Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines: **Surgical Treatments for Lymphedema**

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Lymphedema is a chronic condition that develops over months to years due to a physiological imbalance of blood flow and lymphatic drainage and results in an accumulation of protein-rich fluid in the extremities. Lymphedema is classified into primary and secondary forms. Primary lymphedema refers to inherited causes in which females have a higher incidence. Secondary lymphedema is a result of damage or obliteration of the lymphatic system caused by either surgery, radiation therapy, infection, or trauma. Although lymphedema may be clinically apparent, imaging is required to confirm the diagnosis and to rule out other conditions. Conservative therapy is the main stay of treatment comprised of manual lymph drainage, physical exercise, skin care, compression therapy and compression garments. When conservative therapy fails and lymphedema becomes chronic, refractory, and nonpitting, surgical methods may be medically necessary to improve lymphatic drainage, such as liposuction, lymphovenous bypass or lymph node transplant.

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan Members. MassHealth Medical Necessity Determinations and CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When MassHealth and CMS do not provide guidance, the Plan internally developed medical necessity guidelines are used. MassHealth and CMS coverage guidelines are not established for this service.

For the service, Surgical Treatments for Lymphedema evidence is sufficient for coverage. The current available evidence, along with expert opinion, shows that lymphedema surgery for patients diagnosed with lymphatic disease who do not respond to conservative treatments can lead to improved clinical outcomes, including reduction in extremity circumference or volume over several months after surgery, symptom reduction, and patient-reported quality of life.

The use of this criteria will ensure access to evidence based clinically appropriate care. See References section below for all evidence accessed in the development of these criteria.

Clinical Guideline Coverage Criteria

Limb Debulking Procedure

The Plan considers limb debulking (incision or liposuction) as medically necessary for the treatment of lymphedema when **ALL** of the following criteria below are met.

1. Patient meets **ALL** of the following diagnostic criteria:
    a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage ≥ II lymphedema (ISL)
    b. A diagnosis of lymphedema by **One** of the following diagnostic measurements:
        i. Unilateral disease
            1) Volumetry differential (circumferential measurements and/or perometry Differential) >10% for affected dominant extremity or >7% for affected non-dominant extremity; **or**
        ii. Bilateral disease
            1) Lymphoscintigraphy findings must show 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 dermal back flow.
2. Patient meets **ALL** of the following criteria:
    a. Results of MRI imaging show moderate to severe fat hypertrophy
    b. BMI ≤ 35g/m2
    c. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema
    d. There is documentation of **One** or more of the following:
        i. Pain or sense of heaviness or discomfort in the limb; **or**
        ii. Restricted range-of-motion and functional limitation (difficulty ambulating or performing activities of daily living); **or**
        iii. Recurrent episodes of infection/cellulitis
    e. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery
3. Patient has **NONE** of the following:
    a. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity)
    b. Transient lymphedema
    c. Lipedema without lymphatic dysfunction
    d. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions
    e. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**.

Vascularized Lymph Node Transplant (VLNT)

The Plan considers lymph node transplant as medically necessary for the treatment of lymphedema when **ALL** of the following criteria below are met.

1. Patient meets **ALL** of the following diagnostic criteria:
    a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage ≥ II lymphedema (ISL)
    b. A diagnosis of lymphedema by **ONE** of the following diagnostic measurements:
        i. Unilateral disease
            1) Volumetry differential (circumferential measurements and/or perometry Differential) >10% for affected dominant extremity OR >7% for affected non-dominant extremity, **or**
            2) Lymphoscintigraphy shows at least 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
        ii. Bilateral disease
            1) Lymphoscintigraphy shows at least 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
2. Patient meets **ALL** of the following criteria:
    a. BMI ≤ 35g/m2; **and**
    b. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema; **and**

c. There is documentation of **ONE** of the following:
    i. Pain or sense of heaviness or discomfort in the limb; **or**
    ii. Restricted range-of-motion) and functional limitation (difficulty ambulating or performing activities of daily living); **or**
    iii. Recurrent episodes of infection/cellulitis
d. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery

3. Patient has **NONE** of the following:
    1. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity); **and**
    2. Transient lymphedema; **and**
    3. Lipedema without lymphatic dysfunction; **and**
    4. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions; **and**
    5. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**

Lymphovenous Bypass

The Plan considers lymphovenous bypass as medically necessary for the treatment of lymphedema when all of the following criteria below are met.

