

Pneumatic Compression Devices and Garments

The following payment policies apply to Medically Necessary Pneumatic Compression Devices and Garments rendered by In-network or Out-of-Network Providers. Benefits are not guaranteed prior to a claim being submitted and approved. The eligibility of benefits is based on the specific Plan's provisions, exclusions, and limitations. Review the Plan's precertification and preapproval requirements to determine if either is necessary. If there is a difference between this information and your plan documents, your plan documents will be used to determine your coverage.

Description of Service

Lymphedema Compression Garments are garments such as, sleeves, gauntlets, and stockings used for the treatment of lymphedema.

Medical Criteria

The Plan will consider the use of Lymphedema Compression Garments as Medically Necessary when used prescribed by a physician for the treatment of medically diagnosed lymphedema.

Description of Service

Pneumatic Compression Pumps are proposed as a treatment option for patients with lymphedema who have failed conservative measures e.g., compression garments, manual massage. They are also proposed to supplement standard care for patients with venous ulcers.

Pneumatic Compression Device in the Home Setting

Pneumatic compression devices in the home setting will be considered Medically Necessary when all of the following criteria are met:

- Confirmed diagnosis of lymphedema, and
- Lymphedema is associated with a functional impairment e.g., impairment of activities of daily living, and
- There is failure of a four-week trial of conservative medical management including ALL of the following:
 - home exercise program
 - limb elevation
 - compression bandage or compression garment use with documented compliance
- **or**, for the treatment of refractory edema of the lower extremities from chronic venous insufficiency (CVI) with venous stasis ulcer when BOTH of the following criteria are met:
 - The individual has received medically-supervised treatment of the ulcer(s) for at least 24 weeks using standard wound care treatment, including compression, wound dressings, exercise, and elevation of the limb.
 - Failure of the ulcer(s) to decrease in size or demonstrate improvement despite conventional therapy.

Continuation of Use

The Plan considers continuation of use of a pneumatic compression device as Medically Necessary when both of the following criteria are met:

- there is documented compliance with the use of equipment as ordered by the healthcare professional

- clinical documentation from the health care professional confirms clinical improvement (e.g., improvement in venous stasis ulcers, decrease in edema or lymphedema)

Not Covered

- The use of a chest and/or trunk pneumatic appliance for use with a pneumatic compression pump
- The use of a compression garment for trunk or chest
- A pneumatic compression device utilized for any other indication including but not limited to the prevention of deep vein thrombosis.
- Programmable pneumatic compression devices are considered NOT MEDICALLY NECESSARY for the treatment of lymphedema as an alternative to either a single compartment or multichamber, nonprogrammable lymphedema pump.

CERTIFIED BY MRIOA CASE # 3032449.1