



*Delivering solutions that put people first.*

Noridian Healthcare Solutions, LLC

# ***LYMPHEDEMA COMPRESSION TREATMENT ITEMS***

**Presented by  
Noridian DME Outreach and Education  
February 2024**



# ***WELCOME***

- We will begin shortly
- Audio and participating in verbal Q&A
  - Telephone – PIN must be entered
  - Computer – Microphone is available and enabled
- Presentation PDF in Handouts section

# ***DISCLAIMER***

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- [Noridian Medicare website](#)
- [CMS website](#)

## ***EDUCATION EVENT DISCLAIMER***

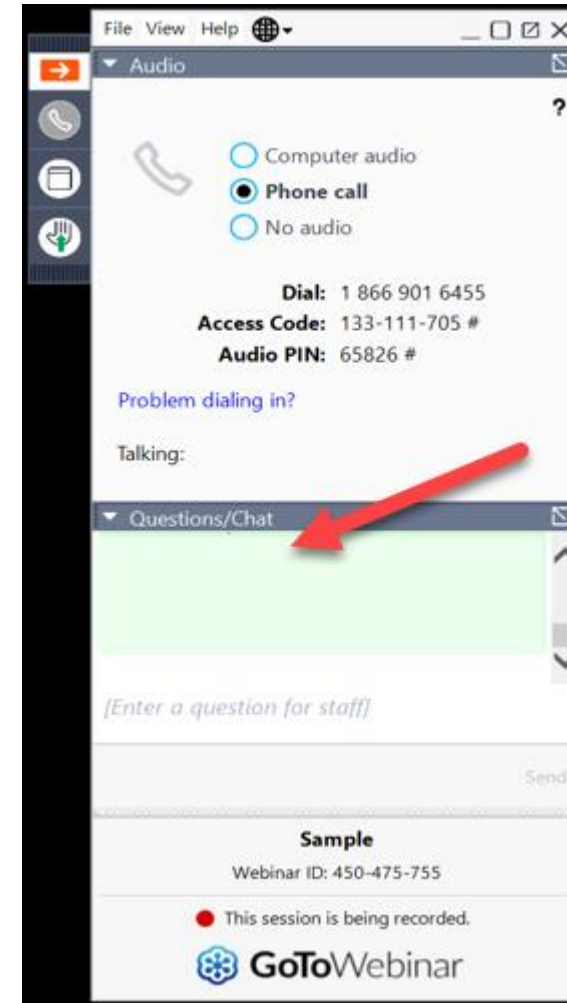
- Claim specific determination questions
  - Noridian Medicare Portal (NMP)
  - Reach out to Provider Contact Center (PCC)
    - Jurisdiction A 1-866-419-9458
    - Jurisdiction D 1-877-320-0390
- Claim determination dissatisfaction
  - Follow appeals process
  - Noridian Medicare website > Billing, Claims, and Appeals > Appeals
- Pre-review or questions on beneficiary specific medical records
  - Only allowed via Advance Determination of Medicare Coverage (ADMC)
    - ADMC only available for certain wheelchairs
  - Cannot be pre-approved by Noridian Education team
  - Refer to treating practitioner or Medicare coverage criteria for clarification

# ***WEBINAR PROTOCOL***

- Attendee lines muted upon entry
- Questions
  - Written
  - Verbal
- Presentation
  - Emailed prior to webinar and available in Handouts panel
- CEU
  - Emailed post webinar within one business day
  - Provided to participants that observe entire scheduled webinar
  - Not available for recorded events
- Webinar is being recorded
  - High demand webinars available on website for future viewing
  - Webinar participants name and voice during Q & A may be included

