



## Coverage Criteria for Lymphedema for Medicare and Commercial Insurances

### How to initiate an order:

Send a copy of the patient's demographics (including name, DOB, and insurance information) and medical records to fax to 1.256.259.1498 or email [joshmiller@transcendmedical.net](mailto:joshmiller@transcendmedical.net)

### The patient's medical records **must include** the following:

1. Documented diagnosis and prognosis of Lymphedema including:

- The cause of Lymphedema
  - Primary (hereditary)
  - Acquired (related to cancer, surgery, trauma, or other underlying condition)
- Lymphedema has been present for *at least* past 4 weeks *See*

*ICD-10 Coding Reference Sheet for covered diagnosis code(s)* 2.

Objective findings that establish the severity of the condition:

Measurements that demonstrate edema of affected limb(s)

*Examples: Pitting, Non-Pitting, Volume Metrics or Circumferential Measurements*

- Stage of Lymphedema 0 – 3\*

*If Stage 0 or 1, please provide detailed measurements over time confirming the persistence of the Lymphedema.*

#### **\*Stages of Lymphedema**

Stage 0: Latency—A subclinical state where swelling is not evident despite impaired lymph transport.

Stage 1: Mild Stage—Early accumulation of fluid that subsides with limb elevation.

Stage 2: Moderate Stage—Accumulation of fluid with edema that does not resolve fully with elevation.

There may be early dermal fibrosis and the limb may or may not pit on exam.

Stage 3: Severe Stage—There is accumulation of fluid with visible skin changes possible such as thickening, fat deposits, papilloma (warty overgrowths), hyperkeratosis, hyperpigmentation. Tissue is hard (fibrotic) and pitting is absent. There may be lobules present with skin creases.

3. Documentation of patient's compliance with the following conservative treatments for at least 4 weeks **AND** significant symptoms remain:

- Compression
- Exercise
- Elevation of limb(s)

*(If patient is unable to be compliant with conservative treatments listed, record must state medical explanation/diagnosis prohibiting compliance.)*

4. Physician notes and/or signed plans of care demonstrating physician oversight of treatment

**Additionally Required for Medicare:**

*Medicare will not approve coverage if all the questions on the Certificate of Medical Necessity are answered "no" •*

Patient must have a documented diagnosis of one of the following:

- Primary Lymphedema (hereditary)
- Acquired Lymphedema, secondary to cancer • A NormaTec Representative will

facilitate a treatment trial which will document the following:

- Clinical response to an initial treatment with the device
- Change in pre-treatment measurements
- Ability to tolerate the treatment
- Ability of patient or caregiver to apply device for continued use

You can view the original Policy Article (A52488) and Local Coverage Decision (L33829) at [www.cms.gov](http://www.cms.gov).