Medical Policy
Bioimpedance Devices for the Detection of Lymphedema

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Policy Number: 261
BCBSA Reference Number: 2.01.82
NCD/LCD: NA

Related Policies
- Pneumatic Compression Pumps for Treatment of Lymphedema, #354
- End Diastolic Pneumatic Compression Boots as Treatment of Peripheral Vascular Disease or Lymphedema #648

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Devices using bioimpedance (bioelectrical impedance spectroscopy) for use in the diagnosis, surveillance, or treatment of patients with lymphedema, including use in subclinical secondary lymphedema are **INVESTIGATIONAL**.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient Service</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
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The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>93702</td>
<td>Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)</td>
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**Description**

Secondary lymphedema of the upper extremity may develop following surgical treatment for breast cancer. This results from lymphatic dysfunction or disruption and can be difficult to accurately diagnose. One challenge is identifying the presence of clinically significant limb swelling through simple noninvasive methods. Bioelectrical impedance is being studied as a diagnostic test for lymphedema, particularly for subclinical disease. Bioimpedance spectroscopy (BIS) analysis uses resistance to electrical current in comparing the composition of fluid compartments. BIS is based on the theory that the amount of opposition to flow of electric current (impedance) through the body is inversely proportional to the volume of fluid in the tissue. In lymphedema, with the accumulation of excess interstitial fluid, tissue impedance decreases.

The early detection of lymphedema before clinical symptoms become apparent is another area of study. Subclinical disease may exist for months or years before overt edema is noted. Bioimpedance has been proposed as one diagnostic test for this condition. Those who support the approach to diagnose subclinical disease believe that early treatment of subclinical lymphedema should result in less severe chronic disease.

An example of a bioimpedance device for the detection of lymphedema is the L-Dex™ U400 from ImpediMed. All bioimpedance devices for the detection of lymphedema are considered investigational regardless of the commercial name, the manufacturer, or FDA approval status.

**Summary**

There is minimal information about the technical and diagnostic performance of bioimpedance testing in the diagnosis (surveillance) of secondary lymphedema; especially for subclinical disease. In addition, there are no data from comparative clinical trials that demonstrate the impact of this test (bioimpedance) on clinical outcomes (clinical utility). The approach to subclinical lymphedema (diagnosis and treatment) appears to be under active investigation. Thus, based on the current scientific evidence and because the impact on net health outcome is not known, use of this testing in the diagnosis or management of patients with known or suspected lymphedema is considered investigational.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>7/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>1/2015</td>
<td>Clarified coding information.</td>
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<td>Date</td>
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<td>12/2014</td>
<td>New references added from BCBSA National medical policy.</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**