

Lymphedema – Diagnosis and Treatment



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Medical Coverage Policy

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Related Medical/Pharmacy Coverage Policies

[Code Compendium \(Miscellaneous\)](#) (bioelectrical impedance analysis [BIA] for body composition)
[Pneumatic Compression Pumps](#)
[Support Garments, Fabric](#)

Description

Lymphedema is swelling caused by an abnormal collection of fluid beneath the skin resulting from lymph vessel impairment or lymph node removal. It is generally categorized as primary or secondary; primary is caused by problems with the development of lymph vessels, while secondary is related to something that has damaged the lymph nodes or vessels (eg, surgery, radiation, cancer, infection). Lymphedema differs from edema which is swelling caused by excess fluid that becomes trapped in the body's tissues as a result of medication, pregnancy or underlying disease (eg, heart failure, venous insufficiency, kidney disease, cirrhosis of the liver).

Diagnosis

Assessment and monitoring of lymphedema can be accomplished by a number of methods. One of the most common is circumferential measurement of limb volume. The volume is calculated with measurements obtained with a tape measure at various locations on the limb; it may be compared to

measurements of the opposite limb. Another method is the water displacement measurement. The limb is submerged into a container of water and the amount that is displaced is measured.

Bioimpedance spectroscopy (BIS), also referred to as bioelectrical impedance analysis, has been proposed as an alternative method to diagnose and/or monitor lymphedema. This device measures the impedance (resistance) of electrical current through extracellular fluid via electrodes that have been attached to the wrist when testing the arm or the ankle when testing the leg. A mild electrical current is passed through the electrode and a measurement of the resistance of the current flow through the fluid is obtained. An example of this device is the **Sozo Digital Health Platform (L-Dex)**. (Refer to Coverage Limitations section)

Treatment

Treatment of lymphedema may be undertaken by a number of methods, either alone or in combination, including, but not limited to, the use of lymphedema garments, manual lymph drainage massage, lymphedema pumps and/or surgery.

Lymphedema garments (also referred to as compression garments), which include sleeves, gloves and stockings, are special bandages that can be worn on the arms, legs, hands or feet to help reduce swelling that is caused by the removal or injury of nearby lymphatic vessels or nodes. The garments provide specific amounts of pressure to keep the fluid from accumulating in the limb. (For more specific information about **over-the-counter [OTC] or ready-made garments**, please refer to [Coverage Limitations section](#).)

Manual lymph drainage massage (also known as **complex decongestive physiotherapy** or **complete decongestive physiotherapy**) may be performed by a physical therapist or occupational therapist certified in manual lymph drainage. This technique combines massage, bandaging, exercise and skin care in an attempt to reduce the accumulation of fluid.

Lymphedema pumps (pneumatic compression pumps) are devices that use compressed air to apply pressure to a limb in order to move excess lymph fluid into the rest of the body. A unicompartamental (nonsegmented) device consists of a rubberized sleeve or boot with a single inflatable chamber that exerts uniform pressure along the affected limb. A multicompartamental (segmented) device has multiple chambers in the rubberized sleeve or boot that inflate and deflate in a sequential fashion. These devices may be controlled either with or without manual control of the amount of pressure used in the compartments (manual control is also known as gradient pressure).

An advanced **multicompartamental programmable pneumatic compression device** (formerly referred to as a two-stage multichamber programmable pneumatic compression device) operates similar to the principles of manual lymph drainage (treat the proximal areas first, which is theorized to prepare the distal areas for drainage). Examples of this type of pump include, but may not be limited to, the **AIROS 6, AIROS 8, Flexitouch (Flexitouch Plus)** or **Lympha Press Optimal (Lympha Press Optimal Plus)**.

A variation of the multicompartamental pneumatic compression pump is the **CircuFlow 5200 Sequential Compression Device**, which combines intermittent pneumatic compression with a sustained gradient pressure. (Refer to Coverage Limitations section)

A new device has been proposed as an alternative treatment for lymphedema, the **Dayspring Active Nonpneumatic Compression System**, which unlike pneumatic compression pumps, does not use air to

produce the compression, but rather uses a nickel-titanium shape-memory alloy to apply sequential gradient compression. The device is wearable (portable), programmable and battery powered, consisting of the controller and a garment (limb sleeve). It may also be referred to as a nonpneumatic compression device (NPCD). **(Refer to Coverage Limitations section)**

This policy ONLY addresses treatment for *lymphedema*. For information regarding **other uses of pneumatic compression pumps** (eg, chronic venous insufficiency, deep vein thrombosis [DVT] prevention), please refer to [Pneumatic Compression Pumps](#) Medical Coverage Policy.

