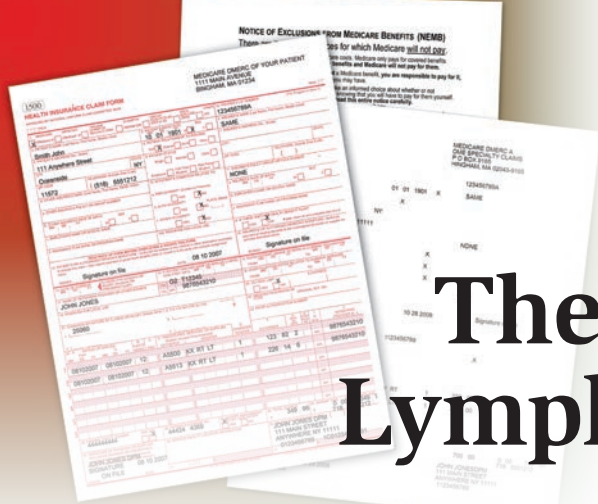

The National Lymphedema Act

Is implementing this benefit right for you?

BY PAUL KESSELMAN, DPM

January 1, 2024, ushered in a new benefit policy for Medicare beneficiaries under the provisions of the National Lymphedema Act. This benefit resulted from successful legal action taken against CMS by a single beneficiary. This month's DME for DPMs will review the policy and provide some insights as to whether implementing this benefit is right for your practice.

According to the Lymphatic Education and Research Network, approximately 250 million people worldwide and 10 million people in the United States suffer from one form of lymphedema or another… far more than those with HIV, Parkinson's, MS, muscular dystrophy, and ALS combined.

Lymphedema may be primary or secondary to lymphatic tumors, cancer, radiation, or surgical injury. Lymphedema can be life-threatening if not treated.

While lymphedema shares many signs and symptoms with chronic venous insufficiency (CVI), there are many differences. First, lymphedema rarely results in ulcerations in the distal extremities, whereas CVI often does. Second, with CVI it would be rare for the entire extremity to be edematous, whereas with lymphedema the entire foot will eventually become edematous. Third, only in the early stages will lymphedema have pitting edema and, as the lymphatic system become more compromised and fibrous, pitting will be replaced by a non-elastic skin which cannot be pinched (Stemmer's Sign—See Figure 1). Elevation with CVI will often result in reduction of edema and pain, whereas as lymphedema progresses, cannot drain, patients are at greater risk for cellulitis and sepsis.

As for early treatment, that is the basis of the remainder of this article and the new benefit category. Compression stockings have had a long history as a Medicare benefit for CVI with ulceration. However, until recently and based on the court's ruling, CMS was forced to provide benefits under what is now called the Lymphedema Act.

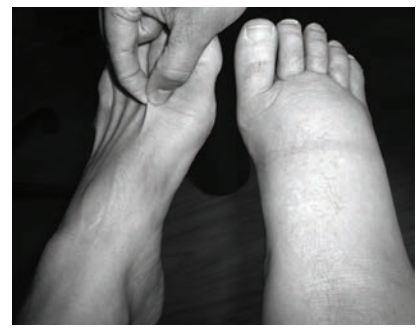

Figure 1: Stemmer's Sign

The Lymphedema Act provides coverage under a new product category of lymphedema compression (LC). As of this writing the NPE East and West have not yet added this to PECOS or the 855S, but the DME MAC have not suggested that suppliers will not need to amend their supplier profile to include this prior to providing this new product category. It is expected that a product change in your supplier profile can be accomplished within PECOS. This product category (SO4) will be available by the time this article is published.

Under the Lymphedema Act, Medicare through the DMEPOS program must provide the following:

- Compression garments, including those for daytime and nighttime, which offer different levels of compression.
- Compression bandaging systems and supplies provided during the initial decongestion phase and maintenance phases of treatment.
- Gradient compression wraps with adjustable straps.
- Necessary accessories for gradient compression garments and wraps, including:
  - — Aids for putting on and taking off (donning and doffing) items for different body parts, like lower limb butlers or foot slippers that help patients put on compression stockings.
  - — Fillers
  - — Lining
  - — Padding
  - — Zippers

How often will Medicare pay for these benefits and are any modifiers needed?

