



Lymphedema Compression Treatment Items: Implementation

Related CR Release Date: January 24, 2024 & July 18, 2024

MLN Matters Number: MM13286 **Revised**

Effective Date: January 1, 2024 & January 1, 2025

Related Change Request (CR) Number: [CR 13286](#) & [CR 13670](#)

Implementation Date: January 2, 2024 & January 6, 2025

Related CR Transmittal Number: R12471CP & R12725OTN

Related CR Title: CR 13286 - Implementation of New Benefit Category for Lymphedema Compression Treatment Items; **CR 13670 - Implementation of Common Working File (CWF) Edits to Prevent Duplicate Payments for Compression Bandaging Systems**

What's Changed: We added information on how to prevent claims denial due to duplicate payments for compression bandaging systems (pages 1 & 4). Substantive content changes are in dark red.

Affected Providers

- Physicians
- Suppliers
- **Institutional providers**
- Therapists billing Medicare Administrative Contractors (MACs) for DMEPOS they provide to Medicare patients

Action Needed

Make sure your billing staff knows about the new Medicare DMEPOS benefit category starting January 1, 2024, including:

- Codes
- Billing
- Payment

Background

CR 13286 Changes – Effective January 1, 2024

Section 4133 of the [Consolidated Appropriations Act](#) (CAA), 2023, establishes a new Medicare DMEPOS benefit category for standard and custom-fitted compression garments and additional

lymphedema compression treatment items to service a medical purpose.

Starting January 1, 2024, authorized practitioners may prescribe these items to treat lymphedema. Medicare didn't cover compression garments for treating lymphedema before the CAA legislation as there was no benefit category.

CMS will add 2 new indicators to the Alpha-Numeric HCPCS file for lymphedema compression treatment items:

- A HCPCS pricing indicator of 40
- A HCPCS Berenson-Eggers Type of Service (BETOS) Code of O1L

TOS indicator S will apply to the new codes for lymphedema compression treatment items. The [January 2024 Alpha-Numeric HCPCS file](#) includes these pricing indicators.

We added a new Common Working File (CWF) category for lymphedema compression treatment items. Some codes that describe lymphedema compression treatment items, A6530-A6549, are currently in CWF category 21 for surgical dressings, with codes A6531, A6532, and A6545 describing garments currently covered as secondary surgical dressings. We're keeping codes A6531, A6532, and A6545, with a modification to the descriptor to add "used as a surgical dressing," for use in billing surgical dressings. Starting January 1, 2024, use the following new codes with lymphedema compression treatment items only:

- A6552 - Gradient compression stocking, below knee, 30-40 mmhg, each
- A6554 - Gradient compression stocking, below knee, 40 mmhg or greater, each
- A6583 - Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each

Per Section 4133 of the CAA, 2023, only enrolled DMEPOS suppliers may provide lymphedema compression treatment items. The DME MACs will process all claims for lymphedema compression treatment items. We've added the codes for these items to CWF category 60, as well as the new CWF category added specifically for these items. Suppliers of lymphedema compression treatment items are subject to the DMEPOS:

- Supplier standards
- Accreditation requirements
- Quality standards
- All other requirements that apply to enrolled DMEPOS suppliers

Lymphedema compression treatment items are subject to the DMEPOS Competitive Bidding Program (CBP).

We added lymphedema compression treatment item codes and national Medicare payment amounts to the DMEPOS fee schedule file for processing claims with dates of service on or after January 1, 2024. **Coinsurance and the Medicare Part B deductible apply.** Payment is equal to 80% of the lesser of the supplier's actual charge or the national payment amount on the

DMEPOS fee schedule file. We'll update the national payment amounts annually. Also, the field on the DMEPOS fee schedule file for the payment category indicator for lymphedema compression treatment items codes includes indicator LC for lymphedema compression treatment items.

Tips for billing:

- We'll deny payment if you submit a claim for lymphedema treatment items that don't have an appropriate diagnosis for lymphedema
- You can bill for lymphedema compression treatment items for more than 1 body part or area per patient
- You can bill for both a daytime and nighttime garment for the same body part or area per patient

The general scope of the new benefit includes the following:

- Standard daytime gradient compression garments
- Custom daytime gradient compression garments
- Nighttime gradient compression garments
- Gradient compression wraps
- Accessories, such as zippers, linings, paddings, or fillers, necessary for the effective use of a gradient compression garment or wrap
- Compression bandaging systems and supplies

Custom-fitted or non-standard garments are uniquely sized and shaped to fit the exact dimensions of the affected extremity of a person to give accurate gradient compression to treat lymphedema. Gradient compression garments are designed differently for daytime or nighttime use. Daytime garments give a higher level of compression. Nighttime garments offer milder compression and are less snug against the skin.

Payment for all necessary services associated with providing gradient compression garments and wraps, including fitting and measurements, is included in the national payment amounts made to the supplier of the item.

The frequency limitations for replacement of lymphedema compression treatment items are:

- Once every 6 months for 3 gradient compression garments or wraps with adjustable straps per each affected extremity or part of the body
- Once every 2 years for 2 nighttime garments per each affected extremity or part of the body

We'll deny payment if you exceed frequency limitations unless a replacement is needed due to a change in medical need or because a garment or wrap is lost, stolen, or irreparably damaged. When you bill for replacement, you must use the RA modifier.

CR 13670 Changes – Effective January 1, 2025

Starting January 1, 2025, we'll deny lymphedema compression treatment bandaging HCPCS Level II A codes when there's a duplicative payment made for the same date of service for a claim containing CPT® codes 29581 or 29584 for a patient with a diagnosis of lymphedema.

Compression bandaging systems are part of the new Part B benefit category for lymphedema compression treatment items under regulations at [42 CFR 410.36\(4\)\(iii\)](#). Compression bandaging systems are a combination of individual lymphedema compression bandages and related supplies and kits.

CPT codes 29581 and 29584 include payment for the bandaging systems. So, we don't allow separate billing of the lymphedema compression treatment bandaging systems Level II HCPCS A codes in conjunction with these CPT codes.

You may provide bandaging at different phases (for example, phase one intensive/decongestive phase) of the patient's treatment of lymphedema. The use of bandaging can continue at various stages of lymphedema as long as medically necessary.

Providers who can bill for the service of applying the bandages using CPT codes 29581 and 29584 are:

- Private practice physical and occupational therapists
- Physicians and nonphysician practitioners where physical therapists and outpatient therapists provide the services incident to a physician's service
- Physicians and nonphysician practitioners in the outpatient hospital setting
- Outpatient hospitals
- Skilled nursing facilities
- Home health agencies
- Rehabilitation agencies
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals

If the date of service on 1 or more of the 16 lymphedema compression treatment bandaging HCPCS Level II A codes match the date of service for a claim containing CPT codes 29581 or 29584, we'll deny the purchased lymphedema compression treatment bandaging HCPCS Level II A codes.

The lymphedema compression treatment bandaging HCPCS Level II A codes are identified in the [attachment to CR 13670](#).

More Information

We issued CRs 13286 and 13670 to your MAC as the official instructions for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
July 18, 2024	We added information on how to prevent claims denial due to duplicate payments for compression bandaging systems (pages 1 & 4). Substantive content changes are in dark red.
January 24, 2024	We made no substantive changes to the Article other than to update the web address of the CR transmittal.
November 27, 2023	We made no substantive changes to the Article other than to update the web address of the CR transmittal.
November 13, 2023	Initial article released.

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