Surgery, though not curative and rarely performed, has been suggested as a treatment for those with refractory lymphedema who have not improved with conservative management. Lymphedema surgery may be classified as reconstructive or excisional. Excisional surgical procedures for lymphedema include, but may not be limited to, debulking and liposuction. Reconstructive surgical procedures include, but may not be limited to, microsurgical treatment (eg, microsurgical lymphatico-venous anastomosis, lymphatic-capsular-venous anastomosis, lymphovenous bypass), lymph node transfer (also known as vascularized lymph node transfer) and tissue transfers (eg, omental flap). **(Refer to Coverage Limitations section)**

Coverage Determination

Compression (Lymphedema) Garments

Humana members may be eligible under the Plan for **custom-made compression (lymphedema) garments** for the extremities (eg, **gloves, sleeves or stockings**) for the treatment of primary or secondary lymphedema.

Two sets of lymphedema garments per affected extremity are allowed initially; 1 set per affected extremity may be covered thereafter in a [rolling 12 month period](#).^{*} (Sleeves and gloves are separate items; as such, if both should be required for treatment, 2 gloves and 2 sleeves would be allowed initially, with 1 additional of each in subsequent years, if needed.)

^{*}A rolling 12 month period is 12 months after an event, regardless of what month the initial event took place; eg, the initial sets of garments are provided on June 1, 2024, the rolling 12 month period would end on May 31, 2025; in this example, no additional garments would be authorized until June 1, 2025.

Manual Lymph Drainage Massage

Humana members may be eligible under the Plan for **manual lymph drainage massage** (also known as **complex or complete decongestive physiotherapy**) for the treatment of primary or secondary lymphedema when the following criteria are met:

- Individual has undergone a 4 week trial of conservative treatment, including compression garments, elevation of the affected limb and home exercises; **AND**
- The treating healthcare provider determines there has been no improvement or symptoms remain; **AND**

- Submission of clinical records documenting the individual's adherence to the conservative treatment that was tried and failed; **AND**
- Treatment is performed by a physical therapist or occupational therapist, preferably certified in manual lymph drainage

This treatment may be applied toward the number of allowable visits of the physical therapy benefit. Refer to specific certificate language regarding physical medicine and rehabilitation services. Most certificates limit the duration or number of visits.

Lymphedema Pumps (Pneumatic Compression Pumps)

Humana members may be eligible under the Plan for the **following types of pneumatic compression pumps** for the treatment of primary or secondary lymphedema of the extremities (arms or legs) when the following criteria are met:

- Initial approval, if criteria are met, is limited to a maximum of 90 days; **AND**
- Unicompartamental (nonsegmented) or multicompartamental (segmented) lymphedema pump WITHOUT gradient pressure (manual control of the pressure in the chamber) (**E0650, E0651**) of the pressure in the chamber for home use for the treatment of lymphedema when the following are met:
 - Individual has undergone a 4 week trial of conservative therapy, including the use of an appropriate compression garment, exercise and elevation; **AND**
 - The treating healthcare provider determines there has been no improvement or symptoms remain; **AND**
 - Submission of clinical records documenting the individual's adherence to the conservative therapy that was tried and failed; **OR**
- Unicompartamental (nonsegmented) or multicompartamental (segmented) lymphedema pump WITH gradient pressure (manual control of the pressure) (**E0652**)** (manual control of the pressure) when **ALL** of the following criteria are met:
 - Individual has undergone a 4 week trial of a unicompartamental or multicompartamental lymphedema pump without manual control of the pressure in each chamber; **AND**
 - Lymphedema extends from the extremities onto the chest, abdomen or trunk; **AND**
 - The treating healthcare provider determines that there has been no improvement or symptoms remain; **AND**

- Submission of clinical documentation of compliance and adherence with use of the unicompartmental or multicompartmental pump without control of the pressure in each chamber as per the healthcare provider's instructions/prescription

****This includes the advanced multicompartmental programmable pumps (eg, AIROS 6, AIROS 8, Flexitouch [Flexitouch Plus] or Lympha Press Optimal [Lympha Press Optimal Plus]) which are considered equally effective to standard segmented pneumatic compression pumps.**

