MedStar Family Choice		
ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1418**	
Subject:	**Compression Garments for Lymphedema**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**07/01/2017**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 07/23**	
Historical Revision Date(s):		
Review Effective Date(s):		
Historical Review Date(s):	**07/17**	
Responsible Parties:	**Lisa Speight, MD**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Carol Attia, MBA,BSN,RN VP Clinical Care & Quality**	**Karyn Wills, MD Chief Medical Officer**

Purpose: **It is the purpose of this policy to define the conditions under which compression garments for lymphedema will be authorized.**

Scope: **MedStar Family Choice, Maryland**

Policy: **It is the policy of MedStar Family Choice to provide compression garments when it is medically necessary as outlined in the criteria below.**

Background:

MedStar Family Choice will require prior authorization for custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" for lymphedema.

1. Requests for custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" for lymphedema should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:
Lymphedema is defined as the accumulation of fluid and fibroadipose tissues due to disruption of lymphatic flow. Lymphedema can be primary (e.g., congenital lymphedema) or secondary (e.g., caused by cancer, surgery, radiation therapy, etc). It is a chronic condition that can be managed but is generally not curable. If lymphedema is left untreated it tends to gradually progress and inhibits activities of daily living. Treatment is best administered by practitioners with expertise in lymphedema treatment. Compression garments that are not properly fitted can lead to worsening of lymphedema.

Lymphedema garments are designed to maintain a reduced limb, not to reduce limb size. **These garments are to be ordered only once the extremity, including the hand or foot as applicable, has been fully reduced using other modalities.**

B. Indications:
The use of custom compression garments and compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" for the treatment of lymphedema may be considered medically necessary and approved when **all** the following are met:

1. Initial Garment Requirements:
    a. A documented diagnosis of lymphedema as well as the cause of the lymphedema (e.g., surgical procedure, cancer, traumatic episodes, underlying condition that has interrupted normal lymphatic drainage of the extremity)
    b. The member must be under the care of a lymphedema specialist or program
    c. The lymphedema specialist must recommend compression garments. There must be a clear explanation of why "ready-made" ("off-the-shelf") items cannot be used. Per COMAR the most cost efficient medically appropriate item must be supplied. Therefore, custom compression garments require practitioner and lymphedema specialist documentation that demonstrates the medical necessity for custom garments. This must be clearly documented in the medical record. A letter stating reasons these garments are needed is not sufficient; clinical records must support medical necessity. Additionally, the clinical records supporting medical necessity must be dated prior to receipt of the garment(s) request.
    d. The amount of compression needed must be documented by the lymphedema specialist
    e. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken
    f. The ordering practitioner must have personally evaluated the member
    g. Documentation showing that the member has received training in proper donning and doffing techniques and has demonstrated the ability to properly perform these tasks is required
    h. Wearing compression garments can be uncomfortable. Members must be educated regarding the importance of continuing the wear schedule recommended

by the lymphedema specialist to avoid an increase in fluid volume that would impair proper fit. Documentation submitted must demonstrate this has been done.

i. Member may be approved two garments per affected extremity.

2. Replacement Garment Requirements:
    a. A documented diagnosis of lymphedema as well as the cause of the lymphedema (e.g., surgical procedure, cancer, traumatic episodes, underlying condition that has interrupted normal lymphatic drainage of the extremity).
    b. The previous compression garment's integrity cannot be restored (i.e., the garment is worn out).
    c. If the member's skin integrity and limb size are stable compared with their initial garment fitting, a note from the member's practitioner attesting to this and an order from their practitioner is sufficient. The member does not need a re-evaluation by a lymphedema specialist.
    d. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken.

    e. If the member's skin integrity OR limb size are not stable compared with their initial garment fitting the member must be re-evaluated by a lymphedema specialist.
    f. If the member previously utilized "ready-made" garments and the replacement request is for a different type of garment the member must be evaluated by a lymphedema specialist or program.
    g. A maximum of two garments (per extremity) will be approved every six months.

3. The use of custom compression garments and/or compression garments designated on the Maryland Medicaid Fee Schedule as "I/C" will not be approved unless the above criteria are met.

4. Night Time Lymphedema Garments: Currently there is insufficient medical evidence proving efficacy for coverage of night time lymphedema garments or similar garments that use minimal compression and a baffle system or padded liners to attempt to decrease fibrosis and edema. These will be considered not medically necessary and will not be covered.

5. Lymphedema compression garments for areas of the body other than an extremity (arm/leg), hand or foot will be considered not medically necessary and will not be covered. There is a lack of substantial evidence evaluating their clinical utility.

Summary of Changes:	**07/23:** • Updated approved by to Carol Attia and Dr. Wills **07/22:** • Added lymphedema compression garments for any area other than extremity, hand, foot will not be covered.

	• Removed Dr. Toye from responsible parties. **07/21:** • Updated Responsible Departments from Utilization Management to Clinical Operations. • Added "Maryland" to scope. **07/20:** • Updated Section from Care Management to Medical Non-Pharmacy Protocols. **07/19:** • Removed "Maryland" from scope. • Added segments in B. Indications Section: 2d and 4. • Exchanged "provider" for "practitioner" throughout. **07/18:** • Removed references to DC health plans. • Revised documentation requirements. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • New policy.