1. Patient meets **ALL** of the following diagnostic criteria:
    a. A certified lymphedema therapist confirms a diagnosis of lymphedema by symptoms and findings and documents the Member has *International Society of Lymphology stage ≥ I lymphedema (ISL)
    b. A diagnosis of lymphedema by **One** of the following diagnostic measurements:
        i. Unilateral disease
            1) Volumetry differential (circumferential measurements and/or perometry Differential) >10% for affected dominant extremity or >7% for affected non-dominant extremity, **or**
            2) Lymphoscintigraphy shows at least 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
        ii. Bilateral disease
            1) Lymphoscintigraphy findings must show 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
2. Patient meets **ALL** of the following criteria:
    a. BMI ≤ 35g/m2
    b. Lymphatic channels present by ICG lymphangiography
    c. Failure to respond to at least 6 months of optimal conservative treatment including compression therapy with bandaging, garments, or gauntlet and any of the following therapies: lymphoedema-specific manual lymphatic drainage, skin care, physical therapy, and exercises for lymphedema
    d. There is documentation of **One** or more of the following:
        i. Pain or sense of heaviness or discomfort in the limb; **or**
        ii. Restricted range-of-motion and functional limitation (difficulty ambulating or performing activities of daily living); **or**
        iii. Recurrent episodes of infection/cellulitis
    e. The plan of care postoperatively is to continue to wear compression garments as instructed to maintain the benefits of surgery
3. Patient has **NONE** of the following:
    a. Active comorbid condition(s) that would impede healing (i.e., untreated, or uncontrolled cancer, venous occlusive disease, active infection of the extremity)
    b. Transient lymphedema
    c. Lipedema without lymphatic dysfunction
    d. Not compliant with wearing compression garments continuously and/or has not demonstrated the ability to tolerate compression therapy or physical therapy sessions
    e. Pregnancy
4. Planned surgery to be performed at a certified lymphedema center of excellence**

Note: Medical documentation must include all of the following: diagnosis, duration and onset of symptoms, relevant medical and surgical history including any history of prior infections and cellulitis, non-surgical treatment tried, level of functional impairment; specific procedure requested and treatment plan (inclusive of post-operative plan of care).

*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

**The Lymphatic Education & Research Network (LE&RN) is a non-profit organization dedicated to education, research and advocacy related to lymphatic diseases (LD). For more information about the LE&RN international standards for best practice multi-disciplinary care in the management of LD and a listing of institutions designated as centers of excellence refer to: https://lymphaticnetwork.org/centers-of-excellence.

Limitations

1. Immediate lymphatic reconstruction (e.g., Lymphatic Microsurgical Preventing Healing Approach [LYMPHA]) for prophylactic purposes) is considered investigational

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
1019T	Lymphovenous bypass, including robotic assistance, when performed, per extremity
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy)
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
38999	Unlisted procedure, hemic or lymphatic system.

The following ICD-10 diagnosis codes require prior authorization:

Table 2: ICD-10 Codes

Code	Description
I89.0	Lymphedema, not elsewhere classified
E65	Localized adiposity
E88.10	Lipodystrophy, unspecified
E88.2	Lipomatosis, not elsewhere classified
Q82.0	Hereditary lymphedema

References:

1. Brown S, Shen Y, Klimitz FJ, et al. Lymphovenous bypass for the treatment of secondary lymphedema: A meta-analysis of prospective outcomes. *Breast Cancer Res Treat*. 2025;215(1):42. Published 2025 Dec 15. doi:10.1007/s10549-025-07867-4.
2. Bundred N, Foden P, Todd C, et al. Increases in arm volume predict lymphoedema and quality of life deficits after axillary surgery: a prospective cohort study. Br J Cancer. 2020;123(1):17-25. doi:10.1038/s41416-020-0844-4.
3. Carl HM, Walia G, Bello R, et al. Systematic Review of the Surgical Treatment of Extremity Lymphedema. J Reconstr Microsurg. 2017;33(6):412-425. doi:10.1055/s-0037-1599100.
4. Cellina M, Gibelli D, Martinenghi C, et al. Non-contrast magnetic resonance lymphography (NCMRL) in cancer-related secondary lymphedema: acquisition technique and imaging findings. Radiol Med. 2021;126(11):1477-1486. doi:10.1007/s11547-021-01410-3.
5. Cheng MH, Tee R, Chen C, Lin CY, Pappalardo M. Simultaneous Ipsilateral Vascularized Lymph Node Transplantation and Contralateral Lymphovenous Anastomosis in Bilateral Extremity Lymphedema with Different Severities. Ann Surg Oncol. 2020;27(13):5267-5276. doi:10.1245/s10434-020-08720-2.

