

# Lymphedema Treatment Act FAQs

## What is the Lymphedema Treatment Act?

The Lymphedema Treatment Act is a federal law passed on December 23, 2022, to improve Medicare insurance coverage for the medically necessary, doctor-prescribed compression supplies that are the cornerstone of lymphedema treatment. The federal law was designed to improve Medicare coverage for products that help treat and manage lymphedema.

## How do I qualify for coverage under the Lymphedema Treatment Act?

To be eligible for compression garments under the LTA, you must have Medicare Part B, and one of the four following diagnoses from an authorized healthcare provider:

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

## What does my Healthcare Provider have to do for me to obtain these supplies through Medicare?

For Medicare to consider payment for these items through an accredited DMEPOS supplier, you must meet the following criteria:

- Be under the care of an authorized healthcare provider within the past 6 months, in which they would have a documented plan of care in your medical record for treating your lymphedema condition.
- Have a signed prescription or Standard Written Order from your authorized healthcare provider for these items.

As your compression garment supplier, we will evaluate the supporting medical records from your healthcare providers including your prescribing physician and your lymphedema therapist if you are receiving treating with one.

It is important to note that Medicare coverage is limited based on established reimbursement rates and that not all lymphedema products may be covered.

## Will Medicare pay for these items if I am eligible?

If Medicare Part B pays for your Lymphedema compression garment supplies, after your yearly deductible has been met, then Medicare will generally cover 80% of the approved amount for the supplies. You are responsible for the 20% co-insurance that Medicare does not pay for.

## What products and services are covered under the Lymphedema Treatment Act?

Medicare Part B may cover the following:

- Daytime use compression garments – 3 per affected body part every 6 months. This includes ready-to-wear and custom garments, both flat-knit and circular-knit stockings and inelastic wraps. These items include: Knee High, Thigh High, Waist high/Pantyhose, Thigh High w/ waist attachment (Chaps), Arm Sleeves, Gloves, Gauntlets, and Inelastic Wraps. Minimum Compression levels apply depending on the items.
- Night care garments: 2 nighttime garments every 24 months.
- Bandaging – specific amounts and duration are not yet specified.
- 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 (for Custom Garments)