

EFFECTIVE DATE: 1 | 1 | 2015

POLICY LAST UPDATED: 02 | 06 | 2020

OVERVIEW

Secondary lymphedema may develop following surgery for breast cancer. Bioelectrical impedance is being studied as a diagnostic test for lymphedema, particularly for subclinical disease. Bioimpedance, which uses resistance to electrical current in comparing the composition of fluid compartments, could potentially be used as a tool to diagnose lymphedema.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare

Devices using bioimpedance (bioelectrical impedance spectroscopy) are not covered for use in the diagnosis, surveillance, or treatment of patients with lymphedema, including use in subclinical secondary lymphedema as the evidence is insufficient to determine the effects of the technology on health outcomes.

Commercial Products

Devices using bioimpedance (bioelectrical impedance spectroscopy) are considered not medically necessary for use in the diagnosis, surveillance, or treatment of patients with lymphedema, including use in subclinical secondary lymphedema as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable not medically necessary benefits/coverage.

BACKGROUND

Bioimpedance with the use of bioimpedance spectroscopy analysis, which uses resistance to electrical current to compare the composition of fluid compartments, has been evaluated as a technique for measuring lymphedema, a chronic accumulation of fluid and fibrous tissue that results from the disruption of lymphatic drainage. Bioimpedance spectroscopy is based on the theory that the level of opposition to flow of electric current (impedance) through the body is inversely proportional to the volume of fluid in the tissue. In lymphedema, with the accumulation of excess interstitial fluid, tissue impedance decreases.

Secondary lymphedema of the upper extremity may develop following surgery for breast cancer; it has been reported in approximately 25% to 50% of women following mastectomy. Lymphedema can be a chronic, disfiguring condition. It results from lymphatic dysfunction or disruption and can be difficult to accurately diagnose and manage. At least 1 systematic review has found that early detection of secondary lymphedema in breast cancer improves outcomes.¹ One challenge is identifying the clinically significant limb swelling through simple noninvasive methods. Many techniques have been used for documenting lymphedema including measuring differences in limb volume (volume displacement) and limb circumference.

The detection of subclinical lymphedema (ie, the early detection of lymphedema before clinical symptoms become apparent) is another area of study. Detection of subclinical lymphedema (referred to as stage 0 lymphedema) is problematic. Subclinical disease may exist for months or years before overt edema is

measurements, because existing differences between upper extremities (like the effects of a dominant extremity) may obscure subtle differences resulting from the initial accumulation of fluid. Bioimpedance has been proposed as a diagnostic test for this condition. In usual care, lymphedema is recognized clinically or via limb measurements. However, management via bioelectrical impedance spectroscopy has been proposed as a way to implement early treatment of subclinical lymphedema to potentially reduce its severity.

For individuals who have known or suspected lymphedema who receive bioimpedance spectroscopy, the evidence includes several prospective studies on diagnostic accuracy and a controlled observational study evaluating clinical utility. Relevant outcomes are test accuracy and validity, symptoms, and quality of life. Recent diagnostic accuracy studies have found a poor correlation between bioimpedance analysis and the reference standard (volume displacement or circumferential measurement). There are no randomized controlled trials evaluating the clinical utility of bioimpedance devices in the management of patients with lymphedema or at high risk of developing lymphedema. The single prospective comparative study found a significantly lower rate of clinical lymphedema in patients managed with bioimpedance devices. Limitations of this study included its retrospective design, lack of randomized or blinding, and lack of a systematic method for detecting early or subclinical lymphedema in the control group. An additional retrospective analysis suggested that postoperative bioimpedance monitoring is feasible, but provides limited information about its efficacy. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

The following code is not medically necessary for BlueCHiP for Medicare and Commercial Products:
93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

RELATED POLICIES

None

PUBLISHED

Provider Update, April 2020
Provider Update, October 2019
Provider Update, December 2017
Provider Update, August 2016
Provider Update, October 2015

REFERENCES

1. Shah C, Arthur DW, Wazer D, et al. The impact of early detection and intervention of breast cancer-related lymphedema: a systematic review. *Cancer Med.* Jun 2016;5(6):1154-1162. PMID 26993371
2. Oremus M, Walker K, Dayes I, et al. *Technology Assessment: Diagnosis and treatment of secondary lymphedema.* Rockville, MD: Agency for Healthcare Research and Quality; 2010.
3. Cornish BH, Chapman M, Hirst C, et al. Early diagnosis of lymphedema using multiple frequency bioimpedance. *Lymphology.* Mar 2001;34(1):2-11. PMID 11307661
4. Hayes S, Janda M, Cornish B, et al. Lymphedema secondary to breast cancer: how choice of measure influences diagnosis, prevalence, and identifiable risk factors. *Lymphology.* Mar 2008;41(1):18-28. PMID 18581955
5. Barrio AV, Eaton A, Frazier TG. A prospective validation study of bioimpedance with volume displacement in early-stage breast cancer patients at risk for lymphedema. *Ann Surg Oncol.* Dec 2015;22 Suppl 3:370-375. PMID 26085222
6. Blaney JM, McCollum G, Lorimer J, et al. Prospective surveillance of breast cancer-related lymphoedema in the first-year post-surgery: feasibility and comparison of screening measures. *Support Care Cancer.* Jun 2015;23(6):1549-1559. PMID 25398360
7. Soran A, Ozmen T, McGuire KP, et al. The importance of detection of subclinical lymphedema for the prevention of breast cancer-related clinical lymphedema after axillary lymph node dissection; a prospective observational study. *Lymphat Res Biol.* Dec 2014;12(4):289-294. PMID 25495384
8. Laidley A, Anglin B. The impact of L-Dex((R)) Measurements in assessing breast cancer-related lymphedema as part of routine clinical practice. *Front Oncol.* Sep 2016;6:192. PMID 27656420

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

