As stated by the National Cancer Institute, “The goal of lymphedema treatment centers on controlling limb swelling and minimizing complications.”¹

Under current Medicare policy, lymphedema patients have coverage for Manual Lymphatic Drainage (MLD), performed by a qualified Medicare provider such as a physical or occupational therapist, and, when certain conditions are satisfied, a pneumatic compression pump. The function of both of these treatment modalities is to reduce the volume of stagnant lymph fluid in the affected body part or parts.

The function of a compression garments is to maintain the affected body part in its reduced state and prevent it from swelling further. Without the use of compression garments, MLD and lymphedema pumps provide no lasting benefit and do not enable the patient to maintain their condition.

**Medicare does recognize and acknowledge the necessary role compression garments play in the treatment of lymphedema.**

Lymphedema pumps, if prescribed, may be covered by Medicare (per National Coverage Determination 280.6²) after “a four-week trial of conservative therapy” has shown little or no benefit. This “conservative therapy” must include the “use of an appropriate compression bandage system or compression garment”. The Decision Summary of the Decision Memo for Lymphedema Pumps (CAG 00016N³) states providers should, “Encourage patients to use compression garments between pump sessions to prevent reaccumulation of fluid.”

Pumps are generally used for an hour a day. A person cannot perform most any activity of daily living while using the pump. As demonstrated by the images below, the pump (seen left) is far different from the compression garments that must be worn continuously to prevent fluid reaccumulation. The Lymphedema Treatment Act will close the unintended gap in coverage that prevents Medicare beneficiaries from accessing medically necessary, prescribed compression garments.

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