CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12359	**Date: November 9, 2023**
	Change Request 13286

Transmittal 12164 issued July 28, 2023, is being rescinded and replaced by Transmittal 12359, dated November 9, 2023, to reflect the final policies in the Calendar Year (CY) 2024 Home Health Prospective Payment System Final Rule. Business Requirements (BRs) 13286.1, 13286.1.1, 13286.7, 13286.8, 13286.8.1, 13286.8.1.1, and 13286.9 were updated to reflect the new Healthcare Common Procedure Code System (HCPCS) Attachment and BR 13286.1.2 was added. This correction also updates the IOM chapter 20 section 181 as well as the background and policy sections. All other information remains the same.

Note: This Transmittal is no longer sensitive and is being re-communicated November 9, 2023. This instruction may now be posted to the Internet.

SUBJECT: Implementation of New Benefit Category for Lymphedema Compression Treatment Items

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement a new benefit category for lymphedema compression treatment items.

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	20/181/Lymphedema Compression Treatment Benefit

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding

continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 12359	Date: November 9, 2023	Change Request: 13286

Transmittal 12164 issued July 28, 2023, is being rescinded and replaced by Transmittal 12359, dated November 9, 2023, to reflect the final policies in the Calendar Year (CY) 2024 Home Health Prospective Payment System Final Rule. Business Requirements (BRs) 13286.1, 13286.1.1, 13286.7, 13286.8, 13286.8.1, 13286.8.1.1, and 13286.9 were updated to reflect the new Healthcare Common Procedure Code System (HCPCS) Attachment and BR 13286.1.2 was added. This correction also updates the IOM chapter 20 section 181 as well as the background and policy sections. All other information remains the same.

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SUBJECT: Implementation of New Benefit Category for Lymphedema Compression Treatment Items

EFFECTIVE DATE: January 1, 2024
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: January 2, 2024

I. GENERAL INFORMATION

A. Background: Section 4133 of the Consolidated Appropriations Act (CAA), 2023, establishes a new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) benefit category for standard and custom fitted compression garments and additional lymphedema compression treatment items that are primarily and customarily used to serve a medical purpose, are for the treatment of lymphedema, and are prescribed by an authorized practitioner effective for items furnished on or after January 1, 2024. Compression garments for treatment of lymphedema has been non-covered by Medicare because, prior to the CAA, there has not been a benefit category.

The Centers for Medicare & Medicaid Services (CMS) is establishing the benefit and payment policies for lymphedema compression treatment items through notice and comment rulemaking with the final rule taking effect on January 1, 2024.

The general scope of the new lymphedema compression treatment items benefit, includes the following categories of items identified and described under the Healthcare Common Procedure Coding System (HCPCS):

- Standard daytime gradient compression garments;

• Custom daytime gradient compression garments;

• Nighttime gradient compression garments;

• Gradient compression wraps;

• Accessories (e.g., zippers, linings, padding or fillers, etc.) necessary for the effective use of a gradient compression garment or wrap; and

• Compression bandaging systems/supplies.

Note that the HCPCS codes included under the new benefit category are established through the calendar year 2024 rulemaking (https://www.federalregister.gov/public-inspection/2023-24455/medicare-program-calendar-year-2024-home-health-prospective-payment-system-rate-update-quality). The list of the HCPCS codes included under the new benefit category are available in the attachment and are effective January 1, 2024. Future changes to the HCPCS codes will be established using the HCPCS public meeting process described at:

https://www.cms.gov/medicare/coding/medhcpcsgeninfo/hcpcspublicmeetings

B. Policy: As indicated above, the items included under the new benefit for lymphedema compression treatment items are identified and described under the HCPCS. Two new indicators will be added to the Alpha-Numeric HCPCS file to recognize lymphedema compression treatment items. A HCPCS pricing indicator of '40' and a HCPCS Berenson-Eggers Type of Service (BETOS) Code of 'O1L' will identify lymphedema compression treatment items on the HCPCS file. 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 and will be available on the CMS website at

https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update

A new CWF category will be added for lymphedema compression treatment items. Some of the codes that may be used to describe lymphedema compression treatment items (A6530-A6549) are currently in CWF category 21 for surgical dressings, with codes A6531, A6532, and A6545 describing garments that are currently covered as secondary surgical dressings. We are retaining codes A6531, A6532, and A6545, with a modification to the descriptor to add "used as a surgical dressing," for use in billing surgical dressings and establishing the following new codes, effective January 1, 2024, for use 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

Section 4133 of the CAA, 2023, amended section 1834(j)(5) to add lymphedema compression treatment items to the list of items that can only be furnished by enrolled DMEPOS suppliers; therefore, all claims for lymphedema compression treatment items will be processed by the DME MACs and the codes for these items will be added to CWF category 60 as well as the new CWF category added specifically for these items. The suppliers of lymphedema compression treatment items will be subject to the DMEPOS supplier standards, accreditation, quality standards, and all other requirements that apply to enrolled DMEPOS suppliers.

