

Medicare and other health plans are performing medical necessity reviews on lymphedema compression claims. Please review the following elements that are required to substantiate the medical necessity for compression supplies ordered.

Coverage Eligibility: Beneficiaries with the following diagnoses qualify for this benefit:

- I89.0 Lymphedema, not elsewhere classified
- 197.2 Postmastectomy lymphedema syndrome
- I97.89 Other postprocedural complications & disorders of the circulatory system, not elsewhere classified
- Q82.0: Hereditary lymphedema

Ordering Practitioners: Who can prescribe Lymphedema treatment items?

- Physician:
 - Doctor of medicine
 - Doctor of osteopathy
 - Doctor of podiatric medicine
- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist

Medical Records: For DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore, medical records demonstrating that the item is reasonable and necessary are created just prior to/at the time of the creation of the initial prescription. For ongoing supply needs, documentation in the record must support that the item continues to remain reasonable and necessary.

Records from a therapist or from a lymphedema treatment professional *may* be used to supplement the prescribing practitioner's documentation; however, records from the prescribing practitioner must also be supportive of the patient's condition and treatment plan.

Records must be made available to the DME supplier upon request. These records are required to be provided to the DME MAC or other health plans to substantiate the medical necessity for the supplies & quantities ordered.

Records from the **prescribing practitioner** must include the following:

For all items:

- Qualifying diagnosis or description of condition, including location
- Lymphedema Stage/Phase (for bandages only)
- Products to be used (Description of garments/bandages, mmHg, other relevant information)
- Quantity or frequency of change for bandages
- Length of Need for products requested or Duration of beneficiary's condition
- Fitting/Educational provider's name
- Lymphedema Stage/Phase

For Custom Garments:

- Documentation necessitating the use of a custom fitted gradient compression garment versus an off-the-shelf standard gradient compression garment. Examples of scenarios where a custom fitted gradient compression garment might be used (not all-inclusive) are:
 - If the circumference of the proximal portion of the limb is significantly greater than the distal limb
 - If the skin/tissue has folds or contours requiring a specific type of knitting pattern
 - Beneficiary is unable to tolerate the fabric composition of a standard garment

Example: Patient John Doe presents today with bilateral lymphedema, 189.0, on the right and left lower limbs. The treatment prescribed will be compression garments, 20-30mmHg, to be used daily. A quantity of 3 day time garments, per limb will be ordered, total quantity of 6 garments. The patient will need to utilize the compression garments for their lifetime. These garments should be replaced every 6 months.

Reminder: A prescription is not considered to be part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record. NOTE: Should your medical record not account for these areas we strongly encourage you request within your facility/health system an update to your medical record forms/templates to accommodate these vital areas.