

Policy Number: CP-IFP20-020A

Original Effective Date: December 1, 2021
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DME: Pneumatic Compression and Lymphedema Pumps (IFP)

The purpose of this policy is to provide clarity and specificity on the types of pumps that may be used to treat swelling or edema that may occur following an injury or surgical procedure.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment (DME)

Definitions or summary

Compression wrap-an elastic wrap or bandage used to prevent or reduce the formation of edema. Greater pressure is applied distally, creating a gradual compression that encourages venous and lymphatic return.

Edema-a local or generalized condition in which body tissues contain an excessive amount of fluid in the tissue spaces.

Lymphedema-An abnormal accumulation of tissue fluid due to the removal, blockage, or destruction of lymph nodes. Common causes of lymphedema are surgical or radiation therapy for cancer in the breast, pelvis, or lung with lymph node dissection.

- **Primary lymphedema**-chronic condition due to a disease or congenital anomaly.
- **Secondary lymphedema**-results from the destruction or damage to the formerly functioning lymphatic channels from surgical removal of lymph nodes, post radiation scarring and fibrosis.

Lymphedema pump-a pneumatic compression device for application to an edematous limb. The device may be single-chambered or multi-chambered and is designed to provide calibrated, sequential pressure to the extremity.

Medical grade compression garments

- Prefabricated ready-made garments are generally produced using a circular knit material.
 - Circular knit fabrics do not have a seam and can be produced using finer and sheerer materials.
- Custom made garments are generally made from flat knit material.
 - Higher levels of pressure (>50mmHg) can only be achieved with flat knit garments.
 - Flat knit garments are denser but provide a more precise fit, but because of their construction when stretched over a limb there are more holes for the skin to breathe.

Vasopneumatic-therapeutic compression to decrease or prevent swelling after injury or after surgery.

Venous insufficiency- failure of the valves in the veins to function, interfering with venous return to the heart and may produce edema.

Venous stasis ulcer-an open wound occurring on the lower extremities usually near the ankle bone as a result of venous insufficiency.

Coverage policy

Covered

- Must be prescribed by a health care provider and be part of a treatment plan.
- Provided by contracted, in-network DME provider.
- Customized or medical grade prefabricated graduated compression stocking/sleeve.
- A pneumatic compression device/lymphedema pump is covered if a physician determines after a trial that there has been no significant improvement in lymphedema, or if significant symptoms remain.
- Compression garments are covered between pump sessions to prevent re-accumulation of fluid.

Services not covered include but not limited to

- A pneumatic compression device or lymphedema pump and associated garments as initial therapy for lymphedema in the home setting.

Prior authorization

Some DME items may require prior authorization. Consult the [UCare Authorization and Notification Requirements](#) for IFP

Related policies and documentation

References to other Policies or Documentation that may be Relevant to this Policy.

Policy Number	Policy Description
CP-IFP21-016A	DME-Compression Stockings & Wraps
CP-IFP21-006A	Durable Medical Equipment

References and source documents

Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plans Member Contract:](#)

[Medical Services Authorization & Notification Requirement:](#)

Coverage policy development and revision history

Version	Date	Note (s)
V1	Dec. 01, 2021	New policy; Original effective date
	Nov.30,2022	Annual review; no changes
	Oct. 16, 2023	Annual Review: No substantive change Added DME to the Title
	Oct. 3, 2024	Annual review; no changes
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1 2025	Annual Review; aligned language with 2026 contract updated non covered heading "Services not covered include but not limited" to match 2026 contract