

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Lymphedema Pump for Head and Neck

AUTH: SHP Durable Medical Equipment 245 v5 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Lymphedema pump for head and neck (e.g., Flexitouch) is a pneumatic compression device that stimulates the lymphatic system to move excess fluid throughout the body so it can be absorbed.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of lymphedema pump for head and neck for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Lymphedema pump for head and neck (e.g., Flexitouch) is considered medically necessary for indications of **ALL** of the following :
 - Individual has unique characteristics that prevent them from receiving satisfactory pneumatic compression treatment using a nonsegmented device in conjunction with a segmented appliance or a segmented compression device without manual control of pressure in each chamber.

Document History

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- Revised Dates:
 - 2019: November
- Reviewed Dates:
 - 2022: June
 - 2021: June
 - 2020: July
- Effective Date: March 2019

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS E0652 - Pneumatic compressor, segmental home model with calibrated gradient pressure
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved May 13, 2022, from MCG 25th Edition: <https://careweb.careguidelines.com/ed25/index.html>

(2022). Retrieved May 13, 2022, from UpToDate: https://www.uptodate.com/contents/search?search=Lymphedema%20neck%20pump&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&searchOffset=1&autoComplete=false&language=en&max=10&index=&autoCor

21 CFR 870.5800 Compressible limb sleeve. (2022, Mar 29). Retrieved May 13, 2022, from FDA: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=870.5800>

DME Manual - Appendix B. (2022, Jan). Retrieved May 13, 2022, from DMAS DME: <https://www.dmas.virginia.gov/for-providers/long-term-care/services/durable-medical-equipment/>

Flexitouch System (Tactile Medical) for Lymphedema of the Head and Neck - ARCHIVED Sep 29, 2021. (n.d.). Retrieved May 13, 2022, from Hayes: <https://evidence.hayesinc.com/report/earb.flexitouch5177>

Head and Neck Cancer. (2022, Apr 26). Retrieved May 13, 2022, from NCCN Guidelines: https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

LCD Pneumatic Compression Devices - L33829. (2020, Jan 1). Retrieved May 13, 2022, from CMS LCD CGS Administrators, LLC: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=53065&ver=44&keyword=Pelvic%20Floor%20Electrical%20Stimulator&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

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NCD: DURABLE Medical Equipment Reference List - 280.1. (2005, May 5). Retrieved May 13, 2022, from CMS NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=364&ncdver=1&keyword=Lung%20cancer%25>

Pneumatic Compression Devices - 280.6. (2002, Jan 14). Retrieved May 13, 2022, from CMS - NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=225&ncdver=1&DocID=280.6&kq=true&SearchType=Advanced&bc=EAAAAAgAAAA&>

Codes

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HCPCS: E0652

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