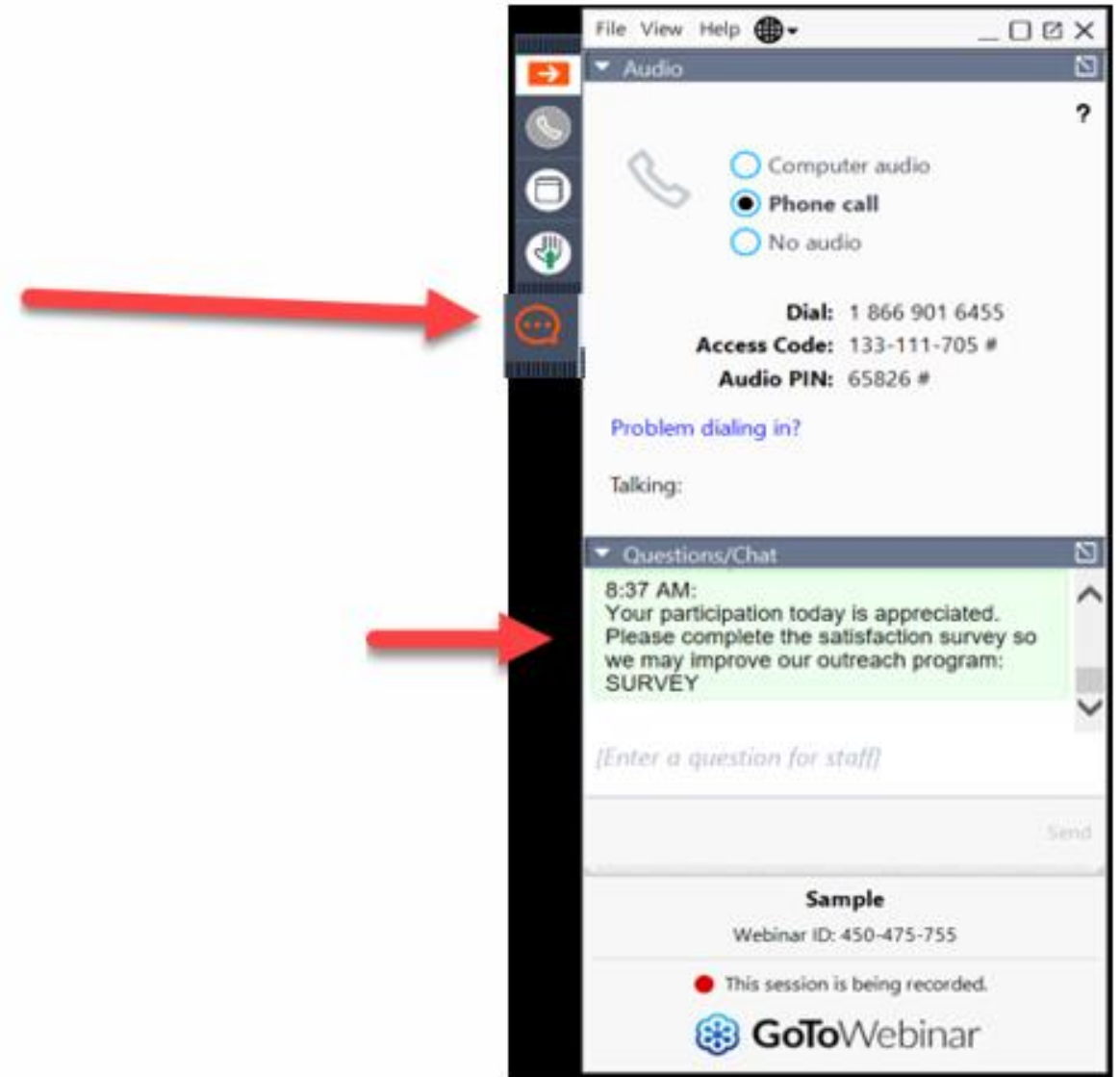
# ASKING WRITTEN QUESTIONS

- Access panel
- Type question into Questions/Chat field
  - Be concise
- Click “Send”



## SURVEY LINK

- Survey posted into Questions/Chat field
  - Flashes when survey entered
  - Participation appreciated
  - All comments reviewed
  - Helps improve education



# AGENDA

- Important to Know
- Frequently Asked Questions
- Policy Information
- Coding and Billing
- Documentation Requirements
- Receive a Denial
- Comprehensive Error Rate Testing (CERT)
- Resources and Reminders
  - Acronyms/Glossary
    - [Jurisdiction A](#)
    - [Jurisdiction D](#)



## ***ISSUES CURRENTLY AWAITING FURTHER GUIDANCE***

- Previous items awaiting guidance will be covered today
  - Kits
  - Doffing/donning items
- Items awaiting further published guidance:
  - Upgrades
  - Light weight versus heavy weight for garment descriptions
  - Can multiple claims be filed within the six month or two-year time frame?
  - Are virtual fittings accepted?

