

Effective: October 1, 2023

Prior Authorization Required

If **REQUIRED**, submit supporting clinical documentation pertinent to service request.

Yes No

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; Fax 800-232-0816
- Tufts Health Plan Commercial products; Fax 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 857-304-6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax 857-304-6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; Fax 617-673-0965
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

Overview

Lymphedema is a chronic condition that develops over months to years due to a physiological imbalance of blood flow and lymphatic drainage and results in an accumulation of protein-rich fluid in the extremities. Lymphedema is classified into primary and secondary forms. Primary lymphedema refers to inherited causes in which females have a higher incidence. Secondary lymphedema is a result of damage or obliteration of the lymphatic system caused by either surgery, radiation therapy, infection, or trauma. Although lymphedema may be clinically apparent, imaging is required to confirm the diagnosis and to rule out other conditions. Conservative therapy is the main stay of treatment comprised of manual lymph drainage, physical exercise, skin care, compression therapy and compression garments. When conservative therapy fails and lymphedema becomes chronic, refractory, and nonpitting, surgical methods may be medically necessary to improve lymphatic drainage, such as liposuction, lymphovenous bypass or lymph node transplant.

Clinical Guideline Coverage Criteria

Lipectomy or Liposuction

The plan considers liposuction (including suction-assisted protein lipectomy (SAPL), also referred to as suction lipectomy), as medically necessary for the treatment of lymphedema when **ALL** of the following criteria below are met.

1. Patient meets **All** of the following diagnostic criteria:
 - a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage \geq II lymphedema (ISL)
 - b. A diagnosis of lymphedema by **One** of the following diagnostic measurements:
 - i. Unilateral disease
 - 1) Volumetry differential (circumferential measurements and/or perometry Differential) $>10\%$ for affected dominant extremity or $>7\%$ for affected non-dominant extremity; **or**
 - ii. Bilateral disease
 - 1) Lymphoscintigraphy findings must show a minimum of a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema), or dermal back flow.
2. Patient meets **ALL** of the following criteria:
 - a. Results of MRI imaging show moderate to severe fat hypertrophy
 - b. BMI $\leq 35\text{g}/\text{m}^2$
 - c. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema
 - d. There is documentation of **One** or more of the following:
 - i. Pain or sense of heaviness or discomfort in the limb; **or**
 - ii. Restricted range-of-motion and functional limitation (difficulty ambulating or performing activities of daily living); **or**
 - iii. Recurrent episodes of infection/cellulitis
 - e. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery
3. Patient has **NONE** of the following:
 - a. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity)
 - b. Transient lymphedema
 - c. Lipedema without lymphatic dysfunction
 - d. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions
 - e. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**

Vascularized Lymph Node Transplant (VLNT)

The plan considers lymph node transplant as medically necessary for the treatment of lymphedema when **ALL** of the following criteria below are met.

1. Patient meets **ALL** of the following diagnostic criteria:
 - a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage \geq II lymphedema (ISL)
 - b. A diagnosis of lymphedema by **ONE** of the following diagnostic measurements:
 - i. Unilateral disease
 - 1) Volumetry differential (circumferential measurements and/or perometry Differential) $>10\%$ for affected dominant extremity **OR** $>7\%$ for affected non-dominant extremity, **or**
 - 2) Lymphoscintigraphy shows at least a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema), or a dermal back flow pattern
 - ii. Bilateral disease
 - 1) Lymphoscintigraphy shows at least one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema), or a dermal back flow pattern
2. Patient meets **ALL** of the following criteria:
 - a. BMI $\leq 35\text{g}/\text{m}^2$
 - b. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema
 - c. There is documentation of **ONE** or more of the following:
 - i. Pain or sense of heaviness or discomfort in the limb; **or**

- ii. Restricted range-of-motion) and functional limitation (difficulty ambulating or performing activities of daily living); **or**
 - iii. Recurrent episodes of infection/cellulitis
- d. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery
3. Patient has **NONE** of the following:
- a. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity)
 - b. Transient lymphedema
 - c. Lipedema without lymphatic dysfunction
 - d. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions
 - e. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**

Lymphovenous Bypass

The plan considers lymphovenous bypass as medically necessary for the treatment of lymphedema when all of the following criteria below are met.

1. Patient meets **All** of the following diagnostic criteria:
- a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage \geq I lymphedema (ISL)
 - b. A diagnosis of lymphedema by **One** of the following diagnostic measurements:
 - i. Unilateral disease
 - 1) Volumetry differential (circumferential measurements and/or perometry Differential) $>10\%$ for affected dominant extremity or $>7\%$ for affected non-dominant extremity, **or**
 - 2) Lymphoscintigraphy shows at least a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema), or a dermal back flow pattern
 - ii. Bilateral disease
 - 1) Lymphoscintigraphy findings must show a minimum of a one-hour delayed transit time to first-level lymph nodes, axillary lymph nodes (upper extremity lymphedema) or inguinal lymph nodes (lower extremity lymphedema), or a dermal back flow pattern
2. Patient meets **All** of the following criteria:
- a. BMI \leq 35g/m²
 - b. Lymphatic channels present by ICG lymphangiography
 - c. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema
 - d. There is documentation of **One** or more of the following:
 - i. Pain or sense of heaviness or discomfort in the limb; **or**
 - ii. Restricted range-of-motion and functional limitation (difficulty ambulating or performing activities of daily living); **or**
 - iii. Recurrent episodes of infection/cellulitis
 - e. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery
3. Patient has **NONE** of the following:
- a. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity)
 - b. Transient lymphedema
 - c. Lipedema without lymphatic dysfunction
 - d. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions
 - e. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**

