

Treatment of Lymphedema

Date of Origin: 10/2025

Last Review Date: 11/26/2025

Effective Date: 2/1/ 2026

Dates Reviewed: 11/2025

Developed By: Medical Necessity Criteria Committee

I. Description

Lymphedema is swelling caused by a buildup of lymph fluid in the body between the skin and muscle. Lymph fluid is part of the lymph system, which plays a role in your body's ability to fight infection and disease. Lymph fluid, rich in protein, is normally filtered by the lymph nodes and is then released into the bloodstream. When the nodes are obstructed, their filtering capacity is overwhelmed, and lymph fluid collects and causes swelling.

Signs and symptoms of lymphedema include distal swelling in the extremities, including the arms, hands, legs, feet; swelling proximally in the breast, chest, shoulder, pelvis, groin, genitals, face/intraoral tissues; restricted range of motion in the joints because of swelling and tissue changes; skin discoloration; pain and altered sensation; limb heaviness; and difficulty fitting into clothing.

Primary lymphedema is an inherited or congenital condition that causes a malformation of the lymphatics system, most often because of genetic mutation. Primary lymphedema can be subdivided into 3 categories: 1) congenital lymphedema, present at birth or recognized within two years of birth; 2) lymphedema praecox, occurring at puberty or the beginning of the third decade; or 3) lymphedema tarda, which begins after 35 years of age.

Secondary lymphedema results from insult, injury, or obstruction to the lymphatic system. While the most common cause of lymphedema worldwide is filariasis caused by infection by *Wuchereria bancrofti*; in developed countries, most secondary lymphedema cases are due to malignancy or related to the treatment of malignancy. This includes surgical excision of lymph nodes, local radiation treatment, or medical therapy. Breast cancer is the most common cancer associated with secondary lymphedema in developed countries.

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

II. Criteria:

- A. Moda Health considers treatment of lymphedema medically necessary when **ALL** of the following criteria are met:
- a. **Excisional Procedures** (Limb debulking procedure, Liposuction) is considered medically necessary for treatment of chronic refractory lymphedema when **ALL of** the following are met:
 - i. Signs and symptoms consistent with lymphedema as determined by a certified lymphedema therapist
 - ii. A diagnosis of greater than stage II lymphedema (Lymphedema staging, ISL)
 - iii. Physical functional impairment
 - iv. Advanced stage lymphedema with poor or no response to at least three consecutive months of conservative treatment with **ALL** of the following;
 - 1. compression garments
 - 2. manual lymph drainage
 - b. **Vascularized Lymph Node Transplant** maybe considered as a surgical treatment option when **ALL** of the following are met;
 - i. Signs and symptoms consistent with lymphedema as determined by a certified lymphedema therapist, **AND**
 - ii. Diagnosis of greater than stage 1 lymphedema by ISL standards, **AND**
 - iii. One of the following;
 - 1. physical function impairment (e.g. difficulty performing activities of daily living, difficulty ambulating)
 - 2. significant pain or weakness in the affected extremity (ies)
 - 3. history of chronic or recurrent skin conditions (e.g. cellulitis, ulcerations etc)
 - iv. Lack of response to at least three consecutive months of medical management (e.g. compression therapy such as bandaging; manual lymphatic drainage; complete decongestive therapy, pneumatic compression etc)
 - v. Surgery is performed at a certified lymphedema center of excellence
 - c. **Microsurgical treatment (e.g. Lymphovenous Bypass, lymph node-to-vein anastomosis)** is considered a treatment option when **All** of the following criteria are met;
 - i. Signs and symptoms consistent with lymphedema as determined by a certified lymphedema therapist
 - ii. Physical functional impairment e.g. performing activities of daily living
 - iii. History of chronic or recurrent skin conditions e.g. ulcerations
 - iv. Pain or weakness in the affected extremity
 - v. Failure to respond to at least three consecutive months of conservative treatment e.g. manual lymphatic drainage, compression garments etc
 - vi. At **least one** of the following quantitative measurement;
 - 1. Residual lymphatic channels as demonstrated by MR lymphangiogram; **or**
 - 2. Bioimpedance abnormality differential consistent with lymphedema; **or**

3. Lymphoscintigraphy findings showing 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
- vii. Surgery is performed at a certified lymphedema center of excellence

viii. Contraindications include;

1. Transient lymphedema; any swelling that meets threshold for lymphedema criteria and occurs up to 6 months post last oncologic treatment
2. Lipedema without lymphatic dysfunction
3. Presence of uncontrolled comorbidities including
 - a. Venous disease (DVT, superior vena cava syndrome)
 - b. Congestive heart failure
 - c. Medication induced swelling
 - d. Liver disease including but not limited to cirrhosis, hypoproteinemia
 - e. Nephropathy including end-stage renal disease
4. Pregnancy
5. Active infection of the affected extremity (cellulitis/erysipelas)

B. For conservative multimodal therapy for treatment of lymphedema refer to;

- a. MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump
- b. MCG A-0361 Lymphatic Drainage, Manual

III. Information Submitted with the Prior Authorization Request:

1. Clinical chart notes

IV. CPT or HCPC codes covered:

Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infra-umbilical panniculectomy
15832	Thigh
15833	Leg
15834	Hip
15835	Buttock
15836	Arm
15837	Forearm or hand
15838	Submental fat pad
15839	Other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck, trunk, upper or lower extremity

15877	SUCTION ASSISTED LIPECTOMY; TRUNK
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
38589	Unlisted laparoscopy procedure, lymphatic system
38999	Unlisted procedure, hemic or lymphatic system

V. CPT or HCPC codes NOT covered:

Codes	Description

V. Annual Review History

Review Date	Revisions	Effective Date
11/26/2025	New policy	2/1/2026

VI. References

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2. Bryan CS; Biagio M. Lymphedema 2023: Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK537239/>
3. Barbak M, MD Russell LA, Eric C MD, Surgical treatment of primary and secondary lymphedema. <https://www.uptodate.com/contents/surgical-treatment-of-primary-and-secondary-lymphedema>
4. Aurora MK, Kyle Y Xu 2020. Surgical management of lymphedema <https://www.msma.org/Missouri-Medicine-Library>. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7144713/>
5. Lymphedema treatment surgical options. <https://www.plasticsurgery.org/reconstructive-procedures/lymphedema-treatment>
6. Ciudad et al 2019: Surgical management of lower extremity lymphedema: A comprehensive review. Indian Journal of Plastic surgery. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6664851/>

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC