

**Policy terminated because coverage is provided under  
NCHC Durable Medical Equipment and Supplies**

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## **1.0 Description of the Procedure, Product, or Service**

Lymph is a yellowish liquid that flows through the body through lymph channels. Lymph nodes act to filter the lymph fluid before it is allowed to re-enter the blood. If these channels are blocked, the lymph can back up into the arm or leg causing swelling (lymphedema). Causes of the blockage can include such things as tumor, swollen organs, scarring by radiation, or removal by surgery. Lymphedema is a relatively uncommon chronic (long term) condition. To help the lymph flow better, various treatment measures may be used such as elevation of the arm or leg, manual massage, bandaging, compression garments, pneumatic compression devices (i.e. lymphedema pumps), drugs or rarely surgery.

Pneumatic compression devices were developed to aid in the mobilization of lymph from the extremity, to avoid the morbid consequences of uncontrolled lymphedema. Many different lymphedema pumps are available, with varying materials, design, and complexity. These devices can be classified into three types:

- a. single compartment pumps-this device has a single outflow port on the compressor (Type I);
- b. multichamber devices with each chamber sequentially inflated but with fixed pressure in each (Type II); and
- c. multi-chamber devices with sequential inflation and with manual control of the pressure in each chamber (Type III). Chambers may vary from 2 to 12 or more.

The lymphedema pump is used in conjunction with an appliance (i.e., sleeve) that is put on the affected body part. Segmental appliances are split up into sections, which will inflate and deflate in sequence. Non-segmental appliances are one continuous wrap that inflates and deflates all at once.

Lymphedema pumps should be used as a last resort, as they can cause complications by forcing the fluid into adjacent areas, such as the trunk of the body, genital area, or an unaffected limb.

### **1.1 Medical Term Definitions**

- a. Compression: squeezing or pressure applied.
- b. Durable Medical Equipment: any equipment that provides therapeutic benefit to a recipient due to certain medical conditions and/or illnesses. The equipment must be able to withstand repeated use and is primarily and customarily used to serve a medical purpose. It is appropriate for use in the home.
- c. Gradient pressure: the pump puts stronger pressure on the hand area than it does on the upper arm, pushing fluid in the proper, upward direction.
- d. Morbid: pertaining to, affected with, or inducing disease; diseased.
- e. Pneumatic: using air to pump up; air-driven.
- f. Sequential: the pump creates a sequence of pressure starting from the hand up to the shoulder with a sort of "milking" technique.

## 2.0 Eligible Recipients

### 2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

**Note :** Most children will be able to get all the services they need under the core (basic) plan of NC Health Choice. A child who qualifies as having special needs may be able to receive additional services not covered by the core plan.

## 3.0 When the Procedure, Product, or Service Is Covered

### 3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

### 3.2 Specific Criteria

Lymphedema pumps/sequential compression devices are covered under the NC Health Choice Program when they are determined to be medically necessary because the following medical criteria and guidelines below are met:

- a. Lymphedema pumps/sequential compression devices require a physician prescription to rent or purchase to be eligible for coverage.
- b. Lymphedema pumps/sequential pneumatic compression devices are eligible for initial coverage when **ALL** of the following criteria are met:
  1. Confirmed diagnosis of primary or secondary lymphedema;
  2. Lymphedema is associated with functional impairment e.g., impairment of activities of daily living;
  3. When there is failure of a four-week trial of conservative medical therapies, (examples include elevation of the affected limb, exercise, massage, use of an appropriate compression bandage system or compression garment); **AND**
  4. The recipient has demonstrated compliance with past recommended medical treatment(s).
- c. Continued use of lymphedema pumps/sequential pneumatic compression devices is considered eligible for coverage when there is documented effectiveness of the pump, with a decrease in edema as documented by pre- and post-treatment measurements and/or documented improvement in functional capacity.

