Requests will be considered using Milliman Clinical Care Guidelines (MCGs). Guidelines are developed using publications that have been assessed in terms of quality, utility, and relevance. Preference is given to publications that:

- Are designed with rigorous scientific methodology.
- Are published in higher-quality journals (e.g., journals that are read and cited most often within their field).
- Address an aspect of specific importance to the guideline in question (admission criteria, length of stay).
- Represent an update or contain new data or information not reflected in the current guideline.

**Commercial and Medicaid**

MCG Clinical Criteria

- A-0340 Intermittent Pneumatic Compression with Extremity Pump

**Medicare**

- For lymphedema treatment, please refer to [NGS Local Coverage Determination (LCD) Outpatient Physical and Occupational Therapy Services (L33631)](#)
- For pneumatic compression devices, please refer to [Noridian LCD for Pneumatic Compression Devices (L33829)](#)

**Revision History**

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<tr>
<td>Oct. 9, 2020</td>
<td>Adopted MCG Clinical Care Guidelines for Commercial and Medicaid</td>
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<tr>
<td></td>
<td>Adopted Medicare Local Coverage Determinations for Medicare</td>
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