

Medicare Coverage for Lymphedema Compression Garments

Here's some practical advice on dispensing, billing and compliance.

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Introduction

The chronic and often debilitating condition of lymphedema affects millions globally, yet very few podiatric physicians dispense or provide compression garments for their patients in the clinical setting. The recent policy changes by Medicare under the Lymphedema Act provide much-needed coverage for compression treatment items, acknowledging the condition's severity and the necessity for proper management. However, many podiatric physicians may not be familiar with the products, compliance tools, and protocols for dispensing garments. Hopefully this article can provide some guidelines for dispensing these types of garments along with some practice management pearls.

While there are several gradient compression garments on the market that employ the code A6583, practitioners should choose the product that not only meets the criteria per the policy but that is also reasonably simple for patients to put on and off. Under the new lymphedema policy, a

patient is eligible for 3 units (A6583) per limb every 6 months, along with a liner (A6594*) which typically comes with every garment. Though there is no clarification currently as to the maximum number of liners allowed, more than one liner per garment is not medically necessary unless the prescriber can justify more.

- 197.89 Other post-procedural complications and disorders of the circulatory system, not elsewhere classified
- A standard written order for the item(s) (see Figure 1 on next page)
- Clinical notes that include the stage of lymphedema (see Figure 2

The chronic and often debilitating condition of lymphedema affects millions globally, yet very few podiatric physicians dispense or provide compression garments for their patients in the clinical setting.

The policy for 3 garments was based on wear-one, wash-one, and dry-one, so if you apply the same policy to the liners, 1 unit/garment should be sufficient. HCPCS Code A6594 is for gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each.

What Is Required for Coverage?

- A lymphedema diagnosis with one of the following codes:
 - Q82.0 Hereditary lymphedema
- I89.0 Lymphedema, not elsewhere classified
- I97.2 Post-mastectomy lymphedema syndrome

on page 95); and if ordering a custom garment, notes must indicate why a ready-to-wear garment is not indicated for the patient.

• No separate LCD is currently available for the use of A6583.

The product that I keep in stock to supply for venous ulceration utilizing the product code A6545 (30-50 mmHg gradient compression wrap, non-elastic) is also the same product that is PDAC-approved for lymphedema using the product code A6583 (Gradient Compression warp/adjustable straps, 30-50mmHg). This par-

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ticular product, that utilizes a zipper and bungee combination with large tabs, is designed to make independent application and adjustment easy for patients, especially those who are obese or those who lack dexterity. Staff can easily measure the leg (length), calf, and ankle (Figure 2) to determine the best fit, and then either dispense the product in the office from stock or have the option of billing and dispensing the product using a patient-direction option. This allows for the product to be billed by the office, yet shipped to the patient directly.

Achieving a compression level of 30-50 mmHg therapeutic compression, the product works well for patients as it employs a lightweight, air-permeable fabric with less sweat, hot spots, and pistoning (Figure 3).

Compliance

As indicated previously, dispensing compression garments requires a standard written order (Figure 1), or this same information must be incorporated into the note if the supplier is also the dispenser. Although A6583 is NOT separately payable during a Part A SNF stay, A6583 is separately payable during a home health episode. Also, A6583 would be separately payable if unrelated to a hospice diagnosis. When the item is billed unrelated to the hospice diagnosis, the GW modifier should be appended to the claim line.

The items that are essential in a standard written order for prescribing compression garments include:

- Name of the brand or specific product being dispensed with code description (A6583). The description of the item can be a general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number.
 - Beneficiary's name or MBI
 - Order date
 - Quantity to be dispensed
- Treating practitioner name or NPI
 - Treating practitioner's signature

NEW!	STANDARD WRITTEN ORDER (COMPRESSION GARMENTS
	DIAMBAND WIND LIT OND LIT (COMINICACION GANIMENTO

ORDER DATE: BE	BENEFICIARY (PATIENT) NAME/MBI:								
PRACTICE NAME:									
TREATING PRACTITIONER'S NAME/NPI:									
LYMPHEDEMA COMPRESSION GARMENT (HCPCS Code: A6583) Indicate size for each garment with "\". Note quantity of garments after size.									
LEFT LEG	HCPCS				SIZE			HEIGHT	COLOR
EXTREMIT-EASE® Lymphedema	A6583	□ xs	□ s	_ D M	L	_		☐ Regular ☐ Tall	☐ Black ☐ Tan
RIGHT LEG	HCPCS				SIZE			HEIGHT	COLOR
EXTREMIT-EASE® Lymphedema	A6583	□ xs	s	M	L	XL		☐ Regular ☐ Tall	☐ Black ☐ Tan
LYMPHEDEMA GARMENT LINER (HCPCS Code: A6594) Indicate size for each liner with * √*. Note quantity of liners after size.									
EXTREMIT-EASE® Garment Liner (Tan)	A6594			□ S/M			□ L/XL		
EVTDEMIT FASE® Cormont Liner (Gray)	A6594		□ ve	Пс	Пм		□vi	□ vvi	

