

## A new horizon of lymphedema treatment

### How to interpret the Lymphedema Treatment Act

medi® has been a proud sponsor and supporter of the Lymphedema Treatment Act since the initial bill's inception back in 2010. Now that the law has passed, it's imperative that we ensure our patient communities receive proper coverage and the best possible care for their lymphedema treatment.

### Who is covered by the LTA?

Medicare patients with a Lymphedema diagnosis of:

189.0 Lymphedema, not elsewhere classified

197.2 Postmastectomy lymphedema syndrome

197.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified

Q82.0 Hereditary lymphedema

### What is covered?

#### Daytime garments = 3 garments every six months per affected body part

- Ready-to-wear elastic compression garments (circular and flat-knit) upper, mid-line and lower extremities
- Custom elastic compression garments (circular and flat-knit) upper, mid-line and lower extremities
- Ready-to-wear inelastic compression wraps upper, mid-line and lower extremities

#### Nighttime garments = 2 garments every 2 years per affected body part

Nighttime garments are defined per the HCPC codes.

Accessories are covered on a case-by-case review and what we traditionally call options are defined as Accessories by Medicare.

Bandages As medically necessary.

Documentation Clinical notes must provide an explanation of the patient's current condition and WHY the requested compression would benefit the patient. Notes should be specific.

*Examples:*

- medical records must necessitate the use of a custom fitted gradient compression garment versus an off-the-shelf standard gradient compression garment.
- Explanation of the patient's current condition and that they would benefit from the specific garment(S) being ordered.
- Manufacturer, model and quantity you are recommending to be ordered for each patient.



## ■ How to achieve best patient outcomes?

- Lymphedema is a chronic disease. Make decisions based on the needs of patients and treat the patient for the long-term.
- Different products during different phases of treatment. Do not order custom flat-knit during the reduction phase. Stick to the treatment plan, not the reimbursement schedule.
- Mix and match product to the appropriate phase. One set of inelastic garments during the treatment and transition phase until the patient is at a stable volume level.
- As with any billing and coverage process, medical documentation is critical for the patient to have access to these new benefits. Anything stated on an Rx and order form must also be documented directly in the medical record.

## ■ What are the next steps?

- Work with your medi representative to understand the product offering and where it may fit for your patient's needs.
- Ensure you understand the billing process and expectations through reviewing all required materials on the various CMS and MAC websites.  
[Helpful CMS links](#)  
[Documentation requirements](#)  
[medi PDAC & MSRP listings](#)
- Refresh your product knowledge through a medi course – webinars, workshops, in-service, or on-demand.

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It is the responsibility of the clinical and DMEPOS providers to deliver the necessary codes and documentation according to published guidelines.