Lymphaticovenous Anastomosis
Policy Number: PG0295
Last Review: 03/24/2017

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
X Facility

DESCRIPTION
Lymphedema is an abnormal accumulation of lymphatic fluid in subcutaneous tissue. The lymph can back up into the arm or leg and cause swelling (lymphedema). The severity of lymphedema can be graded as follows:
- Grade I – Mild and intermittent lymphedema which pits easily
- Grade II – Moderate and persistent lymphedema, no pitting, unrelieved by elevation
- Grade III – Fibrosclerotic lymphedema (elephantiasis)

Microsurgical techniques for the anastomosis of blood or lymphatic vessels have introduced a possible method for treating lymphedema in the extremities. Lymphaticovenous anastomosis (LVA) describes a method of directly connecting the lymphatic vessels in the affected area of the body to the tiny veins nearby. This allows the backed-up lymphatic fluid to drain directly into the vein and be returned to the body’s natural circulation.

POLICY
Lymphaticovenous anastomosis is non-covered.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Paramount has determined that lymphaticovenous anastomosis is experimental and investigational and therefore non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES
38999 UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM
REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 02/14/2014
02/14/14: TAWG committee reviewed and determined surgery for lymphedema (e.g., lymphaticovenous anastomosis) is non-covered for all product lines.
02/26/15: Title changed from Surgery for Lymphedema to Lymphaticovenous Anastomosis. Codes removed from policy 15758, 38308, 69990. Policy reviewed and revised to reflect most current clinical evidence per TAWG committee.
02/26/16: Policy reviewed and revised to reflect most current clinical evidence per TAWG committee.
03/24/17: Policy reviewed and revised to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).
12/19/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.