6. Cho MJ, Flores Garcia J, Myung Y, et al. Evolving Role of Lymphedema Surgery on Breast Reconstruction: A Systematic Review and Multi-Institutional Algorithmic Approach. *J Clin Med*. 2024;13(21):6518. Published 2024 Oct 30. doi:10.3390/jcm13216518.
7. Chun MJ, Saeg F, Meade A, et al. Immediate Lymphatic Reconstruction for Prevention of Secondary Lymphedema: A Meta-Analysis. J Plast Reconstr Aesthet Surg. 2022;75(3):1130-1141. doi:10.1016/j.bjps.2021.11.094.
8. Chun MJ, Saeg F, Miller D, et al. Surgical Lymphedema Treatment: A Meta-Analysis and Recommendations. Eplasty. 2022;22:e51. Published 2022 Nov 2.
9. Executive Committee of the International Society of Lymphology. The Diagnosis and Treatment of Peripheral Lymphedema: 2023 Consensus Document of The International Society of Lymphology. *Lymphology*. 2023;56(4):133-151.
10. Fanning JE, Friedman R, Shillue K, et al. Surgical Treatment of Lymphedema at LE&RN Comprehensive Centers of Excellence. J Reconstr Microsurg. Published online March 7, 2025. doi:10.1055/a-2540-0648.
11. Forte AJ, Huayllani MT, Boczar D, Ciudad P, Manrique O. Lipoaspiration and Lymph Node Transfer for Treatment of Breast Cancer-related Lymphedema: A Systematic Review. Cureus. 2019;11(11):e6096. Published 2019 Nov 8. doi:10.7759/cureus.6096.
12. Forte AJ, Khan N, Huayllani MT, et al. Lymphaticovenous Anastomosis for Lower Extremity. Lymphedema: A Systematic Review. Indian J Plast Surg. 2020;53(1):17-24. doi:10.1055/s-0040-1709372.
13. Friedman R, Johnson AR, Brunelle CL, et al. Lymphatic Microsurgical Preventative Healing Approach for the Primary Prevention of Lymphedema: A 4-Year Follow-Up. Plast Reconstr Surg. 2024;153(2):491e-492e. doi:10.1097/PRS.0000000000010766.
14. Gasteratos K, Morsi-Yeroyannis A, Vlachopoulos NC, Spyropoulou GA, Del Corral G, Chaiyasate K. Microsurgical techniques in the treatment of breast cancer-related lymphedema: a systematic review of efficacy and patient outcomes. Breast Cancer. 2021;28(5):1002-1015. doi:10.1007/s12282-021-01274-5.
15. Gaxiola-García MA, Escandón JM, Manrique OJ, Skinner KA, Kushida-Contreras BH. Surgical Treatment for Primary Lymphedema: A Systematic Review of the Literature. Arch Plast Surg. 2024;51(2):212-233. Published 2024 Apr 8. doi:10.1055/a-2253-9859.
16. Granoff MD, Johnson AR, Shillue K, et al. A Single Institution Multi-disciplinary Approach to Power-assisted Liposuction for the Management of Lymphedema. *Ann Surg*. 2022;276(5):e613-e621. doi:10.1097/SLA.0000000000004588.
17. Gupta N, Verhey EM, Torres-Guzman RA, et al. Outcomes of Lymphovenous Anastomosis for Upper Extremity Lymphedema: A Systematic Review. Plast Reconstr Surg Glob Open. 2021;9(8):e3770. Published 2021 Aug 25. doi:10.1097/GOX.0000000000003770.
18. Jakub JW, Boughey JC, Hieken TJ, et al. Lymphedema Rates Following Axillary Lymph Node Dissection With and Without Immediate Lymphatic Reconstruction: A Prospective Trial. *Ann Surg Oncol*. 2024;31(11):7349-7359. doi:10.1245/s10434-024-15715-w.
19. Jian Y, Deng C, Wei Z. *Zhongguo Xiu Fu Chong Jian Wai Ke Za Zhi*. 2023;37(2):240-246. doi:10.7507/1002-1892.202210009.
20. Karlsson T, Mackie H, Koelmeyer L, et al. Liposuction for Advanced Lymphedema in a Multidisciplinary Team Setting in Australia: 5-Year Follow-Up. Plast Reconstr Surg. 2024;153(2):482-491. doi:10.1097/PRS.0000000000010612.
21. Kong X, Du J, Du X, Cong X, Zhao Q. A Meta-analysis of 37 Studies on the Effectiveness of Microsurgical Techniques for Lymphedema [published online ahead of print, 2022 May 16]. Ann Vasc Surg. 2022;S0890-5096(22)00224-2. doi:10.1016/j.avsg.2022.04.038.
22. Lilja C, Madsen CB, Damsgaard TE, Sørensen JA, Thomsen JB. Surgical treatment algorithm for breast cancer lymphedema-a systematic review. *Gland Surg*. 2024;13(5):722-748. doi:10.21037/gs-23-503.
23. Li MX, Zhang J, Howard MA, Teven CM. Efficacy of Immediate Lymphatic Reconstruction in Prevention of Breast Cancer-Related Lymphedema: A Systematic Review and Meta-Analysis. Microsurgery. 2025;45(6):e70109. doi:10.1002/micr.70109.
24. Lymph Tissue Transfer for the Physiological Microsurgical Treatment of Lymphedema. Hayesinc.com/login[via subscription only]. Published August 25, 2020. Updated July 28, 2022. Accessed March 25, 2025.
25. Lymphovenous Anastomosis for the Physiological Microsurgical Treatment of Lymphedema. Hayes HT Review. Hayesinc.com/login [via subscription only]. Published June 29, 2023. Accessed March 22, 2025.
26. Lymphovenous Bypass for Treating Lymphedema. ECRI Evidence Analysis. Ecri.com/login[via subscription only]. Published July 30, 2025. Accessed February 4, 2026.
27. Marchica P, D'Arpa S, Magno S, et al. Integrated Treatment of Breast Cancer-related Lymphedema: A Descriptive Review of the State of the Art. Anticancer Res. 2021;41(7):3233-3246. doi:10.21873/anticanres.15109.
28. Meuli JN, Guiotto M, Elmers J, Mazzolai L, di Summa PG. Outcomes after microsurgical treatment of lymphedema: a systematic review and meta-analysis. *Int J Surg*. 2023;109(5):1360-1372. Published 2023 May 1. doi:10.1097/JS9.0000000000000210.
29. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Survivorship. Version 2.2025. https://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf. Accessed February 4, 2026.
30. Pappalardo M, Lin CY, Lin C, Chung KC, Cheng MH. Improvement of the Natural Progression of Extremity Lymphedema Treated With Lymphatic Microsurgery. *Ann Surg*. 2025;282(4):639-649. doi:10.1097/SLA.0000000000006860.

