Comfort Care Medical

Lymphedema Treatment Act

Referral & Documentation Guide

For referring practitioners and lymphedema therapy teams — what the LTA covers, what we need to fill an order, and how to document custom garments to establish medical necessity.

1 What the LTA Covers

- Coverage applies to dates of service on or after **January 1, 2024**.
- **Daytime:** up to three (3) garments or adjustable wraps per affected body area, once every six (6) months.
- **Nighttime:** up to two (2) garments per affected body area, once every two (2) years (24 months).
- A new set may be covered sooner for a change in the patient's condition, or for loss, theft, or irreparable damage.

2 Qualifying Diagnoses

Coverage requires one of these lymphedema diagnoses; a code alone doesn't guarantee coverage without supporting documentation.

Code	Description
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
Q82.0	Hereditary lymphedema

3 Our Process — What We Need From You

- **Patient demographics + a copy of the patient's insurance card(s)**, so we can verify coverage before the appointment.
- **Signed Consent + NPP forms** at the appointment. Please let the patient know we'll send a delivery ticket to sign *after they receive their garment* — that signature is required before we can bill their insurance for coverage. The date the patient signs the delivery ticket is considered the Date of Service.
- **A current clinical evaluation**, dated within 12 months of the date of service so it reflects the patient's current condition.
- **Completed measuring / order forms**, so we have the sizing and product details to place the order.

4 Medical Necessity Documentation

Every order needs a physician-signed prescription and a clinical evaluation. **We prefer the prescription up front to prevent delays — but we're more than happy to obtain the physician paperwork for you.** This matters most for bandaging orders, where an up-front prescription keeps the patient's CDT on schedule.

FROM THE PHYSICIAN

A. Physician Notes + Prescription

- A physician-signed prescription for the items ordered.
- **Medicare & Medicare Advantage only:** the lymphedema diagnosis must also be in the physician's own notes — not a PT, OT, or lymphedema therapist's, *even countersigned*.

FROM THERAPY

B. Clinical evaluation

- The patient's current condition and why they benefit from the specific garment(s) ordered.
- Manufacturer, model, and quantity for each item.
- For custom items: why an off-the-shelf garment won't work (see Section 5).
- For accessories: why each accessory is needed (see Section 6).

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5 Custom vs. Off-the-Shelf Documentation

Medicare has increased audits of lymphedema claims and routinely flags charts with weak custom-vs-OTS narratives. Generic statements like *"patient needs custom because of lymphedema"* or *"due to the size of the legs"* will not hold up. The record has to show why **this** patient can't be served by a standard off-the-shelf garment.

WHEN CUSTOM IS JUSTIFIED — MEDICARE'S RECOGNIZED SCENARIOS (NOT ALL-INCLUSIVE)

- The proximal part of the limb is significantly larger in circumference than the distal part.
- The skin or tissue has folds or contours that require a specific knitting pattern.
- The patient can't tolerate the fabric of a standard garment.
- The patient falls outside the off-the-shelf size range.

What a strong narrative includes

- **Patient-specific rationale** tied to this patient — severe asymmetry, large measurement discrepancies between limb segments, skin folds, contractures, or a history of skin breakdown at standard pressure points.
- **Objective findings** — measurements, limb volume and shape, skin integrity.
- **The specific customization needed and why** — e.g., adjustable Velcro panels for a limb that is actively reducing, or added padding at a specific site.
- **Connection to the plan of care** — how the garment ties to the patient's treatment goals.

HELPFUL, BUT NOT REQUIRED BY MEDICARE

These strengthen a chart — don't treat them as mandatory: notes on any off-the-shelf trial and why it was insufficient, functional/ADL impact, and dated photos of the affected limb.

6 Accessories

If an accessory (silicone band, pad, liner, zipper, etc.) is added to a custom garment, the **evaluation** must include language explaining why it's needed. Medicare requires accessories to be broken out and billed on a **separate line**, and each one needs its own justification in the medical record. **Donning aids** (butlers, foot slippers, donning gloves) are covered too when a patient can't apply the garment without one — same rule: note why it's needed.

7 Examples

ACCEPTABLE

"Diagnosis (per treating physician's notes): I89.0, bilateral lower extremities. **Daytime:** *3 off-the-shelf Ready Wrap calf pieces, XXL, with hybrid socks (patient fits the OTS size range). Daytime gradient compression is needed to control bilateral lower-extremity edema during activity, and the adjustable wrap lets him re-tension it independently as swelling fluctuates through the day.* **Nighttime:** *1 custom Tribute Night calf with Velcro adjustable panel and outer jacket with non-skid pad. Custom is required — the patient falls outside the OTS size range and needs adjustability as limb volume reduces (unable to tolerate daily CDT at this time). The Velcro adjustable panel is needed so compression can be re-tensioned as limb volume decreases and overnight fluid shifts occur, maintaining a therapeutic gradient without repeated refitting during active reduction. The outer jacket is needed to apply consistent external compression over the foam channels of the night garment — the garment cannot deliver effective gradient pressure without it — and to keep the garment positioned through the night. The non-skid pad is needed to keep the night garment from sliding down the calf, so consistent gradient compression is maintained overnight and the garment doesn't bunch into a constricting band."*

UNACCEPTABLE

"Patient has lymphedema and needs a daytime garment. Lymphedema is a lifelong, incurable condition. Manufacturers recommend replacing garments every 3–6 months due to normal wear, so the patient needs new compression garments to manage their condition."

All generic — no patient-specific rationale, no measurements, no product detail (manufacturer, model, quantity). Boilerplate about the condition doesn't establish medical necessity for *this* patient.

Without appropriate documentation, we cannot proceed with an order.

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