTU676 devices (Compression Technologies)
- Recovery+ (Pulsar Scientific)

FDA product code: JOW

References

1. Oremus M, Walker K, Dayes I, et al. Technology Assessment: Diagnosis and Treatment of Secondary Lymphedema (Project ID: LYMT0908). Rockville, MD: Agency for Healthcare Research and Quality; 2010.
2. Oremus M, Dayes I, Walker K, et al. Systematic review: conservative treatments for secondary lymphedema. BMC Cancer. Jan 04 2012; 12: 6. PMID 22216837
3. Shao Y, Qi K, Zhou QH, et al. Intermittent pneumatic compression pump for breast cancer-related lymphedema: a systematic review and meta-analysis of randomized controlled trials. Oncol Res Treat. 2014; 37(4): 170-4. PMID 24732640

4. Uzkeser H, Karatay S, Erdemci B, et al. Efficacy of manual lymphatic drainage and intermittent pneumatic compression pump use in the treatment of lymphedema after mastectomy: a randomized controlled trial. Breast Cancer. May 2015; 22(3): 300-7. PMID 23925581

5. Tastaban E, Soyder A, Aydin E, et al. Role of intermittent pneumatic compression in the treatment of breast cancer-related lymphoedema: a randomized controlled trial. Clin Rehabil. Feb 2020; 34(2): 220-228. PMID 31795748

6. Fife CE, Davey S, Maus EA, et al. A randomized controlled trial comparing two types of pneumatic compression for breast cancer-related lymphedema treatment in the home. Support Care Cancer. Dec 2012; 20(12): 3279-86. PMID 22549506

7. Ridner SH, Murphy B, Deng J, et al. A randomized clinical trial comparing advanced pneumatic truncal, chest, and arm treatment to arm treatment only in self-care of arm lymphedema. Breast Cancer Res Treat. Jan 2012; 131(1): 147-58. PMID 21960113

8. Gutierrez C, Karni RJ, Naqvi S, et al. Head and Neck Lymphedema: Treatment Response to Single and Multiple Sessions of Advanced Pneumatic Compression Therapy. Otolaryngol Head Neck Surg. Apr 2019; 160(4): 622-626. PMID 30694720

9. Gutiérrez C, Mayrovitz HN, Naqvi SHS, et al. Longitudinal effects of a novel advanced pneumatic compression device on patient-reported outcomes in the management of cancer-related head and neck lymphedema: A preliminary report. Head Neck. Aug 2020; 42(8): 1791-1799. PMID 32187788

10. Mayrovitz HN, Ryan S, Hartman JM. Usability of advanced pneumatic compression to treat cancer-related head and neck lymphedema: A feasibility study. Head Neck. Jan 2018; 40(1): 137-143. PMID 29131439

11. Shires CB, Harris P, Dewan K. Feasibility of machine-delivered sequential massage for the management of lymphedema in the head and neck cancer survivor. Laryngoscope Investig Otolaryngol. Jun 2022; 7(3): 774-778. PMID 35734055

12. Ridner SH, Dietrich MS, Deng J, et al. Advanced pneumatic compression for treatment of lymphedema of the head and neck: a randomized wait-list controlled trial. Support Care Cancer. Feb 2021; 29(2): 795-803. PMID 32488435

13. Nelson EA, Hillman A, Thomas K. Intermittent pneumatic compression for treating venous leg ulcers. Cochrane Database Syst Rev. May 12 2014; 2014(5): CD001899. PMID 24820100

14. Xu Q, Li Z. Effects of pneumatic compression therapy on wound healing in patients with venous ulcers: A meta-analysis. Int Wound J. Nov 07 2023; 21(3): e14438. PMID 37935456

15. Dolibog P, Franek A, Taradaj J, et al. A comparative clinical study on five types of compression therapy in patients with venous leg ulcers. Int J Med Sci. 2014; 11(1): 34-43. PMID 24396284

16. Dolibog P, Franek A, Taradaj J, et al. A randomized, controlled clinical pilot study comparing three types of compression therapy to treat venous leg ulcers in patients with superficial and/or segmental deep venous reflux. Ostomy Wound Manage. Aug 2013; 59(8): 22-30. PMID 23934375

17. Alvarez OM, Markowitz L, Parker R, et al. Faster Healing and a Lower Rate of Recurrence of Venous Ulcers Treated With Intermittent Pneumatic Compression: Results of a Randomized Controlled Trial. Eplasty. 2020; 20: e6. PMID 32636985

18. Lurie F, Malgor RD, Carman T, et al. The American Venous Forum, American Vein and Lymphatic Society and the Society for Vascular Medicine expert opinion consensus on lymphedema diagnosis and treatment. Phlebology. May 2022; 37(4): 252-266. PMID 35258350

19. Lee BB, Andrade M, Antignani PL, et al. Diagnosis and treatment of primary lymphedema. Consensus document of the International Union of Phlebology (IUP)-2013. Int Angiol. Dec 2013; 32(6): 541-74. PMID 24212289

20. O'Donnell TF, Passman MA, Marston WA, et al. Management of venous leg ulcers: clinical practice guidelines of the Society for Vascular Surgery ® and the American Venous Forum. J Vasc Surg. Aug 2014; 60(2 Suppl): 3S-59S. PMID 24974070

21. Marston W, Tang J, Kirsner RS, et al. Wound Healing Society 2015 update on guidelines for venous ulcers. Wound Repair Regen. 2016; 24(1): 136-44. PMID 26663616

22. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Pneumatic Compression Devices (280.6). 2002; **https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=225**. Accessed April 12, 2024.

