HEALTH PLAN POLICY

Policy Title: Pneumatic Compression Devices - for Home Use
Policy Number: MUM62
Revision: New

Department: Medical Management
Sub-Department: Utilization Management

Applies to Product Lines:
- Medicaid
- Children’s Health Insurance Plan
- Health Insurance Exchange
- Medicare
- USFHP
- Commercial Insured
- Non Insured Business

Origination/Effective Date: 10/09/2019
Reviewed Date(s):
Revision Date(s):

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:

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
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RELATED DOCUMENTS:
None

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10/18/19
Date

6/15/19
Date

REVISION HISTORY:

<table>
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<th>Date</th>
<th>Description of Change</th>
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<td>New</td>
<td>10/09/2019</td>
<td>Initial release.</td>
<td>Executive Leadership</td>
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