



MEDICAL COVERAGE GUIDELINES
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 02/19/13
LAST REVIEW DATE: 03/05/19
LAST CRITERIA REVISION DATE: 10/25/16
ARCHIVE DATE:

PNEUMATIC COMPRESSION PUMPS FOR TREATMENT OF LYMPHEDEMA AND VENOUS ULCERS

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Pneumatic compression devices consist of an inflatable sleeve/appliance for the arm or leg and an electrical pneumatic pump/compressor that fills the appliance with compressed air. The appliance is intermittently inflated and deflated with cycle times and pressures that vary between devices. A cooling device may also be used in conjunction with a pneumatic compression device. Pneumatic compression devices can be programmable or non-programmable and can be used in the inpatient hospital setting or in the outpatient setting such as lymphedema clinics or home. Pneumatic compression devices may also be referred to as lymphedema pumps.

Non-Programmable Devices:

Non-Segmental Pump:

Single outflow port that connects to an appliance with a single inflatable chamber.

Segmental pump without calibrated, gradient pressure:

Multiple outflow ports that connect to distinct multiple segments of the appliance.

Programmable Devices:

Segmental Pump With Calibrated Gradient Pressure:

Multiple outflow ports that connect to distinct multiple segments of the appliance. Pump is programmable, allowing the pressure to be changed or tailored in each individual chamber of the appliance.

2-Stage Segmental Pump With Calibrated Gradient Pressure:

The first phase acts similarly to manual decongestive therapy by using light, variable pressure to prepare the trunk and extremity prior to draining the fluid from the affected extremity. This is followed by a compression phase.



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Criteria:

For cryopneumatic and cryopneumatic/heat devices, see BCBSAZ Medical Coverage Guideline #O50, "*Durable Medical Equipment*".

Non-Programmable Pneumatic Compression Devices:

- Non-programmable pneumatic compression devices applied to the limb in the outpatient setting are considered **medically necessary** with documentation of **ALL** of the following:
 1. Chronic intractable edema to the extremities
 2. Failure of a 4-week trial of conservative therapy, including compression bandage, exercise and elevation of extremity
- Non-programmable pneumatic compression devices for all other indications not previously listed or if above criteria not met are considered **experimental or investigational** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome.

These indications include, *but are not limited to:*

- Trunk or chest treatment for individuals with lymphedema limited to the upper and/or lower limbs
- Venous ulcers



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Criteria: (cont.)

Programmable Pneumatic Compression Devices:

- Programmable pneumatic compression devices applied to the limb in the outpatient setting are considered **medically necessary** with documentation of **ALL** of the following:
 1. Chronic intractable edema to the extremities
 2. Failure of a 4-week trial of conservative therapy, including compression bandage, exercise and elevation of extremity
 3. Individual has unique characteristics that prevent satisfactory pneumatic compression with a non-programmable pneumatic compression device (e.g., significant scarring)
- Programmable pneumatic compression devices for all other indications not previously listed or if above criteria not met are considered **experimental or investigational** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
 2. Insufficient evidence to support improvement of the net health outcome.

These indications include, *but are not limited to:*

- Trunk or chest treatment for individuals with lymphedema limited to the upper and/or lower limbs
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Resources:

Literature reviewed 04/03/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources prior to 02/19/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 1.01.18 BCBS Medical Policy Reference Manual. Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers. Re-issue date 03/08/2018, issue date 07/10/1998.



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíílkidgo beehaz'ánii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