Section 4133 of the CAA, 2023, amended section 1847(a)(2) of the Act to mandate inclusion of lymphedema compression treatment items under the DMEPOS Competitive Bidding Program.

National payment amounts for the items are established in accordance with newly added section 1834(z) of the Act. The codes for the lymphedema compression treatment items and national Medicare payment amounts established in accordance with section 1834(z) of the Act will be added to the DMEPOS fee schedule file for processing claims with dates of service on or after January 1, 2024. Coinsurance and the Part B deductible apply. Payment is equal to 80 percent of the lesser of the supplier's actual charge or the national payment amount located on the DMEPOS fee schedule file. The national payment amounts will be updated on an annual basis. Additionally, the field on the DMEPOS fee schedule file for the payment category indicator for lymphedema compression treatment items codes will include the following indicator where the national

payment amounts are calculated in accordance with the statute under section 1834(z):

LC = lymphedema compression treatment items

Coverage of lymphedema compression treatment items is available under the new benefit for use in treating beneficiaries with any diagnosis of lymphedema. Coverage under the new benefit for any non-lymphedema diagnosis is prohibited.

Custom fitted (custom or non-standard) garments are uniquely sized and shaped to fit the exact dimensions of the affected extremity of an individual to provide accurate gradient compression to treat lymphedema. Payment for all necessary services associated with furnishing gradient compression garments and wraps, including fitting and measurements is included in the national payment amounts made to the supplier of the item.

Gradient compression garments are designed differently for daytime or nighttime use. Those meant for daytime provide a higher level of compression while those for nighttime offer milder compression and are less snug against the skin. Section 1834(z)(2) of the Act provides authority for establishing frequency limitations for lymphedema compression treatment items. The following frequency limitations apply to replacements of lymphedema compression treatment items if determined to be reasonable and necessary for the treatment of lymphedema:

(1) Payment for three gradient compression garments or wraps with adjustable straps per each affected extremity or part of the body can be made once every 6 months.

(2) Payment for two nighttime garments per each affected extremity or part of the body once every two years.

Compression bandaging supplies are furnished during Phase 1 (acute or decongestive therapy) and Phase 2 (maintenance phase of therapy.) The therapists and other suppliers furnishing bandaging systems need to be enrolled DMEPOS suppliers in order to be paid for furnishing these items. There are no frequency limitations for compression bandaging supplies. The quantity of supplies needed, and the frequency of replacement is at the discretion of the DME MAC.

Accessories (e.g., zippers, linings, padding or fillers, etc.) necessary for the effective use of a lymphedema compression treatment item would also fall under this new benefit. For example, a liner that is used with a garment could be covered under the new benefit if it is determined that it is needed to prevent skin breakdown associated with wearing the garment.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13286.1	CWF shall create a new category for Lymphedema Compression Treatment Items. CWF shall add the HCPCS codes in the Attachment to the new				X				X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Lymphedema Compression Treatment Items category.									
13286.1.1	CWF shall remove the following codes from existing CWF category 21: A6530 A6533 A6534 A6535 A6536 A6537 A6538 A6539 A6540 A6541 A6549 Note that a list of the HCPCS codes included under the benefit category on January 1, 2024, are available in the attachment.				X				X	
13286.1.2	With the exception of the HCPCS codes listed in BR 13286.1.1, CWF shall add the HCPCS codes listed in the attachment to CWF category 60.				X				X	
13286.2	The contractors shall accept a HCPCS pricing indicator of '40' and a HCPCS Berenson-Eggers Type of Service (BETOS) Code of 'O1L' will identify lymphedema compression treatment items on the HCPCS file. TOS indicator 'S' will apply to the new codes for lymphedema compression treatment items.				X			X	X	
13286.3	Place of Service values 31 and 32 shall be valid for the new lymphedema HCPCs codes.				X			X		
13286.4	Contractors shall pay lymphedema compression treatment items established in accordance with newly added section 1834(z) of the Act. As such contractors shall make payment based on the DMEPOS fee schedule file when available.				X			X		
13286.4.1	Absent a rate on the DMEPOS fee schedule, contractors shall develop local pricing in accordance				X			X		

