Complex Decongestive Physiotherapy (CDT)

[For the list of services and procedures that need preauthorization, please refer to www.mcs.pr Go to “Comunicados a Proveedores”, and click “Cartas Circulares”.

Medical Policy: MP-ME-04-04
Original Effective Date: May 27, 2004
Reviewed: March 1, 2013
Revised:

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider’s contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member’s benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

DESCRIPTION

Complex Decongestive Physiotherapy (CDT) or Complex Lymphedema Therapy (CLT) is a noninvasive treatment used as a rehabilitative intervention for chronic intractable lymphedema. This therapy reduces and controls the amount of swelling in the affected limb, as well as restoring its function. The objective of this method is to redirect and enhance the flow of lymph through unharmed cutaneous lymphatics. Initial gentle massage of the contralateral (healthy) quadrant is followed by manipulation of the affected extremity, beginning with the base of the limb and progressing to the distal segment. Programs are generally provided on an outpatient basis in the office setting or in a lymphedema rehabilitation center or clinic.

The typical CDT program consists of two phases of treatment:

I. Phase I - Treatment is provided in the office or outpatient rehabilitation center and consists of the following:

- Meticulous skin and nail care
- Manual lymph drainage
- Compression therapy with bandaging and compression garments
- Lymphedema exercises, and
- Patient instruction for continuous ongoing self management

II. Phase II – Treatment typically focuses on maintenance. In this phase, the patient maintains and optimizes the results by applying the techniques learned in the treatment phase, as well as by wearing an elastic sleeve during the day, bandaging the affected limb overnight and exercising for 15 minutes per day while wearing the bandages. This phase is continued until swelling resolves.

The goal of this therapy is not the achieve maximum volume reduction, but to ultimately transfer the responsibility of the care from the clinic, hospital, or doctor, to home care by the patient, patient’s family or patient’s caregiver. Unless the patient is able to continue therapy at home, there is only temporary benefit from the treatment. The endpoint of treatment is not when the edema resolves or
stabilizes, but when the patient and/or their cohort are able to continue the treatments at home. Patients who do not have the capacity or support system to accomplish these skills in a reasonable time are not good candidates for CDP (First Coast Service Options, Inc.).

**COVERAGE**

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.

**INDICATIONS**

Medical Card System, Inc., (MCS) considers medically necessary the use of Complex Decongestive Physiotherapy (CDP) under the following circumstances:

1. The member must have a history and/or physical examination documenting the following:
   - The cause of the lymphedema and any prior treatment,
   - Measurements of body part/extremity prior to treatment,
   - Specific areas of indurate tissue,
   - Hardness of edema,
   - Condition of nails and skin,
   - Infected sites,
   - Scars,
   - Distal pulses,
   - Pain,
   - Discomfort; and
   - The affects the lymphedema has on the member’s Activities of Daily Living (i.e., symptomatic for lymphedema, with limitation of function related to self-care, mobility and/or safety).

2. There is a physician documented diagnosis of intractable lymphedema of the extremities that is unrelieved by elevation, evidence of ulceration and the physician specifically orders CDP.

3. The member is symptomatic for lymphedema, with limitation of function related to self-care, mobility and/or safety.

4. The patient or patient caregiver has the ability to understand and comply with home care continuation of treatment regimen.

5. The services are being performed by a health care professional who has received specialized training in this form of treatment.
6. The therapy services for CDP must be provided either by or under the direct personal supervision of the physician or independently practicing therapist.

**CONTRAINDICATIONS**

1. Absolute contraindications to lymphedema therapy include:
   a. acute infections of the affected limb,
   b. venous or arterial obstruction (deep vein thrombosis),
   c. active malignancy, confirmed or suspected local disease,
   d. unwillingness or inability of the member to participate in the treatment.

**LIMITATIONS**

1. Therapy services associated with the treatment (i.e., 97001, 97002, 97003, 97004, 97110, 97140 and 97535). Other services such as skin care and the supplies associated with the compression wrapping are included in the therapy services performed during each session.

2. It is expected that therapy education sessions would usually last for 1 to 2 weeks, with the patient attending 3-5 times per week, depending on the progress of the therapy. After that time, there should have been enough teaching and instruction that the care could be continued by the patient or patient caregiver in the home setting.