## ***FREQUENTLY ASKED QUESTION 1***

- Q: Are kits covered?
- A: Kits are typically made up of 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.

## ***FREQUENTLY ASKED QUESTION 2***

- Q: Are doffing/donning items considered for coverage?
- A: Doffing/donning items can be considered for coverage as they are considered accessories.

## ***IMPORTANT TO KNOW***

- Noridian does not provide guidance regarding brand name/packaging specifications of lymphedema compression treatment garments and items. For garments and items considered for coverage, please refer to list of HCPCS codes and descriptions of codes considered for coverage in 2024.
  - Noridian Medicare website > Browse by DMEPOS Category > Lymphedema Compression Treatment
  - Noridian Medicare website > Policies > Medical Director Articles > 2023 > Lymphedema Compression Treatment Items – Correct Coding and Billing

## ***IMPORTANT TO KNOW*** <sub>2</sub>

- Lymphedema Compression Treatment Items Requirement for Registration with Food and Drug Administration article posted January 25, 2024:
  - Medical devices billed to DME MACs must at minimum be registered with Food and Drug Administration (FDA)
  - Devices not registered must be billed with A9270 (noncovered item or service)
- Noridian Medicare website > Policies > Medical Director Articles > 2024 > Lymphedema Compression Treatment Items Requirement for Registration with the Food and Drug Administration

## ***FREQUENTLY ASKED QUESTION 3***

- Q: Are the number of allowed items per body part/extremity or per HCPCS code?
- A: The allowable is per body part/extremity. If multiple types of items/garments are ordered to treat a body part/extremity, and they exceed allowed amounts they will be denied for over utilization.

## ***FREQUENTLY ASKED QUESTION 4***

- Question: When will the Local Coverage Determination (LCD) and Policy Article (PA) be published?
- Answer: At this time, there is no plan for an LCD or PA to be published as the final rule presented very clear direction regarding the new DMEPOS category. If either are published, we will begin educating on them. This is being considered by the medical directors.

## ***ACCREDITATION/ENROLLMENT***

- [MLN905710 – DMEPOS Accreditation](#)
- National Provider Enrollment
  - NPE West – Palmetto GBA
    - [NPE West Palmetto GBA](#)
  - NPE East – Novitas Solutions
    - [NPE East Novitas Solutions](#)



## ***FEE SCHEDULE***

- Palmetto GBA is Pricing, Data Analysis, and Coding Contractor (PDAC)
  - Fee schedule questions
  - Pricing related questions related to HCPCS codes
    - Noridian Medicare website > Fees and News > Fee Schedules
    - Noridian Medicare website > Billing, Claims, and Appeals > Billing Situations > Billing Not Otherwise Classified (NOC) HCPCS Code
    - Noridian Medicare website > Fees and News > Fee Schedules > Pricing
    - [Palmetto GBA – DMECS](#)

## ***BENEFIT CATEGORY RESOURCES***

- Lymphedema Compression Treatment Items - Correct Coding and Billing
  - Noridian Medicare website > Policies > Medical Director Articles > 2023 > Lymphedema Compression Treatment Items – Correct Coding and Billing
- [MLN Matters: Change Request \(CR\) 13286](#)
- New dedicated webpage
  - Noridian Medicare website > Browse by DMEPOS Category > Lymphedema Compression Treatment
- [Lymphedema Compression Treatment Items](#)

## HCPCS RESOURCE

| Healthcare Common Procedure Coding System (HCPCS) for Lymphedema Benefit |   |
|--|---|
| 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  |

Noridian Medicare website > Browse by DMEPOS Category > Lymphedema  
Compression Treatment

# ***POLICY INFORMATION***



## ***NEW BENEFIT CATEGORY EFFECTIVE JANUARY 01, 2024***

- New DMEPOS benefit category established for compression treatment items including:
  - Standard fit compression garments
  - Custom fit compression garments
  - Additional lymphedema compression treatment items

## COVERAGE

- Treatment of lymphedema diagnosis
  - Lymphedema, not elsewhere classified (I89.0)
  - Hereditary Lymphedema (Q82.0)
  - Postmastectomy Lymphedema Syndrome (I97.2)
  - Other postprocedural complications and disorders of the circulatory system, not elsewhere classified (I97.89)
- Non-lymphedema diagnosis prohibited
- Claims will deny without proper diagnosis

