Criteria Checklist

Alabama Medicaid Agency
Lymphedema Pumps/Pneumatic Compression Devices

PREREQUISITE CRITERIA *All of the following **must** be met:*

- ❑ Patient is Medicaid eligible
- ❑ Patient has an active/current EPSDT screening
- ❑ Prescription issued from the authorized practitioner
- ❑ Documentation indicating the patient's medical condition; **Additionally,**
- ❑ The lymphedema is associated with functional impairment, e.g., impairment of activities of daily living;

AND

- ❑ The patient has tried and been compliant with four weeks of conservative therapy, i.e., elevation of the affected limb, exercise, massage, use of an appropriate compression bandage system or compression garment;

AND

- ❑ The patient's lymphedema is not improving with conservative measures;

AND

- ❑ Photographs or a diagnostic test must document the diagnosis of lymphedema (not required in cases of mastectomy related lymphedema).

Claims for lymphedema pumps are billed with a pair of HCPCS codes: one to describe the actual pump and one to describe the appliance (i.e., sleeve) that is put on the affected body part. The various types of pumps may be distinguished by different HCPCS codes.

PROCEDURE CODES
E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670 and E0671

Maximum yearly limits apply to each of the procedure codes indicated above.