



Lymphedema Compression Treatment Items: Implementation

Related CR Release Date: November 9, 2023

MLN Matters Number: MM13286

Effective Date: January 1, 2024

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

Implementation Date: January 2, 2024

Related CR Transmittal Number: R12359CP

Related CR Title: Implementation of New Benefit Category for Lymphedema Compression Treatment Items

Affected Providers

- Physicians
- Suppliers
- 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

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](#) will include these pricing indicators.

We'll also add 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'll add 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 will be 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'll add 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 will include 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 an 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.

More Information

We issued CR 13286 to your MAC as the official instruction for this change.

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

Document History

Date of Change	Description
November 13, 2023	Initial article released.

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