

UPMC Health Plan POLICY AND PROCEDURE MANUAL

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SUBJECT: Lymphedema Pumps and Appliances
INDEX TITLE: Medical Management
ORIGINAL DATE: May 2007

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
OH ()		WV ()		PA ()	All (X) Other ()
HMO (X)	PPO (X)	Specialty Needs Plan (X)		Part D ()	PFFS (X) All ()
PID-CHIP:					
Free ()			Sub ()		All (X)
APPLICABLE TO:					
Community Care ()		Work Partners ()			

I. POLICY

It is the policy of UPMC Health Plan to cover Lymphedema Pumps and Appliances for use in the home setting when it is medically necessary as detailed in this policy and covered under the member's specific benefit plan.

All denials are based on medical necessity and appropriateness as determined by a UPMC Health Plan Medical Director (Medical Director) or Certified Lymphedema Therapist (CDT).

II. DEFINITIONS

Certified Lymphedema Therapist (CDT) – A person certified by NLN or CLT-LANA who:

- Has completed 135 (60 minute) hours of Complete Decongestive Therapy (CDT) training consisting of 1/3 theoretical instruction in the anatomy and physiology of the lymphatics, and 2/3 significant hands on mentoring.
- Has 1 year of documented experience after receiving CDT training.
- Has a current, unrestricted licensure as an RN, OT, COTA, PT, PTA, MD, DO, ATC, DC or Massage Therapists who have completed 500 massage school hours and/or National Therapeutic Massage and Bodywork Certification.
- Has completed 192 hours college level human anatomy, physiology and/or pathology. (this requirement is automatically met with evidence of current professional licensure of: RN, OT, COTA, PT, PTA, MD, DO, ATC, and DC disciplines).

Lymphedema Association of North America (LANA) – A non-profit corporation composed of healthcare professionals, including physicians, nurses, massage therapists, physical therapists, and occupational therapists experienced in the field of Lymphology and lymphedema. They have acknowledged the need for a national certification examination for lymphedema therapists, to test knowledge considered fundamental in the treatment of lymphedema.

National Lymphedema Network (NLN) – An internationally recognized non-profit organization founded to provide education and guidance to lymphedema patients, health care professionals and the general public by disseminating information on the risk reduction and management of primary and secondary lymphedema.

III. PURPOSE

The purpose of this policy is to define the criteria for coverage of lymphedema pumps and appliances.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include, but are not limited to Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description

Lymphedema is the swelling of subcutaneous tissues due to impairment of the lymphatic system, resulting in the accumulation of excessive lymph fluid. The most common cause of lymphedema is the destruction or damage of the lymphatic channels, due to radical surgical procedures with removal lymph nodes, i.e., radical mastectomy, lymphatic obstruction due to the spread of malignant tumors to the lymph nodes and post-radiation fibrosis.

Pneumatic Compression Devices (Lymphedema Pumps) and related appliances are defined as electric pneumatic pumps with an inflatable arm or leg garment that is filled intermittently with compressed air from the pneumatic pump which acts to relieve the accumulation of excessive lymph fluid from subcutaneous tissue due to obstructed or inadequate lymphatic vessels.

Pneumatic compression devices are classified into two main categories: A segmented device with manual control of the pressure in each chamber and the non-segmented device. Pneumatic compression devices (lymphedema pumps) and related appliances are used in the treatment of lymphedema and chronic venous insufficiency with venous stasis ulcers. These devices are unique in their ability to offer treatment to anatomical regions that other pumps do not treat - e.g., the trunk and chest. Many patients do have truncal lymphedema that requires treatment, as is well-established in lymphedema texts.

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 and venous stasis ulcers. Signs of CVI include: chronic edema, stasis dermatitis, hyperpigmentation and venous ulcers.

Conservative Therapy/Treatment is defined as the use of appropriate compression bandages or garments, dressings, elevation of the affected limb and exercise as directed by the treating physician.

B. Specific Indications

Pneumatic Compression Devices (Lymphedema Pumps) and Appliances (Compression Sleeves) are covered when the member meets General Coverage Criteria AND Specific Coverage Criteria for the device.

PNEUMATIC COMPRESSION DEVICE (PUMP)

General Coverage Criteria

1. The device is prescribed by a physician; AND
2. The device is used with appropriate physician oversight.

Specific Coverage Criteria

Treatment of Lymphedema

1. When the member has had a four (4) week trial of conservative therapy; AND
2. There has been no significant improvement in symptoms.

Chronic Venous Insufficiency (CVI)

When the member has had a six (6) month trial of conservative therapy for the treatment of one or more venous stasis ulcers with no significant improvement in symptoms.

COMPRESSION GARMENTS

When the compression (lymphedema) pump is deemed medically necessary, the accompanying compression garments will be covered.

C. Limitations

1. Specialized Lymphedema Pumps (i.e., Flexitouch® Biotouch Massage Therapy System and Lympha Press®) pumps) for specific anatomical locations such as treatment of perineal edema will be reviewed on a case-by case basis for medical necessity by a UPMC CLT.
2. A written, signed and dated order must be received by the supplier before billing for a lymphedema pump or appliance
3. Lymphedema Pumps are initially rented for one (1) month. After which additional documentation may be submitted for review of member compliance and continued medical necessity for consideration of purchase.

4. When a lymphedema pump is covered, a non-segmented device or segmented device without manual control of the pressure in each chamber will often be sufficient to meet the clinical needs of the member.
5. Appliances used for pneumatic compression of the chest or trunk are considered on a case by case basis.
6. A non-segmented compressor with a segmented appliance/sleeve is considered functionally equivalent to a compressor with a segmented appliance/sleeve.
7. When a segmented device with manual control of the pressure in each chamber is ordered and provided, payment will be based on the allowance for the least costly medically appropriate alternative, unless there is clear documentation of medical necessity in the individual case.
8. Full payment for a segmented device with manual control of the pressure in each chamber) will be made only when there is documentation that the individual has unique characteristics that prevent satisfactory pneumatic compression treatment using a non-segmented device with a segmented appliance/sleeve or a segmented device without manual control of the pressure in each chamber.

D. Information Required for Review

In order for medical necessity to be established, adequate information must be furnished by the treating physician. Necessary information includes the following:

1. A physician's prescription or letter of medical necessity.
2. Documentation supporting the member's need for a lymphedema pump and related appliances that includes:
 - The member's diagnosis;
 - Severity of symptoms; AND
 - Evidence that a trial of conservative therapy or therapies has been attempted in the treatment of the member.
3. Appropriate physician oversight including:
 - Physician evaluation of the member's condition to determine medical necessity of the device, assuring suitable instruction in the operation of the machine,
 - A treatment plan defining the pressure to be used ; AND
 - The frequency and duration of use; AND
 - Ongoing monitoring of use and response to treatment.

E. Review Process

1. The Medical Management Ancillary Service staff reviews the request. If the case does not meet the established criteria, it is referred to a Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management Ancillary Service staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

F. Variations

N/A

G. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

H. References

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13. National Lymphedema Network Find a Treatment for Lymphedema: Guidelines, 6-2-09. http://www.lymphnet.org/resourceGuide/resourceGuide.htm?search_term=certification+requirements

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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