

Provider Notification of Policy Criteria Change

➤ Compression Devices and Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency Policy 2010038

Effective 10/15/2025, Coverage Policy 2010038 Compression Devices and Garments for Treatment of Lymphedema, Burns, Venous Ulcers, and Arterial Insufficiency will be updated to include restricted coverage for non-pneumatic pumps for the treatment of lymphedema. HCPCS codes E0681, E0678, E0679, E0680, E0682 will be removed from policy 2022013 (Medical Technology Assessment, Non-Covered Services) and added to coverage policy 2010038 with restricted coverage per policy criteria.

The complete policy can be viewed at the following link:

<https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2010038>