



3/20/2024

Lymphedema Compression Treatment Items: Frequently Asked Questions (FAQs)

This document will be updated as information becomes available. Most recent information will be added to the bottom. The information is focused on Medicare coverage and beneficiaries, unless stated otherwise.

1. When was the final rule released?

On November 3, 2023, CMS released its final rule regarding implementing the Lymphedema Treatment Act, which outlines how CMS will begin covering compression garments and related accessories for patients diagnosed with lymphedema.

2. When will this new benefit coverage begin?

The new benefit coverage became effective January 1, 2024, and is now reimbursable by Medicare.

3. Will there be retroactive coverage?

There will NOT be retroactive coverage for items billed before January 1, 2024.

4. How do I know if my patient is eligible for coverage?

Patients must be diagnosed with lymphedema and have a prescription from an authorized practitioner for the compression supplies. The patient must have Medicare Part B coverage.

5. Who is authorized to prescribe compression supplies?

PAs, DOs, MDs, or NPs can write the prescription.

6. What will my patients' out-of-pocket costs be?

Compression supplies will be covered under Medicare Part B, and like all medical supplies covered under Part B, patient responsibility will be:

- 20% when seeing a participating provider.
- Up to 35% when visiting a non-participating provider.
- Private insurance plans differ, but your out-of-pocket responsibility for other covered medical supplies should be the same for your compression garments and supplies.

7. What is the product code for lymphedema compression and supplies?

CMS assigned accreditation product code of S04: Lymphedema Compression Treatment Items to this new benefit.

8. Where can I read the final rule?

[Full 65-page Final Rule](#)

9. Where can I find the HCPCS code list?

[Lymphedema Compression Treatment Items Coding and Billing List](#)

10. Where can I find general information regarding the benefits, payments and frequency limitations released by Medicare?

[Lymphedema Compression Treatment Items: Implementation MLN Article](#)
[Implementation of New Benefit Category for Lymphedema Compression Treatment Items](#)

11. When will the Local Coverage Determination (LCD) be published?

At this time, there is no plan for an LCD or Policy Article (PA) to be published as the final rule presented a clear direction regarding the new DMEPOS category. If either becomes posted, BOC will share the information. The medical directors are considering this.

12. What is Medicare going to cover?

Please refer to the [Joint DME MAC Publication](#) for coverage guidelines. Please see the answers to questions #10 and #11.

13. Where can I find the fee schedule?

[2024 CMS Fee Schedule](#)

14. Am I required to be accredited to be reimbursed by Medicare?

Yes. CMS requires all Medicare-enrolled suppliers to be accredited and compliant with the DMEPOS quality standards and supplier standards to be reimbursed for providing lymphedema products.

15. Where can I find the CMS DMEPOS quality standards and supplier standards?

[CMS DMEPOS Quality Standards](#) and [CMS DMEPOS Supplier Standards*](#)

*Please note the full text of the CMS DMEPOS Supplier Standards can be obtained via the [Office of the Federal Register](#).

16. If I am not accredited and want to be able to bill Medicare, where can I find information on how to become accredited?

Please review the [BOC Lymphedema/Compression resource page](#). Contact BOC at 877.776.2200 if you have questions or need more information.

Please review the [CMS DMEPOS Accreditation Fact Sheet](#).

17. What medical professionals are exempt from supplier accreditation?

Physicians, NPs, PTs, OTs, and PAs who provide lymphedema compression treatment supplies to their established patients (Closed Model) are exempt from accreditation. However, these professionals still need to follow the PTAN application process. A surety bond or accreditation is not required if these professionals solely own and operate the business. *BOC advises these medical professionals to consult a healthcare attorney to confirm that they meet this exception.*

18. What medical professionals need supplier accreditation?

- Certified Lymphedema Therapists (CLTs)
- Physicians, NPs, PTs, OTs, and PAs who want to accept new patients.
- PTAs, OTAs, and Other Clinical Assistants for new or referral patients.
- Pharmacies and Durable Medical Equipment (DME) Providers

19. Will the HCPCS change for commercial insurance?

No. HCPCS is usually adopted as a standard by most payers. However, commercial insurance plans might still use S-codes, invalid for Medicare.

20. Will lymphedema compression treatment items be placed in the Competitive Bidding Program?

CMS has yet to decide whether to include these items in the Competitive Bidding Program but has the authority to do so at any time.

21. Are there any fitter certification or licensure requirements?

At this time, CMS does not require any credentialed professionals for the S04 product category.

22. When can I start to bill S04?

Suppliers can bill S04 as of January 1, 2024. Suppliers must add the S04 product category to their CMS enrollment before billing.

23. When will CMS update the DMEPOS enrollment process for lymphedema compression items and supplies?

PECOS was updated on January 22, 2024, and the new CMS-855S enrollment application (CMS-855S) will be issued to the public on March 18, 2024. Please note that the National Provider Enrollment (NPE) contractors will continue to accept the previous version of the CMS-855S until June 15, 2024. After that date, suppliers will be required to submit the new CMS-855S.

24. How do I submit claims to Medicare for billing?

A/B MACs process Medicare Part A and Medicare Part B claims for a defined geographic area or “jurisdiction,” servicing institutional providers, physicians, practitioners, and suppliers. Contact the DME MAC in your area: [DME MAC Jurisdictions](#) or contact a DMEPOS biller.

