

MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 21

POLICY TITLE: LYMPHEDEMA / CHRONIC VENOUS INSUFFICIENCY / PERIPHERAL ARTERIAL DISEASE TREATMENT

POLICY PURPOSE: Provide criteria to for the treatment of members with associated swelling and/or complications of upper and lower extremities related to lymphedema, chronic venous insufficiency and / or peripheral arterial disease

DEFINITIONS:

Lymphedema is the swelling of subcutaneous tissues due to the accumulation of excessive lymph fluid. The accumulation of lymph fluid results from impairment to the normal clearing function of the lymphatic system and/or from an excessive production of lymph.

Lymphedema is divided into two broad classes according to etiology.

- Primary lymphedema is a relatively uncommon, chronic condition which may be due to such causes as Milroy's Disease or congenital anomalies.
- Secondary lymphedema, which is much more common, results from the destruction of or damage to formerly functioning lymphatic channels, such as surgical removal of lymph nodes or post radiation fibrosis, among other causes.

Conservative measures for the treatment of lymphedema include, but are not limited to elevation of the affected limb, exercise, massage, and use of a compression bandage system or compression garment.

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

Conservative measures for the treatment of venous stasis ulcers includes a compression bandage system or compression garment, appropriate dressings for the wounds, exercise, and elevation of the limb.

Peripheral arterial disease develops when arteries supplying blood to the extremities become narrow or blocked leading to ischemia (insufficient blood supply) and potential tissue damage. Intermittent claudication is an early symptom causing leg pain, numbness, tingling, and weakness or heaviness in the legs which can greatly impair walking. Non-healing ulcers on legs or feet with a potential for gangrene and amputation may be seen in severe cases.

Management includes lifestyle changes such as improved nutrition, cessation of smoking, and or exercise. Drugs are used to improve walking distance, lower blood pressure and cholesterol as well as reduce risk of blood clots. PAD that has advanced may be treated with angioplasty with or without stenting. Surgical treatments may include arterial bypass and endarterectomy

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POLICY PROCEDURE:

Lymphedema: Pneumatic compression devices for the treatment of lymphedema may be considered **medically necessary** if the patient has undergone a four-week trial of conservative therapy and the physician determines there has been no significant improvement or if significant symptoms remain after the trial.

Chronic Venous Insufficiency With Venous Stasis Ulcers: Pneumatic compression devices for the treatment of chronic venous insufficiency with ulcers may be considered **medically necessary** if the patient has one or more venous stasis ulcers which have failed to heal after a six month trial of conservative therapy.

Peripheral Arterial Disease: Pneumatic compression devices for the treatment of peripheral arterial disease are considered **investigational**.

All other uses of pneumatic compression devices are considered **investigational**.

NOTE: Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. MAHP determines medical necessity only if the benefit exists and no contract exclusions are applicable.
The Women's Health & Cancer Rights Act (WHCRA) mandates benefits that must be covered. This is a Federal law which specifically addresses women. Please review each contract for situations regarding males with breast issues.

References: Centers for Medicare and Medicaid
Other Major Health Plan Policy Statements

Tammi Hollenback, R.N.
Manager of Health Care Services

Date

Director of Health Care Services

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