



L-Dex® Protocol for Lymphedema Care

Today, most lymphedema is not diagnosed until it is visually apparent. By this point, fibrotic changes and lipid deposition caused by protein rich extracellular fluid stasis have already begun. But now there is hope for early detection and treatment. L-Dex from ImpediMed is the first FDA-cleared medical technology for aiding in the clinical assessment of unilateral lymphedema of the arm and leg in women, and the leg in men. Now there is a new way to help protect your patient’s quality of life following cancer.

L-Dex Assessment Protocol¹

- Pre-operative baseline
- Years 1-3: Every 3 months
- Years 4-5: Every 6 months
- Year 6+: Annually

If a pre-operative baseline is not available, the patient’s initial assessment may be used as a baseline when there is no measurable edema.

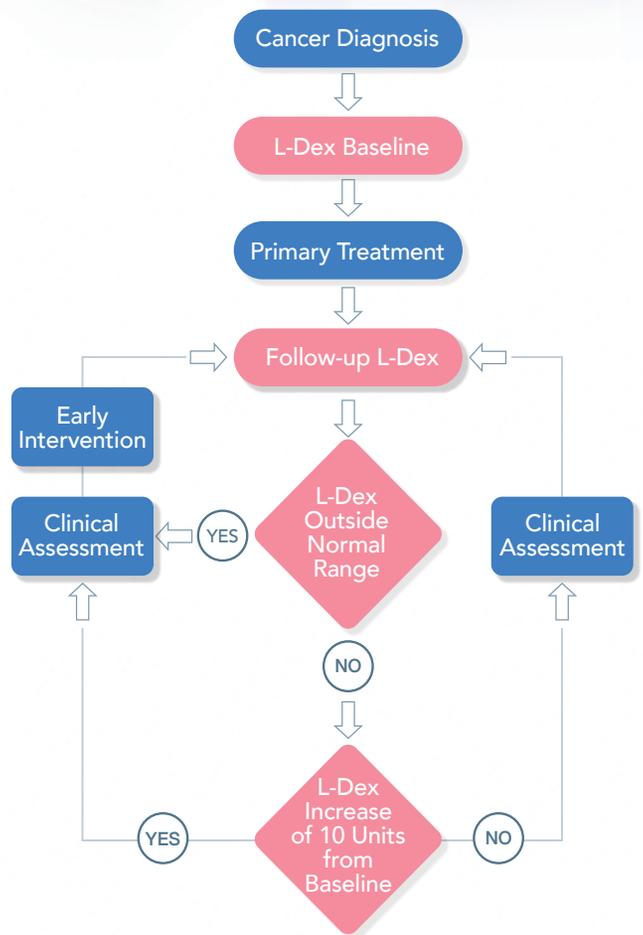
If minor measurable edema is present at time of initial assessment, L-Dex might be able to be used to monitor effectiveness of treatment.

L-Dex may not be suitable for late stage lymphedema, e.g. late Stage 2 or Stage 3,² when fibrosis and fat have super-vened and replaced fluid.



ImpediMed Inc.
5900 Pasteur Court, Suite 125, Carlsbad, CA 92008
Toll Free: +1-877-247-0111 Email: info@impedimed.com
www.impedimed.com

ImpediMed and L-Dex are registered trademarks of ImpediMed, Limited.
©2017 ImpediMed, Limited. M-122 April 2017



Note: L-Dex values that lie outside the normal range may indicate the early signs of lymphedema and values that have changed +10 L-Dex units from baseline may also indicate early lymphedema. The L-Dex scale is a tool to assist in the clinical assessment of lymphedema by a medical provider.

REFERENCES

1. Derived from: Herd-Smith, A., et al., Prognostic factors for lymphedema after primary treatment of breast carcinoma. Cancer, 2001. 92(7): p.1783-7 and Bodai, B.I., Nakata, T., Breast Cancer Survivorship Clinical Guidelines for Practitioners. 2012.
2. ISL, The diagnosis and treatment of peripheral lymphedema: 2013 Consensus Document of the International Society of Lymphology. Lymphology, 2013. 46(1): p.1-11.

National Comprehensive Cancer Network® (NCCN®)

The NCCN Clinical Practice Guidelines In Oncology (NCCN Guidelines®) are consistent with regards to the necessity to educate patients about lymphedema and monitor for the early development of lymphedema.

NCCN Guidelines® for Breast Cancer, Version 2.2016¹

In the Discussion section, under Post-Therapy Surveillance and Follow-Up, page MS-49, the guidelines state:

“Lymphedema is a common complication after treatment for breast cancer. Factors associated with increased risk of lymphedema include extent of axillary surgery, axillary radiation, infection, and patient obesity.^{2,3} The panel recommends educating the patients on lymphedema, monitoring for lymphedema, and referring for lymphedema management as needed.”

Early Intervention Improves Clinical Outcomes

“Periodic monitoring of women at high risk for LE with BIS allows early detection and timely intervention for LE, which reduces the incidence of clinical LE from 36.4% to 4.4%. This may have implications for quality of life and health care costs.”⁵

Reimbursement for L-Dex®

CPT® Category I Code for BIS					
CPT Code	Descriptor	2017 Medicare National Physician Payment		2017 Medicare Hospital Outpatient Payment	
		RVU	Payment	APC	Payment
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment	3.49	\$125	5721	\$127

REFERENCES

1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer V.2.2016. ©National Comprehensive Cancer Network, Inc 2016. All rights reserved. Accessed February 23, 2016. To view the most recent and complete version of the guideline, go online to NCCN.org.
2. Dayes, I.S., et al., Randomized trial of decongestive lymphatic therapy for the treatment of lymphedema in women with breast cancer. *J Clin Oncol*, 2013. 31(30): p.3758-63.
3. Warren, A.G., et al., Lymphedema: A Comprehensive Review. *Ann Plast Surg*, 2007. 59(4): p.464-472.
4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Survivorship V.2.2016. ©National Comprehensive Cancer Network, Inc 2016. All rights reserved. Accessed February 23, 2016. To view the most recent and complete version of the guideline, go online to NCCN.org.
5. Soran, A., et al., The importance of detection of subclinical lymphedema for the prevention of breast cancer related clinical lymphedema after axillary lymph node dissection; a prospective observational study. *Lymphat Res Biol*, 2014. 12(4): p.289-94.

NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

impedimed®

ImpediMed Inc.
5900 Pasteur Court, Suite 125, Carlsbad, CA 92008
Toll Free: +1-877-247-0111 Email: info@impedimed.com
www.impedimed.com

ImpediMed and L-Dex are registered trademarks of ImpediMed, Limited.
©2017 ImpediMed, Limited. M-122 April 2017