## ***CATEGORIES***

- Standard daytime gradient compression garments
- Custom daytime gradient compression garments
- Nighttime gradient compression garments
- Gradient compression wraps
- Accessories necessary for effective use of gradient compression garment/wrap
  - Zippers, linings, padding, fillers, doffing/donning accessories etc.
- Compression bandaging systems/supplies

## ***COMPRESSION GARMENTS/WRAPS***

- Standard fit
- Custom fit
  - Uniquely sized/shaped to fit exact dimensions of affected extremity
  - Provide accurate gradient compression



## ***DAYTIME GRADIENT COMPRESSION***

- Payment allowed for more than one body part/area
- Daytime compression garments (with adjustable straps)
  - Higher level of compression
  - Three per affected extremity or part of body
  - Payment once every six months

## ***NIGHTTIME GRADIENT COMPRESSION***

- Payment allowed for more than one body part/area
- Nighttime compression garments
  - Milder level of compression
  - Less snug against skin
  - Two per extremity or body part
  - Payment once every two years

## ***ACCESSORIES***

- Accessories (e.g., zippers, liners, padding, fillers, etc.) necessary for effective use of lymphedema compression treatment items are covered when medically necessary for treatment
  - Justification for quantity of supplies needed and frequency of replacement must be documented in medical record

## ***FREQUENTLY ASKED QUESTION 5***

- Question: Who can bill for the fitting (i.e., physicians, physical/occupational therapists, compression treatment specialists, or suppliers) and are the services separately billable?
- Answer: 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.

## ***FURNISHING SUPPLY***

- Lymphedema compression treatment items can only be furnished by enrolled DMEPOS suppliers
- All claims for lymphedema compression treatment items processed by DME MACs
  - Codes will be added specifically for these items
- Subject to:
  - DMEPOS supplier standards
  - Accreditation
  - Quality Standards
  - All other requirements that apply to enrolled DMEPOS suppliers
- Coverage of supplies on claim-by-claim basis
- This information can be found at:
  - Noridian Medicare website > Billing, Claims, and Appeals > Claim Submission > Mandatory Claim Submission

## ***FURNISHING SUPPLY 2***

- Compression bandaging supplies furnished during:
  - Phase 1 acute or decongestive therapy; and
  - Phase 2 maintenance phase of therapy
- No frequency limitations
- Quantity of supplies at discretion of DME MAC
- Frequency of replacement at discretion of DME MAC

# ***CODING AND BILLING***



## HCPCS CODES

| HCPCS CODE | DESCRIPTION  | ADDITIONAL INFORMATION   |
|------------|--|--|
| A6531      | Gradient compression stocking, below knee, 30-40 mmHg, each          | Modification to descriptor to add “used as a surgical dressing”, for use in billing surgical dressings |
| A6532      | Gradient compression stocking below knee, 40-50 mmHg, each           | Modification to descriptor to add “used as a surgical dressing”, for use in billing surgical dressings |
| A6545      | Gradient compression wrap, non-elastic, below knee, 30-50 mmHg, each | Modification to descriptor to add “used as a surgical dressing”, for use in billing surgical dressings |



## HCPCS CODES <sub>2</sub>

| HCPCS CODE | DESCRIPTION  | ADDITIONAL INFORMATION  |
|------------|--|---|
| A6552      | Gradient compression stocking, below knee, 30-40 mmHg, each                    | New code, effective January 01, 2024, for use with lymphedema compression treatment items only. |
| A6554      | Gradient compression stocking, below knee, 40 mmHg or greater, each            | New code, effective January 01, 2024, for use with lymphedema compression treatment items only. |
| A6583      | Gradient compression wrap with adjustable straps, below knee, 30-50 mmHg, each | New code, effective January 01, 2024, for use with lymphedema compression treatment items only. |