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	with section 1834(z) of the Act and pay the lesser of the local price or the supplier submitted charge.									
13286.4.2	The contractors shall accept the new DMEPOS fee schedule payment category indicator for lymphedema compression treatment codes. LC = lymphedema compression treatment items				X			X		
13286.4.3	Lymphedema Compression Treatment Items shall be subject to the Competitive Bid Program. Competitive Bid Program items shall pay at the Competitive Bid price and are not capped at the submitted charge.				X			X	X	
13286.5	The DME MACs shall implement editing to limit payment for lymphedema compression treatment to claims with a corresponding International Statistical Classification of Diseases Tenth Edition (ICD-10) code of lymphedema. If a lymphedema ICD-10 code is not submitted, the contractors shall deny the claim.				X					
13286.5.1	Contractors shall use the following Group Code, Claim Adjustment Reason Code (CARC), Remittance Advice Remark Code (RARC) and Medicare Summary Notice (MSN) message codes: Group Code: CO CARC: 50 - These are non-covered services because this is not deemed a 'medical necessity' by the payer. RARC: M76 - Missing/incomplete/invalid diagnosis or condition. MSN: 15.2 - The information provided does not support the need for this equipment.				X					
13286.6	The DME MACs shall determine reasonable and necessary coverage of lymphedema supplies on a				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	claim-by-claim basis. Note: Automated editing may be established.									
13286.7	The DME MACs shall allow payment for lymphedema compression treatment items for more than one body part/area per beneficiary. If the frequency limitation is exceeded, the contractors shall deny the claim. Note that the list of the HCPCS codes included under the new benefit category on January 1, 2024, are available in the attachment.				X					
13286.7.1	Contractors shall use the following Group Code, CARC, RARC and MSN message codes: Group Code: CO CARC: 151 - Payment adjusted because the payer deems the information submitted does not support this many/frequency of services. RARC: N362 - The number of Days of Units of Service exceeds our acceptable maximum. MSN: 15.22 - The information provided does not support the need for this many services or items in this period of time, so Medicare will not pay for this item or service.				X					
13286.8	The DME MACs shall allow both a daytime and nighttime garment for the same body part/area per beneficiary. A quantity of three daytime garments or wraps per body area and two nighttime garment per body area. If the frequency limitation is exceeded, the contractors shall deny the claim. Note that a list of the HCPCS codes included under the new benefit category on January 1, 2024, are				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	available in the attachment.									
13286.8.1	The DME MACs shall allow replacement (claims with "RA" modifier) if the garment or wrap is lost, stolen, or irreparably damaged. Replacement of the garments can only be made in accordance with the frequency limitations of once every 6 months for a daytime garment or wrap and once every two years for a nighttime garment. Note that a list of the HCPCS codes included under the new benefit category on January 1, 2024, are available in the attachment.				X					
13286.8.1.1	For replacement claims, if only one daytime garment or wrap is lost, stolen, or irreparably damaged, the DME MACs shall allow payment for three replacements, but the frequency limitation clock of 6 months would restart based on the date of service for the replacement claim. For replacement claims for a nighttime garment, two replacements are allowed if only one daytime garment or wrap is lost, stolen, or irreparably damaged and the frequency limitation clock of two years (24 months) would restart based on the date of service for the replacement claim. Note that the list of the HCPCS codes included under the new benefit category on January 1, 2024, are available in the attachment.				X					
13286.8.2	Contractors shall use the following Group Code, CARC, RARC and MSN message codes: Group Code: CO CARC: 151 - Payment adjusted because the payer deems the information submitted does not support this many/frequency of services. RARC: N362 - The number of Days of Units of Service exceeds our acceptable maximum. MSN: 15.22 - The information provided does not				X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	support the need for this many services or items in this period of time, so Medicare will not pay for this item or service.									
13286.9	Specific replacement frequency determinations for compression bandaging systems or accessories shall be determined by the DME MAC. Note that a list of HCPCS codes included under the new benefit category on January 1, 2024, are available in the attachment.				X					
13286.10	CMS shall provide a HCPCS test file to GDIT no later than September 23, 2023.									CMS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13286.11	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.				X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kelli Miller, Kelli.Miller@cms.hhs.gov (For claims processing related inquiries) , Diana Motsiopoulos, Diana.Motsiopoulos@cms.hhs.gov (For claims processing related inquiries) , Karen Jacobs, Karen.Jacobs@cms.hhs.gov (For policy related inquiries)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