Continuation of Coverage

Lymphedema pumps are initially authorized for 90 days. Continued authorization is dependent upon clinical documentation, submitted by the prescribing healthcare provider, which demonstrates the following:

- Adherence with the use of the device as per the healthcare provider's instructions/prescription; **AND**
- Confirmation of clinical benefit (eg, improvement in, or prevention in worsening of, the condition for which the device was prescribed)

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **compression (lymphedema) garments, manual lymph drainage massage or lymphedema pumps** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **any other treatment method not listed above** including, but may not be limited to:

- Compression garments for the chest, head, neck or trunk; **OR**
- Immediate lymphatic reconstruction surgery for prevention of breast cancer-related lymphedema; **OR**
- Lymphedema pump (and the associated appliance) for treatment of lymphedema *isolated* to the chest or trunk; **OR**
- Lymphedema pump (and the associated appliance) for treatment of lymphedema to the head or neck; **OR**
- Nonpneumatic compression devices (NPCDs) controller (with or without sequential calibrated gradient pressure) or garments including, but not limited to, the **Dayspring nonpneumatic active compression treatment system**; **OR**
- Surgical treatment of lymphedema including, but may not be limited to:

- Excisional procedures (eg, debulking, liposuction); **OR**
- Lymph node transfer (also known as vascularized lymph node transfer); **OR**
- Microsurgical treatment (eg, lymphatico-venous anastomosis, lymphatic-capsular-venous anastomosis, lymphovenous bypass); **OR**
- Tissue transfer (eg, omental flap)

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **pumps/devices with a sustained gradient pressure while also delivering a higher intermittent pneumatic compression** including, but not limited to, the **CircuFlow 5200 Sequential Compression Device** for any indication. These are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for the use of **bioimpedance spectroscopy** including, but not limited to, the **Sozo (L-Dex)** for diagnosing, monitoring or pre- or postoperative assessment of lymphedema. This is considered experimental/investigational as it is not identified as widely used and generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **ready-made (prefabricated) compression garments/stockings** for any indication. Although they may be prescribed by a health care practitioner, **ready-made compression garments/stockings** are also available without a prescription and may be obtained over-the-counter (OTC) and are therefore generally excluded in the certificate. In the absence of a certificate exclusion for OTC items, **ready-made compression garments/stockings** are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
38308	Lymphangiectomy or other operations on lymphatic channels	Not Covered if used to report surgical treatment of lymphedema
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Not Covered
97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A6549	Gradient compression stocking/sleeve, not otherwise specified	Not Covered if used to report ready-made (prefabricated) compression garments/stockings (ie, Over the counter)
A6567	Gradient compression garment, neck/head, custom, each	Not Covered New Code Effective 01/01/2024
E0650	Pneumatic compressor, nonsegmental home model	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Not Covered
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Not Covered

E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	Not Covered
E0671	Segmental gradient pressure pneumatic appliance, full leg	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0672	Segmental gradient pressure pneumatic appliance, full arm	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0673	Segmental gradient pressure pneumatic appliance, half leg	Not Covered if used to report any pump/device outlined in Coverage Limitations section
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	
E0677	Non-pneumatic sequential compression garment, trunk	Not Covered
E0678	Non-pneumatic sequential compression garment, full leg	Not Covered New Code Effective 01/01/2024

E0679	Non-pneumatic sequential compression garment, half leg	Not Covered New Code Effective 01/01/2024
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	Not Covered New Code Effective 01/01/2024
E0681	Non-pneumatic compression controller without calibrated gradient pressure	Not Covered New Code Effective 01/01/2024
E0682	Non-pneumatic sequential compression garment, full arm	Not Covered New Code Effective 01/01/2024
E1399	Durable medical equipment, miscellaneous	Not Covered if used to report any treatments outlined in Coverage Limitations section
L8010	Breast prosthesis, mastectomy sleeve	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	
S8425	Gradient pressure aid (glove), custom made, medium weight	
S8426	Gradient pressure aid (glove), custom made, heavy weight	
S8429	Gradient pressure exterior wrap	
S8950	Complex lymphedema therapy, each 15 minutes	

References

1. American Cancer Society (ACS). American Cancer Society/American Society of Clinical Oncology breast cancer survivorship care guideline. <https://www.cancer.org>. Published 2016.
2. American Cancer Society (ACS). American Cancer Society head and neck cancer survivorship care guideline. <https://www.cancer.org>. Published 2016.
3. American Society of Clinical Oncology (ASCO). Integrative therapies during and after breast cancer treatment: ASCO endorsement of the SIO clinical practice guideline. <https://www.asco.org>. Published September 2018.

