

Lymphedema Compression Garments

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Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

A lymphedema compression garment is considered medically necessary for the treatment of upper or lower extremity lymphedema.

Custom or Non-Standard Garments

A custom fitted gradient compression garment is considered medically necessary when the basic coverage criteria has been met, and there is documentation of why the individual needs a custom fitted garment versus an off-the-shelf standard compression garment. The individual may need a custom fitted garment for reasons including, but not limited to, **any** of the following:

- The individual is unable to tolerate the fabric composition of a standard garment.
- The circumference of the proximal part of the limb is greater than the distal limb.
- The individual's skin/tissue requires a specific type of garment.

Replacement

Replacement of a lymphedema compression garment is indicated for any of the following:

- The items are lost or stolen.
- The items are irreparably damaged.
- The individual's medical condition has changed.

Frequency Limitations

Gradient compression garments or wraps are covered at the following frequencies:

- Three (3) daytime compression garments or wraps straps per affected extremity or part of the body once every six (6) months.
- Two (2) nighttime compression garments or wraps per affected extremity or part of the body once every two (2) years.

Compression bandaging supplies and accessories are provided at quantities when medically necessary for the treatment of lymphedema.

Definitions

Gradient compression means the ability to apply a higher level of compression or pressure to the distal (farther) end of the limb or body part affected by lymphedema with lower, decreasing compression or pressure at the proximal (closer) end of the limb or body part affected by lymphedema.

Custom fitted gradient compression garment means a garment that is uniquely sized and shaped to fit the exact dimensions of the affected extremity or part of the body, of an individual to provide accurate gradient compression to treat lymphedema.

Evidence Discussion

Air-fluidized therapy (AFT) was designed to prevent and manage pressure ulcer through a continuous circulation of filtered air, which provides even distribution of pressure across an individual's body. Air-fluidized therapy is administered with specialized beds that envelope the patient and air is forced through millions of sand-like silicone beads for equal pressure distribution.¹

The effectiveness of AFT has been demonstrated over the past two decades, and it has become widely accepted as a support for select individuals with high stage pressure ulcers or who are at risk for developing wounds during post-operative recuperation. Studies have demonstrated their effectiveness in improved pressure ulcer healing when compared to standard support systems.²³⁴⁵

¹ Fleck CA, Rappl LM, Simman R, et al, Use of Alternatives to Air-Fluidized Support Surfaces in the Care of Complex Wounds in Postflap and Postgraft Patients. The Journal of the American College of Certified Wound Specialists, v2, Issue 1, 2010. <https://doi.org/10.1016/j.jcws.2010.02.002>.

² Ochs RF, Horn SD, van Rijswijk L, et al. Comparison of air-fluidized therapy with other support surfaces used to treat pressure ulcers in nursing home residents. Ostomy Wound Manage. 2005;51(2):38-68.

³ Reddy M. Pressure ulcers: treatment. BMJ Clin Evid. 2015;2015:1901. Published 2015 Dec 11. Smith, ME Beth, et al. "Pressure ulcer treatment strategies: a systematic comparative effectiveness review." Annals of internal medicine 159.1 (2013): 39-50.

⁴ Smith, ME Beth, et al. "Pressure ulcer treatment strategies: a systematic comparative effectiveness review." Annals of internal medicine 159.1 (2013): 39-50.

There are aspects of these specialized beds that require additional patient care, which are reflected in the medical necessity criteria. Air-fluidized beds can cause patients to become overheated and dehydrated. Because of this dehydration, pressure wounds must use occlusive dressing to keep the wounds moist. Patients also require assistance to maneuver in the bed since they do not lie on top of the bed, instead they are enveloped by it. These beds also pose a risk for injury, because they can release silicon beads making the floor under the bed slippery. For these reasons, it is imperative that trained, adult caregivers be present around-the-clock to care for patients using this support. In addition, a healthcare provider should evaluate the patient's status at least weekly to ensure that their AFT is being maintained properly.⁶

Codes

Compression Garments for the Treatment of Lymphedema:

A6515, A6516, A6517, A6518, A6519, A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6528, A6529, A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6566, A6567, A6568, A6569, A6570, A6571, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6589, A6593, A6594, A6595, A6596, A6597, A6598, A6599, A6600, A6601, A6602, A6603, A6604, A6605, A6606, A6607, A6608, A6609, A6610, A6611

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- ⁵ Qaseem, A et al. "Treatment of pressure ulcers: a clinical practice guideline from the American College of Physicians." Annals of internal medicine 162.5 (2015): 370-379.
- ⁶ Fleck CA, Rappi LM, Simman R, et al, Use of Alternatives to Air-Fluidized Support Surfaces in the Care of Complex Wounds in Postflap and Postgraft Patients. The Journal of the American College of Certified Wound Specialists, v2, Issue 1, 2010. <https://doi.org/10.1016/j.jcws.2010.02.002>.

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