

Medicare Proposed Rule to Implement Part B Coverage for Lymphedema Compression Treatment Items

The Lymphedema Advocacy Group focused on the following areas of importance throughout our communications with CMS, DPC, and OMB about the implementation of the Lymphedema Treatment Act. We appreciate the time these agencies have taken to research this topic and host stakeholder listening sessions, and are pleased that the proposed rule reflects these patient-centered priorities.

Individualized Care/Access to Custom-Made Supplies & Compression Garments - Covered supplies will include standard and custom fitted gradient compression garments; gradient compression wraps with adjustable straps; compression bandaging systems; and other items determined to be lymphedema compression treatment items. Additional covered items will include accessories such as zippers in garments, liners worn under garments or wraps with adjustable straps, and padding or fillers that are necessary for the effective use of a gradient compression garment or wrap with adjustable straps.

- We commend the agency's decision to cover a broad spectrum of compression supplies and accessories, to ensure that the individual needs of patients can be met.
- We understand that the criteria for coverage of custom items will be determined by NCD, LCD, and/or MAC decisions, and urge CMS to ensure that patients do not experience undue burdens or delays in being approved for custom supplies if this criteria is met.
- We appreciate that CMS is seeking feedback surrounding reimbursement for the measuring of custom garments, however, measurements are also required for standard-fit compression garments and we encourage CMS to include reimbursement for both types of garments in the final rule.

Allowable Quantities/Replacement Frequency and Exceptions - CMS proposes covering two daytime garments every 6 months, and one nighttime garment each year, per affected body part. Both day and nighttime garments can be replaced sooner if the item is lost, stolen, irreparably damaged, or if needed based on a change in the beneficiary's medical or physical condition. Compression bandaging systems will be covered without limitations during the intensive/reduction phase of treatment.

- We are satisfied that CMS proposed to provide the minimum quantity of compression garments needed for day and nighttime management.
- We applaud that the allowable quantities are per affected body part, ensuring that patients with lymphedema in multiple areas will have coverage for the number of garments they need.
- We strongly support the inclusion of exceptions for replacement, but urge CMS to ensure that patients do not encounter undue burdens or delays in being approved for replacements sooner when these criteria are met.
- We also urge CMS to ensure that compression bandaging systems are covered during the maintenance phase of treatment, for patients who use these items instead of or in addition to day and/or nighttime garments.

Vendors and Reimbursement Rates - CMS proposes that 2024 reimbursement rates will be determined based on existing reimbursement amounts used by Medicaid and Tricare, and when necessary, average online retail pricing. They also recognized the need for additional codes.

- We are very pleased to see that new/additional codes will be created specifically for non-limb areas of the body (head, neck, genitals, torso, etc.) to ensure that supplies needed to treat these areas of the body are included in coverage.
- We are concerned that the method proposed for calculating reimbursement rates could result in price discrepancies and/or very low reimbursement rates, possibly resulting in an inadequate number of vendors willing to supply these products.