Note: Medical documentation must include all of the following: diagnosis, duration and onset of symptoms, relevant medical and surgical history including any history of prior infections and cellulitis, non-surgical treatment tried, level of functional impairment; specific procedure requested and treatment plan (inclusive of post-operative plan of care).

*Lymphedema Staging (International Society of Lymphology)

Description

Stage 0 (subclinical) Swelling is not evident, and most patients are asymptomatic despite impaired lymphatic transport
 Stage I (mild) Accumulation of fluid that subsides (usually within 24 hours) with limb elevation: soft edema that may pit, without evidence of dermal fibrosis
 Stage II (moderate) Does not resolve with limb elevation alone; limb may no longer pit on examination
 Stage III (severe) Lymphostatic elephantiasis; pitting can be absent; skin has trophic Changes

**The Lymphatic Education & Research Network (LE&RN) is a non-profit organization dedicated to education, research and advocacy related to lymphatic diseases (LD). For more information about the LE&RN international standards for best practice multi-disciplinary care in the management of LD and a listing of institutions designated as centers of excellence refer to: <https://lymphaticnetwork.org/centers-of-excellence>.

Limitations

- Liposuction for lipedema will not be covered when performed for cosmetic purposes
- Immediate lymphatic reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach [LYMPHA]) for prophylactic purposes) is considered investigational

Codes

The following code(s) require prior authorization:

Table 1: CPT Codes

Code	Description
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy)
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy)
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
38999	Unlisted procedure, hemic or lymphatic system.

The following ICD-10 diagnosis codes require prior authorization:

Table 2: ICD-10 Codes

ICD-10 Code	Description
I89.0	Lymphedema, not elsewhere classified
E65	Localized adiposity
E88.2	Lipomatosis, not elsewhere classified
Q82.0	Hereditary lymphedema

References:

1. Baumgartner A, Hueppe M, Meier-Vollrath I, Schmeller W. Improvements in patients with lipedema 4, 8 and 12 years after liposuction. *Phlebology*. 2021;36(2):152-159. doi:10.1177/0268355520949775.
2. Brorson H. Liposuction in Lymphedema Treatment. *J Reconstr Microsurg*. 2016;32(1):56-65. doi:10.1055/s-0035-1549158Carl H, Walia G, Bello R, et al. Systematic Review of the Surgical Treatment of Extremity Lymphedema. *J Reconstr Microsurg*. 2017;33:412-425.
3. Brorson H, Ohlin K, Olsson G, et al. Quality of life following liposuction and conservative treatment of arm lymphedema. *Lymphology*. 2006;39:8-25.
4. Bundred N, Foden P, Todd C, et al. Increases in arm volume predict lymphoedema and quality of life deficits after axillary surgery: a prospective cohort study. *Br J Cancer*. 2020;123(1):17-25. doi:10.1038/s41416-020-0844-4.

