

Insurance Coverage for Lymphedema Compression Garments and Supplies

Lymphedema Treatment Act and Who is Affected

The Lymphedema Treatment Act (LTA) is a bill that was passed by Congress in December 2022 to enable Medicare coverage for lymphedema compression garments and supplies. The new coverage went into effect on January 1, 2024. The information below is specific to traditional Medicare, however, most other insurance plans eventually follow Medicare precedent.



The official Medicare page for the new coverage can be found at go.cms.gov/48PxTKf.

Requirements for Coverage

- A lymphedema diagnosis, applicable codes are:
 - Q82.0** Hereditary lymphedema
 - I89.0** Lymphedema, not elsewhere classified
 - I97.2** Postmastectomy lymphedema syndrome
 - I97.89** Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
- A prescription for the item or items.
- Clinical notes must include the stage of lymphedema, and if a custom garment is ordered, notes must indicate why a standard-fit garment is not indicated for the patient.

Compression Supplies Covered

- Custom and standard-fit daytime and nighttime garments.
- Custom and standard-fit gradient compression wraps with adjustable straps.
- Bandaging supplies for the initial and ongoing phases of treatment.
- Accessories including but not limited to lining, padding, zippers, donning and doffing aids.



Quantities Covered

- **Daytime Garments**
3 sets (one garment for each affected body part) every six months.
- **Nighttime Garments**
2 sets (one garment for each affected body part) every two years.
- **Bandaging Supplies**
No set limit.
- **Accessories**
No set limit, determined on a case-by-case basis depending on needs of the patient.



What will my out-of-pocket costs be?

Traditional Medicare covers compression supplies under Part B, so the annual Part B deductible and 20% coinsurance apply. If you have a secondary or supplemental plan, it should cover the 20%. Out-of-pocket costs for Medicare Advantage and all other types of insurance will vary depending on the specific terms of the plan. They will likely be subject to the same copays and deductibles as other supplies covered under the DMEPOS (Durable Medical Equipment, Prosthetic, and Orthotic Supplies) section of the policy.

What can I do if the compression supplies I need are denied?

We recommend appealing every insurance denial. Many patients win their appeals. Further, the documentation of denials can help guide future policy changes. If you choose to appeal a denial, follow the procedures outlined in your insurance plan. We also recommend that you enlist the help of other departments and agencies as appropriate. If you have employer-based insurance, especially a self-funded plan, contact your HR representative. If you have private or state-based plans, contact your state's insurance department to file a complaint and request assistance with your appeal. If you have Medicare or a Medicare Advantage plan, contact your House and/or Senate congressional offices, which have case workers to assist constituents.

Where can I purchase my compression supplies?



Compression Suppliers In order to maximize the insurance benefits available to you and minimize your out-of-pocket costs, make sure to use an in-network supplier. If you have any insurance other than traditional Medicare, you can find this information by contacting your plan's customer service or website. If you have traditional Medicare, note that there are two categories of Medicare suppliers. Those who accept claims "on-assignment" can only charge the Medicare approved amounts. Those who accept claims as "non-participating" may bill more than the Medicare approved amount, and pass that additional amount onto the patient. Until the Medicare Equipment and Supplier Search Tool on Medicare.gov has been updated to include compression, you can find a list of suppliers on our website.

What if my insurance plan doesn't cover lymphedema compression supplies yet?



Take Action Most other insurance plans follow Medicare precedent, but it will take time for different plans to adopt the same comprehensive coverage that Medicare began offering on January 1, 2024. You can hasten this process by following the steps on our website's **Take Action** page (bit.ly/ActionPage), where we provide a template letter and instructions for contacting your insurance company.

