

Medical Coverage Policies

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Lymphedema Pumps

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Description:

Lymphedema is the accumulation of lymph fluid in the subcutaneous tissues or body cavities due to obstruction of lymphatic flow. This accumulation of fluid causes swelling, chronic inflammation, and fibrosis. Lymphedema is classified as either primary or secondary. Primary lymphedema is caused by congenital abnormalities of the lymph system and may be present at birth, develop at the onset of puberty, or in adulthood. Secondary lymphedema is caused by damage to, obstruction of, or removal of part of the lymphatic system. Secondary lymphedema may develop following radiation, surgery, infection, or trauma and onset may be immediate following surgery, or occur weeks, months, or even years later.

Lymphedema treatment methods include physical methods (e.g., compression garments, bandaging, manual massage, pneumatic compression devices), medication, and rarely, surgery.

Many different lymphedema pumps are available, with varying materials, design, and complexity. These devices can be classified into three types: 1) single compartment pumps; 2) multi-chamber devices with each chamber sequentially inflated but with fixed pressure in each; and 3) multi-chamber devices with sequential inflation and with manually calibrated pressure in each chamber.

Lymphedema pumps use pneumatic compression wraps that fit around the arm or leg and fill with air. The devices help squeeze the lymph fluid through whatever channels are left. Then, the device deflates, and lets circulation occur through the area. After many repeated cycles, this device may reduce swelling from lymphedema.

Lymphedema pumps may be used in lymphedema clinics or purchased or rented for home use. This policy addresses the home use of lymphedema pumps.

Medical Criteria:

A pneumatic lymphedema pump is considered medically necessary for patients with intractable lymphedema (ICD-9 codes 457.0, 457.1, 757.00, 997.99) of the extremities who have not responded to conservative measures such as elevation of the affected limb, custom-fabricated gradient pressure stockings or sleeves, or a treatment course of Complex Decongestive Physiotherapy (CDT), also called Combined Decongestive Physiotherapy.

Policy:

The pneumatic lymphedema pump is considered medically necessary for patients who meet the medical criteria above.

Coverage:

Please refer to the appropriate member certificate/subscriber agreement/Rite Care contract for applicable benefits/coverage.

Coding:

Claims for lymphedema pumps are coded for with a pair of HCPCS codes: one to describe the actual pump and one to describe the appliance (e.g., sleeve) that is put on the affected body part. The various different types of pumps may be distinguished by HCPCS codes.

Single-compartment pumps:

E0650: Pneumatic compressor, nonsegmental, home model

The above code is used in conjunction with any of the following appliances:

- 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

Multi-chamber pumps:

E0651: Pneumatic compressor, segmental home model without calibrated gradient pressure

The above code (E0651) may be used with any of the following appliance codes:

- 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

Multi-chamber programmable pumps:

E0652: Pneumatic compressor, segmental home model with calibrated gradient pressure

The above code (E0652) may be used with any of the following appliance codes:

- E0671: Segmental gradient pressure pneumatic appliance, full leg
- E0672: Segmental gradient pressure pneumatic appliance, full arm
- E0673: Segmental gradient pressure pneumatic appliance, half leg

Pneumatic appliances/sleeves for the various pumps (E0655-E0673) are covered only when the lymphedema pump (E0650, E0651, E0652) is covered.

The device is a rent-to-purchase durable medical equipment (DME) item. DME rentals are for a period of ten continuous months, after which time they are considered paid up to the purchase price. Charges for monthly rentals beyond ten consecutive months are non-billable by participating providers.

Compression devices for lymphedema are covered as a DME benefit and are subject to any applicable DME coinsurance and benefit maximums. This maximum varies according to the individual plan.

Also Known As:

Not applicable

Related Topics:

Physical Therapy: Combined Decongestive Physiotherapy
Surgical Compression Stockings/Sleeves: Custom Fitted

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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.

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