4. American Vein & Lymphatic Society (AVLS). Selecting appropriate compression for lymphedema patients. <https://www.myavls.org>. Published 2023.
5. American Venous Forum. The American Venous Forum, American Vein and Lymphatic Society and the Society for Vascular Medicine expert opinion consensus on lymphedema diagnosis and treatment. <https://www.venousforum.org>. Published 2022.
6. ECRI Institute. Clinical Evidence Assessment. Dayspring Limb Compression System (Koya Medical) for treating lymphedema. <https://www.ecri.org>. Published August 18, 2021.
7. ECRI Institute. Clinical Evidence Assessment. Lympha Press Optimal Plus Pump (Mego Afek AC Ltd.) for treating lymphedema. <https://www.ecri.org>. Published February 24, 2022.
8. ECRI Institute. Clinical Evidence Assessment. Lymphatic microsurgical preventive healing approach (LYMPHA) for preventing lymphedema. <https://www.ecri.org>. Published June 16, 2020.
9. ECRI Institute. Clinical Evidence Assessment. SOZO Bioimpedance Spectroscopy (ImpediMed, Inc.) for diagnosing and managing lymphedema. <https://www.ecri.org>. Published May 12, 2020.
10. ECRI Institute. Evidence Report. Complex decongestive therapy for secondary lymphedema. <https://www.ecri.org>. Published November 2, 2012.
11. ECRI Institute. Hotline Response. Near-infrared fluorescence lymphatic imaging for diagnosing lymphedema. <https://www.ecri.org>. Published April 16, 2020.
12. ECRI Institute. Hotline Response. Near-infrared fluorescence lymphatic imaging for guiding manual lymphatic drainage for lymphedema treatment. <https://www.ecri.org>. Published April 30, 2020.
13. ECRI Institute. Hotline Response (ARCHIVED). Nonelastic compression garments for treatment of lymphedema. <https://www.ecri.org>. Published February 19, 2010.
14. ECRI Institute. Product Brief (ARCHIVED). Flexitouch System (Tactile Systems Technology, Inc.) for treating lymphedema. <https://www.ecri.org>. Published December 14, 2012. Updated January 11, 2016.
15. ECRI Institute. Product Brief (ARCHIVED). L-Dex U400 Extracellular Fluid Analyzer (ImpediMed, Ltd.) for aiding detection of lymphedema. <https://www.ecri.org>. Published July 8, 2015.
16. ECRI Institute. Product Brief (ARCHIVED). MoistureMeterD and MoistureMeterD Compact (Delfin Technologies, Ltd.) for diagnosing lymphedema. <https://www.ecri.org>. Published July 21, 2015.
17. Hayes, Inc. Evidence Analysis Research Brief. Bioelectrical impedance analysis for assessment of lymphedema. <https://evidence.hayesinc.com>. Published June 5, 2024.
18. Hayes, Inc. Evidence Analysis Research Brief. Dayspring (Koya Medical Inc.) for treatment of lymphedema. <https://evidence.hayesinc.com>. Published March 27, 2023.