25. How do I bill other insurance plans or patients with insurance plans other than Medicare?

Contact the specific payer’s claims and billing department.

26. Will all brands of products be covered?

Medicare has not identified specific brands for coverage.

27. What if products are sold in pairs?

The HCPCS codes label items as "each," indicating they must be billed as individual units.

28. Is Medicare paying a separate fitting fee?

No. DMEPOS suppliers are responsible for all aspects of furnishing the item, including fitting, and measuring services.

29. Will phlebolymphedema and/or lipedema be covered?

CMS has stated that they finalized the proposed rule to *restrict* the scope of the new benefit for lymphedema compression treatment items. This benefit is only available to individuals with a diagnosis of lymphedema.

30. How will this impact Medicare Advantage coverage?

Medicare Advantage Plans must cover all the essential services that Original Medicare covers. Sometimes, you may need to get permission from your plan before it covers certain services or supplies. Contact your plan for more information if you need clarification on the services covered.

31. How will this impact other commercial insurance plan coverage?

Commercial plans can use the policies and guidelines that Medicare publishes or create their versions. Contact the specific plan for information about the services covered by commercial plans.

32. Who can add product category S04 to their current accreditation?

Any facility can add product category S04 to their accreditation.

33. How do I add this product category to my DMEPOS accreditation?

Please contact your accrediting organization (AO) for instructions on how to add S04 to your current accreditation; specific forms and procedures may vary.

34. Suppose a patient was diagnosed with Lymphedema before January 1, 2024. Does the patient need a new lymphedema diagnosis to start billing on and after January 1, 2024, to qualify for Medicare coverage of these lymphedema supplies?

The patient does not require a new diagnosis of lymphedema to begin billing. However, a new prescription for lymphedema compression items dated January 1, 2024, or later, is necessary.

35. Does a supplier have to accept assignments for Medicare product categories?

If a supplier signs the CMS460 agreement, they must accept the enrolled Medicare product categories assignment. Participating providers always take assignments and accept Medicare's approved amount for health care services as full payment.

36. What if a supplier does not sign the CMS460 agreement?

If a supplier did not sign the CMS460, they are considered non-participating and do not accept the assignment. Non-participating suppliers accept Medicare but can decide to accept assignments on a case-by-case basis.

37. What do I need to do before I can start to bill S04?

CMS requires accredited DMEPOS suppliers to complete an additional step before billing product category S04: Lymphedema Compression Treatment Items.

Suppliers must notify their NPE contractor of their intention to include the new product category in their enrollment. There are **two ways** for suppliers to update their enrollment.

1. Update via PECOS (quickest and easiest way)
 - PECOS has been updated to include the product category Lymphedema Compression Treatment Items. Suppliers who use PECOS can add the additional product category to their enrollment via the online application.

2. Send a letter by USPS mail.
 - Compose a letter printed on formal company letterhead dated to match the date the supplier received their accreditation certificate featuring product category Lymphedema Compression Treatment Items.
 - Mail this letter with your completed CMS-855S form to the appropriate NPE contractor.
**Please note that the CMS-855S form is still pending an update and will be made available to the public on March 17, 2024.*

This letter should suffice as the product category selection in Section 2E4 on the CMS-855S form.

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38. I have added the product category, Lymphedema Compression Treatment Items, to my Medicare Enrollment application on PECOS and it still shows as "In Progress," what can I start billing?

Once your AO has completed the site visit and issued you an accreditation certificate showing the product category Lymphedema Compression Treatment Items, you can start billing Medicare even if your application is still pending approval on PECOS.

Once your application is approved in PECOS, it will be backdated to match the date you received your accreditation certificate with the added product category, Lymphedema Compression Treatment Items.

39. Are kits covered?

Kits typically comprise several components, such as the compression garment/item, liner, etc. As long as the components in the kit are listed as approved codes for lymphedema compression treatment items, they will be considered for coverage.

40. Is the number of allowed items per body part/extremity or HCPCS code?

The allowable is per body part/extremity. If multiple types of items/garments are ordered to treat a body part/extremity, and they exceed the allowed amounts, they will be denied for over utilization.

41. Are the services separately billable for those who can bill for the fitting?

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.

42. How can I bill for the same code on the same date of service (DOS)?

Suppliers should bill on two separate lines using one unit of service each. Please note that the use of RTLTL on the same claim line with two units of service will be rejected.

43. Can I bill for a pair of items when the lymphedema is only on one side?

HCPCS codes are labeled as “each,” therefore items must be billed as individual units, and the allowable is per body part/extremity.

44. Should I use a modifier when billing items that come as a pair?

When laterality is indicated, the right (RT) or left (LT) modifiers must be used with gradient compression garments, related supplies, and accessories.

When the same code for bilateral items (left and right) is billed on the same date of service, bill each item on two separate claim lines using the RT and LT modifiers and one unit of service (UOS) on each claim line. Do not use the RTLTL modifier on the same claim line and bill with two UOS. Claims billed without modifiers RT and/or LT, or with RTLTL on the same claim line and two UOS, will be rejected as incorrect coding.

Please refer to the [Noridian Lymphedema Compression Treatment](#) resource for more information.

45. Where can I find standard documentation requirements for all claims submitted to DME MACs?

Please refer to the [Standard Documentation Policy Article \(A55426\)](#).

46. When will the updated CMS-855S enrollment application be available?

The updated [CMS-855S](#) is now available for download on the [CMS website](#). For further details, see the answer to question #23.