

## Treatments For Lymphedema

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 03/01/2023
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary services.

This policy is designed to address medical necessity guidelines that are appropriate for most individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** - Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

**Lymphedema**- Interstitial collection of protein-rich fluid due to disruption of lymphatic flow.

### POLICY POSITION

Prior authorization is required.

The standard of care for treatment of lymphedema is complete decongestive therapy (CDT). CDT is intensive lymphedema therapy performed by a certified lymphedema therapist. It may include education, meticulous skin and nail care, range-of motion exercises, manual lymphatic drainage (MLD), and

compression garments or bandages. This is followed by long-term self-management administered by the patient with the assistance of a pump is necessary.

Lymphedema therapy consists of education, skin care, massage, containment wrapping, exercise, gradient compression garments, and lymphedema pumps.

Lymphedema therapy may be considered medically necessary when ALL of the following criteria are met:

- There is a documented diagnosis of lymphedema; and
- The patient is symptomatic (including but not limited to, sense of heaviness, tightness, aching or discomfort in the limb, and restricted range-of-motion, commonly accompanying swelling) with limitation of function; and
- The patient or patient caregiver has the ability to understand and comply with home care continuation of the treatment regimen; and
- Lymphedema therapy must be delivered by a qualified provider, who has received specialized training in this form of treatment. A qualified provider is one who is licensed, where required, and is performing within the scope of license.

### **SUPPORTING DOCUMENTATION REQUIREMENTS**

ALL of the following documentation must be maintained in the medical record and be available upon request.

- A statement as to the ability of the individual/individual caregiver to follow through with the continuation of treatment on a long-term home treatment plan; and
- History and physical which addresses the cause of the lymphedema and any prior treatment; and
- A report showing the progress of the therapy including:
  - Measurements showing a reduction in size of the extremity; and
  - The response of the patient/patient caregiver to the education and their understanding and ability to take on some of the responsibilities of the treatment; and
  - The expected outcome of the treatment as well as the expected duration of treatment

### **Repeat Services**

When physician treatment of lymphedema using MLD or complete decongestion physiotherapy (CDP) exceeds two weeks, documentation should accompany the request for those services to substantiate the medical necessity of continuation of the treatment. Services that do not meet the medical necessity guidelines are considered not medically necessary.

- A patient may require “tune up” lymphedema decongestant massages after minor events (e.g., local infection, trauma, therapeutic injections). With these subsequent treatments, the same criteria as that of initial treatment must be met.

### **Maintenance Services**

MLD or CDP performed repetitively to prevent regression is considered maintenance and is not eligible for payment.

### **Evaluation and Management Services**

Other services, such as education and skin care, are part of medically necessary evaluation and management services. An evaluation and management service should not be billed unless all of the components of the visit have been met.

### **Surgical Treatment**

The surgical treatment of lymphedema, including but not limited to, microsurgical lymphatico-venous anastomosis and vascularized lymph node transfer techniques is considered experimental/investigational, and therefore, noncovered. The safety and/or efficacy of this service cannot be established by review of the available published peer reviewed literature

### **Lymphedema Pump**

Treatment of lymphedema using a lymphedema pump may be considered medically necessary. It is not expected that a patient using a pump would also require manual lymphedema drainage therapy.

### **Visit Limitation**

Lymphedema therapy is eligible for 12 visits.

### **ELIGIBLE PROCEDURE CODES**

38999	Unlisted Procedure, Hemic Or Lymphatic System.
97140	Manual Therapy Techniques (eg, Mobilization/ Manipulation, Manual Lymphatic drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes.
99202	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components; An Expanded Problem Focused history; An Expanded Problem Focused Examination; Straightforward Medical Decision Making Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs Usually The Presenting Problem(s) Are Of Low To moderate Severity. Typically, 20 minutes Are Spent Face-to-face With The.
99203	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Low Complexity. Counseling and/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Of moderate Severity, Typically 30 Minutes Are Spent Face-to-face With The Patient And/or Family.
99204	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History A Comprehensive Examination; Medical Decision Making Of Moderate Complexity. Counseling And/or Coordination Of care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With the Nature Of The Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting Problem(s) Are Of Moderate To High Severity. Typically, 45 Minutes Are Spent Face-to-face With The Patient And/or.
99205	Office Or Other Outpatient Visit For The Evaluation And Management Of A New Patient, Which Requires These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity. Counseling And/or Coordination Of Care with Other Physicians Other Qualified Health Care Professionals,

	Or Agencies Are Provided Consistent With The Nature Of The Problem(s) And The Patient's And/or Family's Needs Usually The Presentation Problem(s) Are Of Moderate To High Severity. Typically, 60 Minutes Are Spent Face-to-face With The Patient And/or.
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Not Require The Presence Of A Physician. Usually The Presenting Problem(s) Are Minimal Typically 5 Minutes Are Spent Performing Or Supervising These Services.
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making, Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With The Nature Of the Problem(s) And The Patient's And/or Family's Needs Usually The Presenting Problem(s) Are Self Limited Or Minor. Typically, 10 Minutes Are Spent Face-to-face With The Patient.
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity Counseling And Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With the Nature Of the Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting problem(s) Are Of Low To Moderate Severity. Typically, 15 Minutes Are Spent.
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With the Nature Of the Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting problem(s) Are Of Moderate To High Severity. Typically, 25 Minutes Are Spent Face-to-face With The.
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Comprehensive History, A Comprehensive Examination; Medical Decision Making Of High Complexity Counseling And/or Coordination Of Care With Other Physicians, Other Qualified Health Care Professionals, Or Agencies Are Provided Consistent With the Nature Of the Problem(s) And The Patient's And/or Family's Needs. Usually, The Presenting problem(s) Are Of Moderate To High Severity. Typically, 40 Minutes Are Spent Face-to-face With The.

### Eligible Diagnosis Codes

189.0	I97.2	Q82.0		
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### Noncovered Services

Experimental/investigational (E/I) services are not covered regardless of place of service.

MLD or CDP performed repetitively to prevent regression is considered maintenance and is not eligible for payment.

### Place of Service: Inpatient/Outpatient

Lymphedema Therapy is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## References

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## POLICY UPDATE HISTORY

07/27/2022	Approved in Medical Policy Committee
08/2022	Approved in QI/UM

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