- Daytime: 3 garments per affected body part every 6 months
- Nighttime: 2 garments per affected body part every 2 years

Modifiers:

The RT/LT or both are necessary and must be billed on separate lines or the claim will be denied.

Medicare will also pay for replacement of any of the above if they are lost or stolen or irreparably damaged, or if the patient's condition changes (change in limb size). In the

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Lymphedema *(from page 37)*

latter case, the -RA modifier will be needed.

Whether the -KX modifier is needed?

Currently, the need for the -KX modifier is debatable and this question has been escalated via the Medicare Council to the DME MAC.

How will Medicare keep track of the number of stockings/garments provided and not consider those from nighttime, daytime or other body part as one global unit?

There are many HCPCS codes which not only distinguish between compression amounts, anatomical body part, and whether used for day or nighttime. For example, a daytime below knee 30-40 mmhg compression stocking (A6552), which will be common for podiatrists to prescribe or dispense, would be considered a separate benefit from an upper arm compression garment for nighttime use (e.g. A6520).

There are approximately 75 HCPCS codes which have either been added or modified to accomplish implementation of the coding for various compression stockings and wraps. The pertinent HCPCS codes and Medicare fee schedule are available on your DME MAC and CMS website.

How many units for each body part can be dispensed on one date of service?

The benefit allows for three daytime garments per body part every six months. It would seem reasonable that in such a short time, Medicare would allow for reimbursement for all three units on one date of service. Whereas for nighttime garments, it would be pertinent to dispense only one at a time, as the benefit is far less generous (two units every two years). At the current time, there is no definitive written policy from Medicare as to whether the garments can be billed on one date of service or must be spaced out over the aforementioned period of time.

Whether a search tool for same and similar will be available through the DME MAC portal is a question the Medicare Council has asked the DME MAC.

Diagnosis:

Medicare requires that patients have documentation of ***one*** of the following diagnoses as well as chart documentation to support the following ICD10:

- Lymphedema, not elsewhere classified (I89.0)
- Hereditary Lymphedema (Q82.0)
- Postmastectomy Lymphedema Syndrome (I97.2)
- Other post-procedural complications and disorders of the circulatory system, not elsewhere classified (I97.89)

There are many HCPCS codes which not only distinguish between compression amounts, anatomical body part, and whether used for day or nighttime.

Chart Documentation:

As with all documentation, a pertinent history for lymphedema should include previous surgeries, cancer, radiation therapy, primary lymphedema, previous treatments… both successful and failures.

Physical Examination:

Objective findings of limb measurements (affected vs. non-affected) as well as photographs documenting those measurements are essential. Notation and illustration of Stemmer's sign are essential.

Dispensing:

The patient must be educated on donning (applying) and doffing (removing) of the garments. If the patient is not going to be applying/removing, then documentation of the patient's aide/family member entrusted to perform this must be noted. The written proof of delivery must include the description of what was dispensed, including the long description of the HCPCS code or HCPCS code itself, or manufacturer's name/model number. The patient or authorized representative of the patient and the date and address of where the items were delivered must also be included.

Will providing lymphedema compression stockings be profitable to my practice?

This is widely variable and depends on the HCPCS code and your vendor. In most cases, the profit margin between your cost and reimbursement takes into account the time it will take you to evaluate the patient (properly measure) and determine the amount of compression the patient can tolerate.

Summary

Medicare has enacted a new benefit category for lymphedema compression stockings. There are approximately 75 HCPCS codes which have either been added or modified to include this benefit. Chart documentation of lymphedema with one of four diagnosis codes is imperative. Photographs of the patient's limb are imperative. There is currently no planned Local Carrier Determination (LCD) or Policy Article (LA). However, each DME MAC has its own resource page for coverage of Lymphedema Compression garments. These may be found on:

https://med.noridianmedicare.com/web/jadme/dmepos/lymphedema-compression-treatment

https://med.noridianmedicare.com/web/jddme/dmepos/lymphedema-compression-treatment

https://www.cgsmedicare.com/jb/pubs/news/2023/12/cope147943.html

https://www.cgsmedicare.com/jc/pubs/news/2023/12/cope147943.html **PM**

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