19. Hayes, Inc. Evidence Analysis Research Brief. Indocyanine green lymphography for assessment of breast cancer related lymphedema. <https://evidence.hayesinc.com>. Published May 19, 2021.
20. Hayes, Inc. Evolving Evidence Review. Flexitouch Plus system (Tactile Medical) for lymphedema of the head and neck. <https://evidence.hayesinc.com>. Published September 29, 2021. Updated October 24, 2023.
21. Hayes, Inc. Health Technology Assessment. Bioelectrical impedance (bioimpedance) analysis for assessment of lymphedema. <https://evidence.hayesinc.com>. Published August 6, 2020. Updated March 17, 2023.
22. Hayes, Inc. Health Technology Assessment. Liposuction for the reductive surgical treatment of lymphedema. <https://evidence.hayesinc.com>. Published October 27, 2020. Updated October 24, 2023.
23. Hayes, Inc. Health Technology Assessment. Lymph tissue transfer for the physiological microsurgical treatment of lymphedema. <https://evidence.hayesinc.com>. Published August 25, 2020. Updated July 28, 2022.
24. Hayes, Inc. Health Technology Assessment. Lymphovenous anastomosis for the physiological microsurgical treatment of lymphedema. <https://evidence.hayesinc.com>. Published June 9, 2020. Updated June 29, 2023.
25. Hayes, Inc. Health Technology Assessment. Microsurgery for primary prevention of breast cancer related lymphedema. <https://evidence.hayesinc.com>. Published October 15, 2019. Updated November 14, 2022.
26. Hayes, Inc. Health Technology Brief. Flexitouch System (Tactile Systems Technology, Inc.) for lymphedema. <https://evidence.hayesinc.com>. Published October 3, 2017. Updated November 26, 2019.
27. Hayes, Inc. Health Technology Brief. Intermittent pneumatic compression therapy for mastectomy-related lymphedema. <https://evidence.hayesinc.com>. Published January 24, 2011. Updated February 6, 2013.
28. Hayes, Inc. Health Technology Brief. Liposuction for lymphedema. <https://evidence.hayesinc.com>. Published August 11, 2010. Updated August 16, 2012.
29. Hayes, Inc. Health Technology Brief. Microsurgery for primary prevention of lymphedema following surgery for breast cancer. <https://evidence.hayesinc.com>. Published July 16, 2013. Updated June 30, 2015.
30. Hayes, Inc. Health Technology Brief. Microsurgical treatment of lymphedema following breast cancer surgery. <https://evidence.hayesinc.com>. Published July 18, 2013. Updated June 30, 2015.

31. Hayes, Inc. Health Technology Brief. Pneumatic compression devices for treatment of peripheral lymphedema. <https://evidence.hayesinc.com>. Published June 6, 2005. Updated January 7, 2008.
32. International Society of Lymphology (ISL). The diagnosis and treatment of peripheral lymphedema: 2020 consensus document of the International Society of Lymphology. <https://www.isl.arizona.edu>. Published 1995. Updated 2020.
33. MCG Health. Bioimpedance spectroscopy. <https://humana.access.mcg.com/index>.
34. MCG Health. Graduated compression stockings. <https://humana.access.mcg.com/index>.
35. MCG Health. Intermittent pneumatic compression with extremity pump. <https://humana.access.mcg.com/index>.
36. MCG Health. Lymphatic drainage, manual. <https://humana.access.mcg.com/index>.
37. National Cancer Institute (NCI). Lymphedema (PDQ) – health professional version. <https://www.cancer.gov>. Updated April 30, 2024.
38. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Breast cancer. <https://www.nccn.org>. Updated March 11, 2024.
39. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Survivorship. <https://www.nccn.org>. Updated March 29, 2024.
40. National Lymphedema Network (NLN). Position Statement of the National Lymphedema Network. Screening and measurement for early detection of breast cancer related lymphedema. <https://www.lymphnet.org>. Published April 2011.
41. National Lymphedema Network (NLN). Position Statement of the National Lymphedema Network. Training of lymphedema therapists. <https://www.lymphnet.org>. Published May 2010.
42. UpToDate, Inc. Breast cancer-associated lymphedema. <https://www.uptodate.com>. Updated April 2024.
43. UpToDate, Inc. Clinical features and diagnosis of peripheral lymphedema. <https://www.uptodate.com>. Updated April 2024.
44. UpToDate, Inc. Clinical staging and conservative management of peripheral lymphedema. <https://www.uptodate.com>. Updated April 2024.
45. UpToDate, Inc. Complications of gynecologic surgery. <https://www.uptodate.com>. Updated April 2024.
46. UpToDate, Inc. Lower extremity lymphedema. <https://www.uptodate.com>. Updated April 2024.

47. UpToDate, Inc. Management of late complications of head and neck cancer and its treatment. <https://www.uptodate.com>. Updated April 30, 2024.
48. UpToDate, Inc. Overview of long-term complications of therapy in breast cancer survivors and patterns of relapse. <https://www.uptodate.com>. Updated April 2024.
49. UpToDate, Inc. Surgical treatment of primary and secondary lymphedema. <https://www.uptodate.com>. Updated April 2024.

Change Summary

- 06/06/2024 Annual Review, No Coverage Change.