3. Additional courses of treatment will require documentation to demonstrate reasonableness and necessity.

**CODING INFORMATION**

**CPT® Codes (List may not be all inclusive)**

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>97001</td>
<td>Physical Therapy Evaluation</td>
</tr>
<tr>
<td>97002</td>
<td>Physical Therapy Re-Evaluation</td>
</tr>
<tr>
<td>97003</td>
<td>Occupational Therapy Evaluation</td>
</tr>
<tr>
<td>97004</td>
<td>Occupational Therapy Re-Evaluation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>97110</td>
<td>Therapeutic Procedure, 1 or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility</td>
</tr>
<tr>
<td>97140</td>
<td>Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes</td>
</tr>
<tr>
<td>97535</td>
<td>Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact By Provider, Each 15 Minutes</td>
</tr>
</tbody>
</table>


### ICD-9 CM® Diagnosis Codes For Complex Decongestive Physiotherapy (List may not be all inclusive)

<table>
<thead>
<tr>
<th>CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>457.0</td>
<td>Postmastectomy Lymphedema Syndrome (i.e., Elephantiasis due to Mastectomy, &amp; Obliteration of lymphatic vessel due to mastectomy)</td>
</tr>
<tr>
<td>457.1</td>
<td>Other Lymphedema (i.e. Elephantiasis (nonfilarial) NOS, Lymphangiectasis, Lymphedema: acquired (chronic), praecox, secondary; &amp; Obliteration, lymphatic vessel)</td>
</tr>
<tr>
<td>757.0</td>
<td>Hereditary Edema Of Legs (i.e. Congenital Lymphedema, Hereditary Trophedema, and Milroy’s Disease)</td>
</tr>
</tbody>
</table>

*2013 ICD-9-CM® For Physicians, VOLUMES I & II, Professional Edition (American Medical Association).*

### HCPCS CODES (List may not be all inclusive)

<table>
<thead>
<tr>
<th>CODES</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>S8950</td>
<td>Complex Lymphedema Therapy, Each 15 Minutes</td>
</tr>
</tbody>
</table>

*2013 HCPCS LEVEL II Professional Edition® (American Medical Association).*

**Note:** The KX modifier is added to claim lines to indicate that the clinician attests that the services are medically necessary and that justification is documented in the medical record.

### MODIFIERS CODES (List may not be all inclusive)

<table>
<thead>
<tr>
<th>MODIFIERS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KX</td>
<td>Requirements Specified In The Medical Policy Have Been Met</td>
</tr>
</tbody>
</table>
**Clinical Medical Policy Department**

**Clinical Affairs Division**

<table>
<thead>
<tr>
<th>GP</th>
<th>Services Delivered Under An Outpatient Physical Therapy Plan Of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO</td>
<td>Services Delivered Under An Outpatient Occupational Therapy Plan Of Care</td>
</tr>
</tbody>
</table>

*2013 HCPCS LEVEL II Professional Edition® (American Medical Association).*

**REFERENCES**


2. Centers for Medicare & Medicaid Services. First Coast Service Options, Inc. Therapy and Rehabilitation Services. LCD 29399. Revision Effective Date: For services performed on or after 1/1/2013. Accessed March 1, 2013. Available at URL address: https://members2.ecri.org/Components/EvidenceReports/Pages/11053.aspx


POLICY HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 27, 2004</td>
<td>Origination of Policy</td>
<td>Policy Format changed</td>
</tr>
<tr>
<td>January 22, 2009</td>
<td>Review</td>
<td>Contraindications added to the policy.</td>
</tr>
<tr>
<td>February 18, 2010</td>
<td>Revised</td>
<td>References updated</td>
</tr>
</tbody>
</table>
| February 18, 2011 | Revised | 1. Policy title was changed from Complex Lymphedema Therapy to Complex Decongestive Physiotherapy.  
2. Under Indications #1 was added: The member must have a history and physical of, The cause of the lymphedema and any prior treatment, Measurements of body part/extremity prior to treatment, Specific areas of indurate tissue, Hardness of edema, Condition of nails and skin, Infected sites, Scars, Distal pulses, Pain, Discomfort; and The affects the lymphedema has on the member’s Activities of Daily Living (i.e., symptomatic for lymphedema, with limitation of function related to self care, mobility and/or safety).  
3. Indications 2-6 remained the same.  
4. Limitations revised  
5. References update  
6. CPT Codes revised to add 97001, 97002, 97004, 97110 and 97535. |
| March 1, 2013 | Yearly Review | CPT 97003 added.                                                            |