Comes with (1) Garment, (1) Garment Liner, and (1) Mesh Bag

VENOUS STASIS COMPRESSION GARMENT (HCPCS Code: A6545) Indicate size for each garment with "\". Note quantity of garments after size.						
LEFT LEG	HCPCS	SIZE Note quantity of garments after size. HEIGHT COLC				
EXTREMIT-EASE® Venous Stasis	A6545	□ XS □ S □ M □ L □ XL □ XXL	☐ Regular ☐ Tall	☐ Black ☐ Tan		
RIGHT LEG	HCPCS	SIZE Note quantity of garments after size.		COLOR		
EXTREMIT-EASE® Venous Stasis	A6545	□ XS □ S □ M □ L □ XL □ XXL	☐ Regular ☐ Tall	☐ Black ☐ Tan		

- List of 30 Standards and Complaint Resolution Form Dispensed to Patient.
- Patient / Family Educated Regarding How to Apply and Use at Home

TREATING PRACTITIONER'S SIGNATURE:					
ADDITIONAL NOTES:					

In the initial phase, lymphedema may be mistaken for typical venous edema due to its general

appearance as mere swelling.

When the prescribing practitioner is also the supplier and is permitted to furnish specific items of DMEPOS, a separate order is not required, provided the medical record contains all of the required order elements.

Figure 1: Standard Written Order for A6583, A6594

In the initial phase, lymphedema may be mistaken for typical venous edema due to its general appearance as mere swelling. At this juncture, you may see distinguishable pitting, a soft skin texture, and a temporary reduction in swelling upon elevating the affected limb. However, as lymphedema advances, pitting no longer occurs, the skin becomes firmer, and elevation fails to mitigate the swelling. The condition can also lead to significant psychological distress due to its potential to cause disfigurement. Moreover, the threat of second-

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ary lymphedema is persistent, with symptoms possibly emerging years after the initial causative event.

Consider documenting at least one or more of the following clinical manifestations when prescribing compression garments for lymphedema:

- Swelling in one part of the body (arms, legs, chest, genitals, etc.)
- Feelings of heaviness or fullness in an arm or leg.
- New aching, tingling, or numbness in an extremity.
- Trouble fitting arms or legs into clothing or wearing watches or jewelry despite not gaining weight.
- Skin changes including the skin feeling tight or skin color changes.
 - Tightness in the joints
 - Restricted range of motion
 - Red or puffy skin
 - A feeling of burning or itching
- Hardening and thickening of the skin (fibrosis)

STAGES OF LYMPHEDEMA 2 STAGE 0: STAGE 1: STAGE 2: STAGE 3: In the subclinical stage, a patient has Intermittent swelling that resolves with Permanent swelling Onset of elephantiasis, resembled by thick abnormal flow in their elevation skin with wart-like lymphatic system arowths and may experience pain, heaviness, and pain without signs of swelling. Source: Johns Hopkins Medicine

Figure 2: Johns Hopkins Stages of Lymphedema

- Pitting of the skin (gently pushing on your skin leaves an indent)
- Lymphedema usually involves swelling of the foot while venous insufficiency only involves the leg and ankle.
- Swelling at the base of the second digit is a common indicator of lymphedema.
- Lymphedema is commonly differentiated from chronic venous

insufficiency (CVI) through its lack of ulcerations and the development of non-pitting edema as the disease advances.

• Inability to pinch the skin of the dorsum of the foot or hand (Stemmer's sign)

Coding/Documentation Pearls

The use of RT/LT is required, Continued on page 96



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billed on separate lines when billing compression garments. Additionally, providing the measurements (Figure 4) for the affected limb(s) is recommended as well as photographic evidence (see Figure 5). A signed proof of delivery (POD) is also essential for dispensing and will consist of a detailed description and specifications of the dispensed items along with the following:

- Patient name
- Delivery address
- Detailed description of item(s)

(i.e., narrative description or brand name/model #)

- · Quantity delivered
- Date received by patient
- Patient/designee signature and printed name (if designee signs, relationship should be noted)

Dispensing and Delivery

Education on garment application and removal is mandatory, with documentation if performed by an aide or family member. Care must be taken to document that time was taken to adequately train and educate the patient regarding the use and care of their compression garments.



Figure 3: Compression Garment PDAC approved for A6583

Reimbursement

The average acquisition cost for an A6583 compression garment is somewhere between \$55-70/Unit/Leg, while the average reimbursement for HCPCS Code A6583 is approximately \$151.38/Unit/Leg. Considering that a supplier is allowed to dispense 3 garments per limb every 6 months, reimbursement is profitable.