- d. Pneumatic compression devices are covered as a treatment of last resort; for example, other more conservative treatments must have been tried first and found to be inadequate. Such treatments would include leg or arm elevation and custom fabricated gradient pressure stockings or sleeves.
- e. A segmented pneumatic compression device with manual control of the pressure in each chamber (HCPCS code E0652) is considered medically necessary only when the recipient has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device with a segmented appliance/sleeve or a segmented compression device without manual control of pressure in each chamber. Such conditions include significant scarring, sensitive skin or the presence of contracture with documentation of the need for a specified pressure to a localized area. In addition, the criteria in **Subsection 3.2.** must be met.

**Note:** Equipment should be rented for the first two months to establish effectiveness and patient compliance.

### 3.3 Policy Guidelines

#### Types of Lymphedema Pumps

Lymphedema pumps include the following:

- a. Type I: Nonsegmented (single compartment) pneumatic compressor (HCPCS code E0650): This device has a single outflow port on the compressor. Examples of models include the Huntleigh-Flowplus<sup>®</sup>, the Jobst-System 7000<sup>®</sup>, the Talley-Multicom 100<sup>®</sup> and the Wright Linear<sup>®</sup> Pump-Solo50.
- b. Type II: Segmented (multi chamber) pneumatic compressor without calibrated pressure (no manual control of pressure) (HCPCS code E0651): This device is one in which either the same pressure is present in each segment, or there is a predetermined pressure gradient in successive segments but no ability to individually set or adjust pressures in each of the several segments. The pressure is usually set by a single control on the distal segment. Examples of models include: the BioCompression-Sequential Circulator 2000-2004<sup>®</sup>, the Biomedical Horizons-Horizons Sequential<sup>®</sup>, the Jobst-System 7500(II)<sup>®</sup>, the Huntleigh-Lymphatron<sup>®</sup>, the Kendall-Home Rx (5550)<sup>®</sup>, Talley-Multicom 300<sup>®</sup>, the Wright Linear<sup>®</sup> Pump-Solo 51, and the Ormed Medical-Lympha-Mat 300<sup>®</sup>.
- c. Type III: Segmented (multi chamber) pneumatic compressor with (manually) calibrated gradient pressure (HCPCS code E0652): This device is characterized by a manual control on at least three outflow ports that can deliver an individually determined pressure to each segmental unit. Examples include: the Advantage-Advantage 2100<sup>®</sup>, the BioCompression-Sequential Circulator models 3000- 3004<sup>®</sup>, the Chattanooga-PresSsion 4330 VGS<sup>®</sup>, the Digital Air Corp.-AirPerfect 1000<sup>®</sup>, Flexitouch<sup>®</sup> 2- Phase Lymph Preparation and Drainage System<sup>™</sup> (Model PD32-120), the Talley-Multicom 500<sup>®</sup>, and the Wright Linear Pump-AutoPro 52<sup>®</sup>, and Pro 52<sup>®</sup>.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

### **4.1 General Criteria**

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

### **4.2 Specific Criteria**

Lymphedema pumps/sequential pneumatic compression devices are not covered in the following situations:

- a. For indications other than cited in **Subsection 3.2**.
- b. When the medical guidelines in **Subsection 3.2** are not met.

## **5.0 Requirements for and Limitations on Coverage**

### **5.1 Prior Approval**

Prior approval is required for lymphedema pumps/sequential pneumatic compression devices.

## **6.0 Providers Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## **7.0 Additional Requirements**

### **7.1 Compliance**

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

## 8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
October 31, 2011	Throughout	<u>Policy Termination. Coverage for this policy is provided by NCHC policy 2011.09, Medical Equipment and Supplies.</u>

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

### C. Procedure Code(s)

HCPCS Codes				
A6545	E0650	E0651	E0652	E0655
E0656	E0657	E0660	E0665	E0666
E0667	E0668	E0669	E0671	E0672
E0673				

### D. Modifiers

Providers are required to follow applicable modifier guidelines.

### E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

### F. Place of Service

Home

### G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

### H. Reimbursement

Providers must bill their usual and customary charges.