HCPCS attachment for Lymphedema Benefit CR 13286

HCPCS Code	Long Descriptor
A6520	Gradient compression garment, glove, padded, for nighttime use, each
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each
A6522	Gradient compression garment, arm, padded, for nighttime use, each
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each
A6525	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each
A6528	Gradient compression garment, bra, for nighttime use, each
A6529	Gradient compression garment, bra, for nighttime use, custom, each
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each
A6535	Gradient compression stocking, thigh length, 40 mmhg or greater, each
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each
A6538	Gradient compression stocking, full length/chap style, 40 mmhg or greater, each
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each
A6541	Gradient compression stocking, waist length, 40 mmhg or greater, each
A6549	Gradient compression garment, not otherwise specified
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each
A6553	Gradient compression stocking, below knee, 30-40 mmhg, custom, each
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each
A6555	Gradient compression stocking, below knee, 40 mmhg or greater, custom, each
A6556	Gradient compression stocking, thigh length, 18-30 mmhg, custom, each
A6557	Gradient compression stocking, thigh length, 30-40 mmhg, custom, each
A6558	Gradient compression stocking, thigh length, 40 mmhg or greater, custom, each
A6559	Gradient compression stocking, full length/chap style, 18-30 mmhg, custom, each
A6560	Gradient compression stocking, full length/chap style, 30-40 mmhg, custom, each
A6561	Gradient compression stocking, full length/chap style, 40 mmhg or greater, custom, each
A6562	Gradient compression stocking, waist length, 18-30 mmhg, custom, each
A6563	Gradient compression stocking, waist length, 30-40 mmhg, custom, each
A6564	Gradient compression stocking, waist length, 40 mmhg or greater, custom, each
A6565	Gradient compression gauntlet, custom, each
A6566	Gradient compression garment, neck/head, each
A6567	Gradient compression garment, neck/head, custom, each
A6568	Gradient compression garment, torso and shoulder, each
A6569	Gradient compression garment, torso/shoulder, custom, each
A6570	Gradient compression garment, genital region, each
A6571	Gradient compression garment, genital region, custom, each
A6572	Gradient compression garment, toe caps, each
A6573	Gradient compression garment, toe caps, custom, each
A6574	Gradient compression arm sleeve and glove combination, custom, each
A6575	Gradient compression arm sleeve and glove combination, each
A6576	Gradient compression arm sleeve, custom, medium weight, each
A6577	Gradient compression arm sleeve, custom, heavy weight, each

HCPCS Code	Long Descriptor
A6578	Gradient compression arm sleeve, each
A6579	Gradient compression glove, custom, medium weight, each
A6580	Gradient compression glove, custom, heavy weight, each
A6581	Gradient compression glove, each
A6582	Gradient compression gauntlet, each
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each
A6584	Gradient compression wrap with adjustable straps, not otherwise specified
A6585	Gradient pressure wrap with adjustable straps, above knee, each
A6586	Gradient pressure wrap with adjustable straps, full leg, each
A6587	Gradient pressure wrap with adjustable straps, foot, each
A6588	Gradient pressure wrap with adjustable straps, arm, each
A6589	Gradient pressure wrap with adjustable straps, bra, each
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not-otherwise specified
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified
A6610	Gradient compression stocking, below knee, 18-30 mmhg, custom, each

Note: This list includes both new and existing HCPCS codes.

Medicare Claims Processing Manual
Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

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(Rev. 12359; Issued: 11-09-23)

181 – Lymphedema Compression Treatment Benefit

181 – Lymphedema Compression Treatment Benefit

(Rev. 12359, Issued: 11-09-23; Effective:01-01-24; Implementation:01-02-24)

Effective for items furnished on or after 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 for the treatment of lymphedema that are prescribed by an authorized practitioner.

Claims for lymphedema treatment items that do not have an appropriate diagnosis for lymphedema will be denied. Claim payment can be made for lymphedema compression treatment items for more than one body part/area per beneficiary. In addition, claim payment can be made for both a daytime and nighttime garment for the same body part/area per beneficiary.

A quantity of three daytime garments or wraps per body area and two nighttime garment per body area is allowed. Any amount billed that exceeds frequency limitations will be denied unless a replacement is needed due to a change in medical need or because a garment or wrap is lost, stolen, or irreparably damaged. Replacement of the garments can only be made in accordance with the proposed frequency limitation of once every 6 months for a daytime garment or wrap and once every two years for a nighttime garment. When billing for replacement of a garment or wrap use of the RA modifier is required.