5. Carl HM, Walia G, Bello R, et al. Systematic Review of the Surgical Treatment of Extremity Lymphedema. *J Reconstr Microsurg.* 2017;33(6):412-425. doi:10.1055/s-0037-1599100.
6. Cellina M, Gibelli D, Martinenghi C, et al. Non-contrast magnetic resonance lymphography (NCMRL) in cancer-related secondary lymphedema: acquisition technique and imaging findings. *Radiol Med.* 2021;126(11):1477-1486. doi:10.1007/s11547-021-01410-3.
7. Cheng MH, Tee R, Chen C, Lin CY, Pappalardo M. Simultaneous Ipsilateral Vascularized Lymph Node Transplantation and Contralateral Lymphovenous Anastomosis in Bilateral Extremity Lymphedema with Different Severities. *Ann Surg Oncol.* 2020;27(13):5267-5276. doi:10.1245/s10434-020-08720-2.
8. Fink JM, Schreiner L, Marjanovic G, et al. Leg Volume in Patients with Lipoedema following Bariatric Surgery. *Visc Med.* 2021;37(3):206-211. doi:10.1159/000511044.
9. Forte AJ, Huayllani MT, Boczar D, Ciudad P, Manrique O. Lipoaspiration and Lymph Node Transfer for Treatment of Breast Cancer-related Lymphedema: A Systematic Review. *Cureus.* 2019;11(11):e6096. Published 2019 Nov 8. doi:10.7759/cureus.6096.
10. Forte AJ, Khan N, Huayllani MT, et al. Lymphaticovenous Anastomosis for Lower Extremity. *Lymphedema: A Systematic Review.* *Indian J Plast Surg.* 2020;53(1):17-24. doi:10.1055/s-0040-1709372.
11. Gasteratos K, Morsi-Yeroyannis A, Vlachopoulos NC, Spyropoulou GA, Del Corral G, Chaiyasate K. Microsurgical techniques in the treatment of breast cancer-related lymphedema: a systematic review of efficacy and patient outcomes. *Breast Cancer.* 2021;28(5):1002-1015. doi:10.1007/s12282-021-01274-5.
12. Granoff MD, Johnson AR, Shillue K, et al. A Single Institution Multi-Disciplinary Approach to Power-Assisted Liposuction for the Management of Lymphedema [published online ahead of print, 2020 Nov 4]. *Ann Surg.* 2020;10.1097/SLA.0000000000004588. doi:10.1097/SLA.0000000000004588.
13. Gupta N, Verhey EM, Torres-Guzman RA, et al. Outcomes of Lymphovenous Anastomosis for Upper Extremity Lymphedema: A Systematic Review. *Plast Reconstr Surg Glob Open.* 2021;9(8):e3770. Published 2021 Aug 25. doi:10.1097/GOX.0000000000003770.
14. International Society of Lymphology Executive Committee. The Diagnosis and Treatment of Peripheral Lymphedema: 2016 Consensus Document of the International Society of Lymphology. 2016; <https://journals.uair.arizona.edu/index.php/lymph/article/view/20106> . Accessed September 5, 2021
15. Kong X, Du J, Du X, Cong X, Zhao Q. A Meta-analysis of 37 Studies on the Effectiveness of Microsurgical Techniques for Lymphedema [published online ahead of print, 2022 May 16]. *Ann Vasc Surg.* 2022;S0890-5096(22)00224-2. doi:10.1016/j.avsg.2022.04.038.
16. Levenhagen K, Davies C, Perdomo M, Ryans K, Gilchrist L. Diagnosis of Upper Quadrant Lymphedema Secondary to Cancer: Clinical Practice Guideline From the Oncology Section of the American Physical Therapy Association. *Phys Ther.* 2017;97(7):729-745. doi:10.1093/ptj/pzx050.
17. Lee D, Piller N, Hoffner M, et al. Liposuction of Postmastectomy Arm Lymphedema Decreases the Incidence of Erysipelas. *Lymphology.* 2016;49:85–92.
18. Lymph Tissue Transfer for the Physiological Microsurgical Treatment of Lymphedema [Hayesinc.com/login](https://www.hayesinc.com/login) [via subscription only]. Published August 25, 2020. Accessed September 20, 2021.
19. Lymphovenous Anastomosis for the Physiological Microsurgical Treatment of Lymphedema. Hayes HT Review. [Hayesinc.com/login](https://www.hayesinc.com/login) [via subscription only]. Published June 24, 2022. Accessed September 22, 2022.
20. Marchica P, D'Arpa S, Magno S, et al. Integrated Treatment of Breast Cancer-related Lymphedema: A Descriptive Review of the State of the Art. *Anticancer Res.* 2021;41(7):3233-3246. doi:10.21873/anticancer.15109.
21. Schaverien MV, Badash I, Patel KM, Selber JC, Cheng MH. Vascularized Lymph Node Transfer for Lymphedema. *Semin Plast Surg.* 2018;32(1):28-35. doi:10.1055/s-0038-1632401.
22. Schaverien MV, Munnoch DA, Brorson H. Liposuction Treatment of Lymphedema. *Semin Plast Surg.* 2018;32(1):42-47. doi:10.1055/s-0038-1635116.
23. Sekigami Y, Char S, Mullen C, et al. Cost-Effectiveness Analysis: Lymph Node Transfer vs Lymphovenous Bypass for Breast Cancer-Related Lymphedema. *J Am Coll Surg.* 2021;232(6):837-845. doi:10.1016/j.jamcollsurg.2021.02.013.
24. Surgical Treatment of Primary and Secondary Lymphedema. [UpToDate.com/login](https://www.uptodate.com/login) [via subscription only]. Published July 2021. Updated July 7, 2021. Accessed August 11, 2021.
25. Wang D, Lyons D, Skoracki R. Lymphedema: Conventional to Cutting Edge Treatment. *Semin Intervent Radiol.* 2020;37(3):295-308. Pappalardo M, Starnoni M, Franceschini G, Baccarani A, De Santis G. Breast Cancer-Related Lymphedema: Recent Updates on Diagnosis, Severity and Available Treatments. *J Pers Med.* 2021;11(5):402. Published 2021 May 12. doi:10.3390/jpm11050402.

Approval And Revision History

January 18, 2023: Reviewed by the Medical Policy Approval Committee (MPAC) for an effective date of June 1, 2023
 Subsequent endorsement date(s) and changes:

- June 21, 2023: reviewed by MPAC, Bioimpedance spectroscopy will no longer be covered as an option to diagnose lymphedema, effective October 1, 2023

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.