



*"Specializing in Ready-To-Wear Compression Garments"*

## **Medicare Lymphedema Treatment Act Provider Reference Guide**

- **ICD-10 Diagnoses Codes Covered**

- I89.0 – Lymphedema, not elsewhere classified.
- Q82.0 – Hereditary Lymphedema
- I97.2 – Post Mastectomy Syndrome
- I97.89 – Other post-procedural complications and disorders of the circulatory system, not otherwise classified.

- **Medicare allows:**

- **3 units (Stockings, Wraps, Sleeves, Gauntlets, or Gloves) per affected limb every 6 months**
  - **Example: 3 units, Bilateral, 1 refill**
- **2 Nighttime Garments per affected limb every two years**

## **Required Documentation in the Patient's Chart Note**

**Please include:**

1. **Active Diagnosis:** (Must be one of the four ICD-10 codes listed above)  
*e.g., "Lymphedema of the left lower or Post-Mastectomy Syndrome"*
2. **Type of Garment Recommended:**  
*e.g., "Patient requires below-knee compression stockings"*  
*or "Patient requires upper extremity compression sleeve and gauntlet."*
3. **Compression Strength:**  
*e.g., "20-30 mmHg" or "30-40 mmHg, 40-50 mmHg"*
4. **Instructions for Wear / Length of Need:**
  - **What side of body to wear it on:** *e.g., "Right", "Left", or "Bilateral"*
  - **When to wear:** *e.g., "Daily wear during waking hours"*
  - **How long to wear:** *e.g., "Indefinitely for lifelong management"*
5. **Clinical Justification:**  
*e.g., "To control swelling, prevent skin breakdown, and reduce risk of infection."*

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**As a supplier billing to Medicare for garments we are subject to random audits on claims and need to have detailed documentation from the prescribing provider and/or the CLT. Documenting what is being ordered and why helps us on audit and ensures that the patients can get their supplies timely.**

**For any questions please contact:**

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## **Medicare Patients with Lymphedema: Sample Documentation**

*(The examples below are sample documentation only for the proper medical necessity documentation of some compression garments for lymphedema patients)*

### **Inelastic Compression Wraps Lower Extremity Below Knee and Foot/Ankle:**

- e.g., "The patient requires \_\_\_\_\_ mmHg compression wraps below the knee for the (Right, Left, or Bilateral) lower extremity. This is to be worn for the management and maintenance of lymphedema. These garments should be worn daily to control swelling. This patient will need to wear these garments indefinitely for lifelong management."

### **Inelastic Compression Wraps Lower Extremity Full Leg and Foot/Ankle:**

- e.g., "The patient requires \_\_\_\_\_ mmHg compression wraps on the full leg and foot for the (Right, Left, or Bilateral) lower extremity. This is to be worn for the management and maintenance of lymphedema. These garments should be worn daily to control swelling. This patient will need to wear these garments indefinitely for lifelong management."

### **Inelastic Compression Wraps Upper Extremity and Hand:**

- e.g., "The patient requires \_\_\_\_\_ mmHg compression wraps for the (Right, Left, or Bilateral) upper extremity and hand. This is to be worn for the management and maintenance of lymphedema. These garments should be worn daily to control swelling. This patient will need to wear these garments indefinitely for lifelong management."

### **Compression Stockings (Knee / Thigh/ Waist High)**

- e.g., "The patient requires \_\_\_\_\_ mmHg compression stockings to be worn (below knee, above knee, waist high) for the (Right, Left, or Bilateral) lower extremities. This is to be worn for the management and maintenance of lymphedema. These garments should be worn daily to control swelling. This patient will need to wear these garments indefinitely for lifelong management."

### **Upper Extremity Arm Sleeve/Gauntlets/Gloves**

- e.g., "The patient requires \_\_\_\_\_ mmHg compression sleeves to be worn on the (arm, hand, or both) for the (Right, Left, or Bilateral) upper extremities for lymphedema related swelling related to post-mastectomy syndrome." This patient will need to wear these garments indefinitely for lifelong management."

### **Nighttime Garments**

- e.g., "The patient requires nighttime compression garments to be worn on the (arm, hand, or both) for the (Right, Left, or Bilateral) upper extremities for lymphedema related swelling while sleeping."

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