

Provider Information

Insurance Coverage for Lymphedema Compression Garments and Supplies

Lymphedema Treatment Act and Who is Affected

The Lymphedema Treatment Act (LTA) is a bill that was passed by Congress in December 2022 to enable Medicare coverage for lymphedema compression garments and supplies. The new coverage went into effect on January 1, 2024. The information below is specific to traditional Medicare, however, most other insurance plans eventually follow Medicare precedent.



The official Medicare page for the new coverage can be found at [go.cms.gov/48PxTKf](https://www.go.cms.gov/48PxTKf).

Requirements for Coverage

- A lymphedema diagnosis, applicable codes are:
 - Q82.0** Hereditary lymphedema
 - I89.0** Lymphedema, not elsewhere classified
 - I97.2** Postmastectomy lymphedema syndrome
 - I97.89** Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
- A prescription for the item or items.
- Clinical notes must include the stage of lymphedema, and if a custom garment is ordered, notes must indicate why a standard-fit garment is not indicated for the patient.

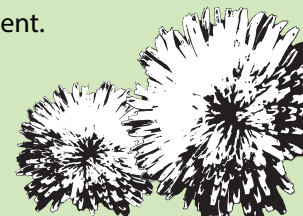
Compression Supplies Covered

- Custom and standard-fit daytime and nighttime garments.
- Custom and standard-fit gradient compression wraps with adjustable straps.
- Bandaging supplies for the initial and ongoing phases of treatment.
- Accessories including but not limited to lining, padding, zippers, donning and doffing aids.



Quantities Covered

- **Daytime Garments**
3 sets (one garment for each affected body part) every six months.
- **Nighttime Garments**
2 sets (one garment for each affected body part) every two years.
- **Bandaging Supplies**
No set limit.
- **Accessories**
No set limit, determined on a case-by-case basis depending on needs of the patient.



Guidance on How to Diagnose Lymphedema

Lymphedema is a progressive disease marked by chronic swelling in one or more parts of the body. A lymphedema diagnosis is required by Medicare and other insurance providers in order for a patient to be eligible for coverage of compression garments and supplies. Providers can diagnose lymphedema 90% of the time by evaluating risk factors and conducting a physical examination. Imaging studies are usually not necessary. For in-depth information on diagnosis, staging, and management, see the three article links to the right.



bit.ly/LEdiagnosis1



bit.ly/LEdiagnosis2



bit.ly/LEdiagnosis3

New Codes and Reimbursement Rates for Lymphedema Compression Supplies



There are 78 new codes for lymphedema compression supplies. Please consult the CMS DMEPOS Fee Schedule for the list of codes and corresponding reimbursement rates.

What details should be included on the prescription?

Clear product descriptions that correspond to the new codes are necessary. The prescription should state the body part, type of garment, compression level if applicable, and whether a standard-fit or custom-fit item is needed.

What clinical notes must be submitted with the prescription?

The clinical record must provide the rationale for the prescribed items and clearly document the medical necessity for each garment. The notes must describe the lymphedema by body part, including stage/severity, followed by the compression garment type prescribed to treat that body part. If the patient is being prescribed a custom-fit item, the notes must indicate why standard-fit is inadequate for the patient.

Example 1: Custom-fit (made to measure) daytime flat knit and nighttime padded garment request:

Insufficient: Bilateral lower extremity garments needed for lymphedema maintenance.

Sufficient: Patient presents with severe, bilateral, congenital primary lymphedema. Patient requires daytime, custom-fit, flat knit, close-toed, thigh-high garments for each leg. Custom-fit is necessary to accommodate and deliver gradient compression throughout the affected extremities due to their abnormal, disproportionate shape. Quantity 3 for each leg is needed for proper wash and wear. A nighttime custom-fit garment for each leg, toes to upper thigh, is also necessary to soften fibrotic tissue and prevent nighttime reaccumulation of swelling. Quantity 2 for each leg is needed for proper wash and wear.

Example 2: Standard-fit (ready to wear) daytime garment request:

Insufficient: Unilateral upper extremity compression garments required.

Sufficient: Patient presents with mild, unilateral, left, upper extremity lymphedema, secondary to tumor resection in 2020. Lymphedema extends throughout the extremity from fingers to the axilla. Patient requires a standard-fit, circular knit, compression sleeve and a separate compression glove. Quantity 3 of each item is needed for proper wash and wear.