History

Date	Comments
09/01/98	Add to Durable Medical Equipment Section - New medical policy.
04/04/00	Replace Policy - Scheduled review; no criteria changes
10/08/02	Replace Policy - Policy reviewed without literature review; new review date only.
08/12/03	Replace Policy - Policy reviewed; Medicare language added; no criteria changes.
05/26/06	Update Scope and Disclaimer - No other changes.
04/10/07	Replace Policy - Policy updated with literature review; no change in policy statement. Codes updated.
05/13/08	Replace Policy - Policy updated with literature search; no change in policy statement. Rationale and References updated; status changed from AR to BC.
01/13/09	Replace Policy - Policy updated with literature search; no change to the policy statement. References added; codes added (E0656 and E0657, effective 1/1/09).
09/14/10	Replace Policy - Policy updated with literature review through May 2010; references 2-8 added. Title changed to "Pneumatic Compression Pumps for Lymphedema" (previously entitled, "Lymphedema Pumps.") "Non-programmable" has been added to the first policy statement and "elastic garments" has been changed to "compression garments". Programmable pumps have been changed to medically necessary if criteria are met; a new policy statement has been added that two-phase multi-chamber pumps are investigational.
05/10/11	Replace Policy - Policy reviewed with literature search on pneumatic compression pumps for treating truncal areas. No change in policy statements. Reference 2 has been added; others renumbered. Coding of pumps clarified.
08/24/12	Update Coding Section – ICD-10 codes are now effective 10/01/14.
12/11/12	Replace Policy. Policy reviewed with literature search through August 2012. Title changed to Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers. Statement on two-phase pumps deleted. Clarification added to first policy statement (when other conservative measures, have been tried but have failed to improve the patient's condition. Statement added that use of lymphedema pumps to treat the trunk or chest in patients with lymphedema limited to the upper and/or

Date	Comments
	lower limbs is considered investigational. The use of lymphedema pumps to treat venous ulcers is considered investigational. References 1, 4, 8-10 and 13 added; other references renumbered or removed. HCPCS code E0665 and ICD-10 codes added.
01/10/13	Coding update. HCPCS code E0670, effective 1/1/13, added to policy.
03/15/13	Update Related Policies. Add 1.01.525.
12/09/13	Replace policy. The words "Applied to the limb" added to the first 3 policy statements for clarification. In the statement on venous ulcers, "lymphedema pumps" changed to "pneumatic compression pumps". Policy reviewed with literature search through August 16, 2013. References 7 and 11 added; other references renumbered/removed. Policy statements revised as noted. HCPCS codes E0655 – E0673 removed from policy (minus E0656, E0657 & E0670); these address the sleeves and the policy addresses the pumps only.
01/30/14	Update Related Policies. Change title to 2.01.82.
02/13/14	Update Related Policies. Change title to 1.01.525.
05/19/14	Update Related policies. Remove 2.02.17 as it was archived.
11/20/14	Annual Review. Added Benefit Application statement that The Company may require rental before purchase to ensure compliance with use of the device. Policy reviewed with literature review through July 25, 2014. References 4 and 11-13 added; others renumbered/removed. Policy statements unchanged. HCPCS codes E0650, E0651, E0655, E0665-E0669, E0671-E0673 removed; these relate to another policy.
11/10/15	Annual Review. Policy updated with literature review through August 10, 2015; references 5 and 11 added. Policy statements unchanged.
02/01/16	Coding update. Added E0650 and E0651.
08/01/16	Annual Review, approved July 12, 2016. Policy updated with literature review. No change in policy statement.
03/24/17	Policy moved into new format; no change to policy statements.
06/01/17	Annual Review, approved May 2, 2017. Policy updated with literature review through January 25, 2017; reference 11 added. Policy statements unchanged.
04/01/18	Updated Related Policies; removed 2.01.82 as it has been archived.
05/01/18	Annual Review, approved April 18, 2018. Policy updated with literature review through January 2018; no references added. Policy statements unchanged.
06/01/19	Annual Review, approved May 7, 2019. Policy updated with literature review through January 2019; no references added. Policy statements unchanged. Added procedure codes E0655, E0660, E0665-E0669, E0671-E0673 to accommodate policy coverage criteria. Policy addresses upper and lower limbs.

Date	Comments
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021; approved October 13, 2020. Policy updated with literature review through January, 2020; no references added. Policy statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. Policy updated with literature review through January 22, 2021; references added and updated. Policy statements unchanged.
11/01/21	Interim Review, approved October 12, 2021. Policy updated with literature review through June 17, 2021; references added. Policy statement added that use of lymphedema pumps applied to the head and neck to treat lymphedema is considered investigational. Updates are effective February 4, 2022, following 90-day provider notification.
06/01/22	Annual Review, approved May 9, 2022. Policy updated with literature review through January 27, 2022; no references added. Policy statements unchanged.
06/01/23	Annual Review, approved May 5, 2023. Policy updated with literature review through January 30, 2023; references added. Investigational policy statement regarding the use of lymphedema pumps to treat the trunk or chest in patients with lymphedema was clarified to apply regardless of the involvement of the upper and/or lower limbs; intent unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization. Coding table reformatted for greater ease of understanding. Removed HCPC code E0676.
09/07/23	Minor correction. Updated Related Policies, policy 1.01.28 was replaced with 1.01.525 Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis.
06/01/24	Annual Review, approved May 13, 2024. Policy updated with literature review through January 30, 2024; reference added. Policy statements unchanged.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to

the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

LifeWise

Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.