

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Pneumatic Compression Devices - for Home Use	<b>Policy Number:</b> MUM62 <b>Revision:</b> B
<b>Department:</b> Medical Management	<b>Sub-Department:</b> Utilization Management
<b>Applies to Product Lines:</b> <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
<b>Origination/Effective Date:</b> 10/09/2019	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 10/05/2020, 10/11/2021

**SCOPE:**

This document addresses pneumatic compression devices for lymphedema. These devices have inflatable garments controlled by electrical pumps. The garments are intermittently inflated and deflated.

**DEFINITIONS AND ACRONYMS:**

- **Congestive Heart Failure (CHF)**
- **Women's Health and Cancer Rights 1998 (WHCRA)**

**POLICY:**

Medical necessity is present under two scenarios:

1. Post mastectomy lymphedema of an upper limb consistent with WHCRA of 1998.
2. Refractory venous ulceration of the lower extremities due to lymphedema from chronic venous insufficiency that has not responded to more conservative measures.

**Rationale:**

Venous ulcers are present in 3% of the population. Risk factors include age >55, morbid obesity, chronic venous disease and physical inactivity. Poor prognosis is present if the ulcerations are refractory over 3 months, presence of lower limb ischemia and size greater than 4". Contraindications are limb ischemia and CHF out of control.

**REFERENCES:**

- WHCRA 1998 – Post mastectomy pneumatic compressive devices
- Journal of Vascular Surgery 2003 Berlinger et al Pneumatic Compression for Venous Ulcer Disease
- Cochrane Database 2014 – Nelson et al, Intermittent Pneumatic Compression for Venous Leg Ulcers

**HEALTH PLAN POLICY**

**Policy Title:** Pneumatic Compression Devices - for Home Use

**Policy Number:** MUM62  
**Revision:** B

**RELATED DOCUMENTS:**

None

**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	10/09/2019	Initial release.	Executive Leadership
A	10/05/2020	Yearly review. No change to policy content.	Executive Leadership
B	10/11/2021	Yearly review. No change to policy content.	Executive Leadership