

## Chapter 8

## Section 17.1

# Lymphedema

Issue Date: September 12, 1986

Authority: [32 CFR 199.4\(d\)\(3\)\(ii\)](#)

Revision:

---

### 1.0 HCPCS PROCEDURE CODES

Level II Codes E0650 - E0673

### 2.0 DESCRIPTION

Lymphedema refers to edema from accumulation of lymph secondary to obstruction to its flow.

### 3.0 POLICY

3.1 Lymphovenous anastomosis by open surgical correction is a covered benefit.

3.2 Lymphedema pumps, both segmental and non-segmental, are authorized durable medical equipment for both institutional and home use.

### 4.0 POLICY CONSIDERATIONS

A physician's prescription is required for all claims for the segmental type pumps with or without a calibrated pressure gradient.

### 5.0 EXCEPTION

Lymphovenous anastomosis by use of a special needle for insertion of lymphatic vessels directly into the veins is not a covered benefit.

- END -