Fitting, Education, and Compliance

Although measurement is easy and quick, fitting and educating can take some time in the clinical setting. Many patients will be hesitant to try something new, especially something that takes practice, patience, and diligence to don and doff. Many patients will find it easy to use these garments, some will find it challenging, and for others, it may be impossible without help.

Individuals suffering from lymphedema often face various psychological and social challenges. Podiatric physicians who encounter patients with venous disorders, lymphatic anomalies, or secondary lymphedema are in a prime position to supportively address these issues. Providing the patient with reimbursable and effective tools to help address their condition can be

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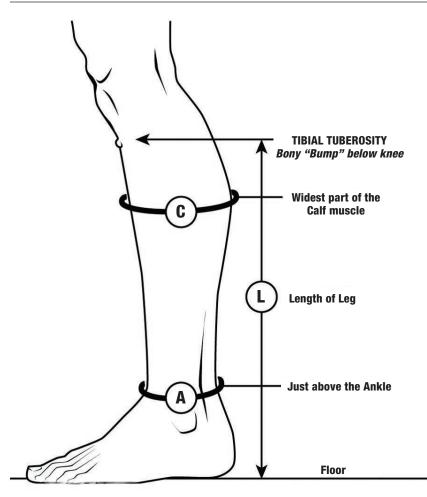


Figure 4: Standard Measurements Required for A6583



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extremely gratifying and life-changing for the patient.

It is crucial in clinical environments to have a thorough knowledge of the tools available to address your patients' chronic conditions and engage them empathetically, acknowledging the hardships and aggravations they endure. Podiatric professionals should develop the ability to identify these challenges, evaluate patients for related issues, and guide them toward the necessary tools to help them.

Furthermore, it is beneficial to ask the patient to bring with them family members, care providers, or friends who can help and encourage them to deal with the physical and emotional challenges when it comes



Figure 5: Bilateral Lymphedema

to learning and implementing new compression garments. Always try to have a family member or caregiver in the room when dispensing. If no one is available, ask your patients to video the process of application on their phone.

Patient compliance with the use of compression stockings for treating chronic venous insufficiency (CVI) or lymphedema is poor. This lack of compliance is a contributing factor to the recurrence, pain, and chronicity of these conditions. Therefore, it

is essential to measure correctly the first time and take the time to train your staff to be consistent with measurements so that the right product can be dispensed the first time. Many vendors offer free training on how to measure and dispense their garments

ery service's (UPS, FedEx) tracking information.

Conclusion

Finally, be mindful that while most insurances will provide coverage for these garments as outlined

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and it is advantageous to use these opportunities.

Everyone will have different shapes and contours to their legs

and as this is the case, having stock on hand when dispensing is essential. If there's not a full stock, a fitting pair of each size can make it much easier to ascertain the size so that the correct garment is dispensed. Even with the correctly-sized and fitted garment, the fit may not always be perfect. Preparing patients for this reality is vital. If the patient's measurements lie between two sizes (e.g., large/medium), it is appropriate to consider dispensing 1 large and 2 medium with the anticipation of the limb reducing in size over the next 6 months.

Fortunately, patient-direct options are available whereby the physician can measure and identify the right size with a 'fitting pair' of garments and then have the garment mailed to the patient's home.

This allows the physician to still bill for the items without the need for carrying stock. This method only works if the physician measures and educates the patient with the correct 'fitting pair' while in the office. Find out if your vendor offers a patient-direct option for your patients. When using the patient-direct option, the proof of delivery documentation can be the tracking record demonstrating delivery to the beneficiary. An example of an acceptable POD would include both the supplier's own detailed shipping invoice and the deliv-

above, some insurances have co-pays and deductibles that can impact reimbursement. Make sure that you identify which payers require pre-authorization and which apply deductibles so that you can collect accordingly at the time of service.

The purpose of compression garments for lymphedema is to stimulate the lymphatic system to encourage the movement and drainage of lymphatic fluid. These devices work using gradual sequential compression, which helps push fluid in a certain direction by gently applying pressure thereby providing relief from some of the pain and swelling that occurs in the lower extremity.

Getting involved in the care of lymphedema is not only rewarding clinically but can be a smart practice management ancillary service that can add to your bottom line. Educating yourself and your staff on how to use, measure, and document for the dispensing of compression garments is not difficult and will pay dividends if you do it right. **PM**



Dr. Jonathan Moore is a board-certified physician nationally and internationally recognized for his expertise across several disciplines, including medical economics, fall prevention, wound care and biomechanics. Moore is the founder and former managing partner

of Cumberland Foot and Ankle Centers of Kentucky, now a division of Upperline Health. Moore has served as a board member and fellow of the AAPPM for over 15 years.