



May 2001	<p><b>Decision Memo for Lymphedema Pumps (CAG-00016N) Issued:</b></p> <ol style="list-style-type: none"> <li>1. The agency states, "<b>keystones of lymphedema treatment are elevation, compression and exercise.</b>"</li> <li>2. CMS also, "a patient must first undergo a four-week trial of conservative therapy, which includes the use of an appropriate compression garment, exercise and elevation. This garment does not need to be custom-fabricated; however, it does need to be a graduated compression stocking/sleeve. A pneumatic compression device is covered if a physician determines after such a trial that there has been no significant improvement, or if significant symptoms remain."</li> <li>3. CMS encourages patients to use compression garments between pump sessions to prevent reaccumulation of fluid.</li> </ol>
January 2002	<p><b>National Coverage Determination (NCD) for Pneumatic Compression Devices (280.6) Issued:</b> Reinforces 2001 CMS memo.</p>
April 2002	<p><b>First Legislation to Improve Lymphedema Coverage is Introduced (H.R. 4154, 107<sup>th</sup> Congress)</b></p>
November 2004	<p><b>First Patient Advocate Communication to HHS Seeking Coverage:</b> HHS response: "For an item to be eligible for coverage by Medicare it must fall under at least one statutorily defined benefit category. The lack of coverage in these situations stems from limitations in the law. Unless authorized under a provision of the Medicare law, compression sleeves or stockings cannot be covered under the Medicare program."</p>
November 2009	<p><b>Medicare Evidence Development Coverage Advisory Committee (MEDCAC) Meets:</b> MEDCAC reports on lymphedema protocols: The greatest confidence, for the best outcome, was in Complete Decongestive Therapy, of which compression is an integral component (page 14). When isolating individual modalities of treatment, the committee reported the highest level of confidence was found in compression (page 5 of meeting tables).</p>
February 2010	<p><b>The Lymphedema Treatment Act is first Introduced (H.R. 4662, 111<sup>th</sup> Congress).</b> <i>Note: Legislation reintroduced in subsequent Congresses (and further revised) to present. Currently includes H.R. 1948 introduced by Reps. Schakowsky, Carter, Blumenauer, &amp; Kelly; and S. 518 introduced by Sens. Cantwell &amp; Young.</i></p>
August 2012	<p><b>Representative Reichert Submits Inquiry to HHS Secretary Sebelius:</b> HHS response: "Devices used to treat lymphedema, such as sleeves and stockings, are not covered by Medicare because they do not meet the definition of durable medical equipment or any other Medicare benefit category established by law."</p>
August 2012	<p><b>Second Patient Advocate Communication to HHS is Submitted:</b> CMS states: "There is no allowable benefit category for the coverage of compression garments for the treatment of lymphedema. Any change to that statutory limitation must be implemented by Congress."</p>
Sept. 2015	<p><b>Representative Reichert Seeks Further Clarification to HHS Secretary Burwell:</b> HHS response: "CMS has not identified any Medicare part B benefit category that could be used to cover everyday self-care garments for lymphedema patients."</p>
May / Oct 2017	<p><b>Rep. Reichert Requests Regulatory Assistance of HHS Sec. Price, followed by Sens. Grassley and Cantwell request to Acting Sec. Eric Hargan</b></p>
January 2018	<p><b>Rep. Reichert Requests Regulatory Assistance of HHS Sec. Azar, followed by Sens. Grassley and Cantwell</b></p>
Feb. 2018	<p><b>Reps. Reichert, Lance, Blumenauer, and Schakowsky submit a letter to Administrator Verma</b></p>
June 2018	<p><b>Representative Reichert meets with HHS Secretary Azar</b></p>
July 2018	<p><b>Representative Reichert meets with CMMI Director Adam Boehler</b></p>