31. Sekigami Y, Char S, Mullen C, et al. Cost-Effectiveness Analysis: Lymph Node Transfer vs Lymphovenous Bypass for Breast Cancer-Related Lymphedema. J Am Coll Surg. 2021;232(6):837-845. doi:10.1016/j.jamcollsurg.2021.02.013.
32. Seidenstuecker K, Fertsch S, Ghazaleh AA, et al. Improving quality of life after breast cancer: a comparison of two microsurgical treatment options for breast cancer-related lymphedema (BCRL). Clin Exp Med. 2024;24(1):82. Published 2024 Apr 23. doi:10.1007/s10238-024-01344-w.
33. Surgical Treatment of Primary and Secondary Lymphedema. UpToDate.com/login [via subscription only]. Published March 17, 2025. Accessed March 31, 2025.
34. Wang D, Lyons D, Skoracki R. Lymphedema: Conventional to Cutting Edge Treatment. Semin Intervent Radiol. 2020;37(3):295-308.Pappalardo M, Starnoni M, Franceschini G, Baccarani A, De Santis G. Breast Cancer-Related Lymphedema: Recent Updates on Diagnosis, Severity and Available Treatments. J Pers Med. 2021;11(5):402. Published 2021 May 12. doi:10.3390/jpm11050402.

Approval And Revision History

January 18, 2023: Reviewed by the Medical Policy Approval Committee (MPAC) for an effective date of June 1, 2023

Subsequent endorsement date(s) and changes:

- June 21, 2023: reviewed by MPAC, Bioimpedance spectroscopy will no longer be covered as an option to diagnose lymphedema, effective October 1, 2023
- October 18, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care and updated overview, effective January 1, 2024
- February 21, 2024: reviewed by MPAC, MNG name change to Surgical Treatments for Lymphedema; language change from “Lipectomy or Liposuction” to “Limb Debulking Procedure” to clarify incisional procedures are included effective April 1, 2024
- June 13, 2024: Reviewed by UM Committee and renewed without changes
- June 20, 2024: Reviewed by MPAC, renewed without changes effective August 1, 2024
- April 16, 2025: Reviewed by MPAC, renewed without changes effective May 16, 2025
- October 1, 2025: Code E88.10 add to “ICD-10 Diagnoses” requiring prior authorization, effective October 1, 2025
- September 30, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template
- March 1, 2026: Code 1019T added to require prior authorization effective May 1, 2026
- May 20, 2026: Reviewed by MPAC; administrative update to guideline template, renewed without changes effective July 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.