## ***FOUR NOT OTHERWISE SPECIFIED HCPCS***

| <b>HCPCS</b> | <b>Description</b>  | <b>Additional Information</b>  |
|--------------|---|--|
| A6549        | Gradient Compression Garment, Not Otherwise Specified                     | <ul style="list-style-type: none"><li>▪ Must be billed on separate claim line</li><li>▪ Must include appropriate units of service</li><li>▪ Narrative must include: Description of item, manufacturer name, product name and number, supplier price list, HCPCS of related item (where applicable)</li></ul> |
| A6584        | Gradient Compression Wrap with Adjustable Straps, Not Otherwise Specified | <ul style="list-style-type: none"><li>▪ Must be billed on separate claim line</li><li>▪ Must include appropriate units of service</li><li>▪ Narrative must include: Description of item, manufacturer name, product name and number, supplier price list, HCPCS of related item (where applicable)</li></ul> |

## ***FOUR NOT OTHERWISE SPECIFIED HCPCS <sub>2</sub>***

| <b>HCPCS</b> | <b>Description</b>   | <b>Additional Information</b>  |
|--------------|--|--|
| A6593        | Accessory for Gradient Compression Garment or Wrap with Adjustable Straps, Not Otherwise Specified | <ul style="list-style-type: none"><li>▪ Must be billed on separate claim line</li><li>▪ Must include appropriate units of service</li><li>▪ Narrative must include: Description of item, manufacturer name, product name and number, supplier price list, HCPCS of related item (where applicable)</li></ul> |
| A6609        | Gradient Compression Bandaging Supply, Not Otherwise Specified                                     | <ul style="list-style-type: none"><li>▪ Must be billed on separate claim line</li><li>▪ Must include appropriate units of service</li><li>▪ Narrative must include: Description of item, manufacturer name, product name and number, supplier price list, HCPCS of related item (where applicable)</li></ul> |

# HCPCS CODES

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Compression Treatment

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    - [Palmetto GBA – DMECS](#)

## ***MODIFIERS***

- Gradient compression garments when laterality is indicated  
MUST include:
  - LT
  - RT
- Same code billed on same date of service (DOS):
  - Bill on two separate lines using one unit of service each
    - Use of RTLT on same claim line with two units of service will be rejected

## ***DAYTIME GARMENT REPLACEMENT***

- Daytime garment – if garment or wrap lost, stolen, or irreparably damaged:
  - Append RA modifier
  - Payment allowed for three gradient compression garments or wraps with adjustable straps per affected extremity/part of body
  - Frequency limitation of once every six months
    - Six months restarts based on DOS of replacement

## ***NIGHTTIME GARMENT REPLACEMENT***

- Nighttime garment – if garment is lost, stolen, or irreparably damaged:
  - Append RA modifier
  - Payment allowed for two garments per affected extremity/part of body
  - Frequency limitation of once every two years (24 months) restarts based on DOS of replacement



## ***REPLACEMENT RECAP***

- RA modifier – used if garment/wrap is lost, stolen, or irreparably damaged
- Replacement only made in accordance with frequency limitations
  - Once every six months daytime garment/wrap
  - Once every two years nighttime garments



# ***DOCUMENTATION REQUIREMENTS***

## ***STANDARD WRITTEN ORDER (SWO) ELEMENTS***

### ■ SWO elements

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of item
- Quantity to be dispensed
- Treating practitioner name or National Provider Identifier (NPI)
- Treating practitioner's signature
- When prescribing practitioner is also supplier, and is permitted to furnish specific items, separate order not required; however, medical record must still contain all of the required order elements

## ***ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)***

- Written notice of noncoverage
  - Informs beneficiary Medicare may not pay
- Allows beneficiary to make informed decision
- Protects supplier from liability
- Only used for beneficiaries enrolled in Medicare FFS
- Noridian Medicare website > Forms > ABN

## ***PROOF OF DELIVERY: DIRECT TO BENEFICIARY BY SUPPLIER***

- DOS is date of delivery
- Delivery slip must include:
  - Beneficiary's name
  - Delivery address
  - Description of item(s) being delivered
    - Narrative description (e.g., daytime compression garment, compression wrap), HCPCS code, long description of HCPCS code, or brand name/model number
  - Quantity delivered
  - Date delivered
  - Beneficiary's/beneficiary designee's signature

## ***PROOF OF DELIVERY: SHIPPING SERVICE***

- Must be complete record tracking item(s) from DMEPOS supplier to beneficiary and must include:
  - Beneficiary's name
  - Delivery address
  - Delivery service's package identification number, supplier invoice number, or alternative method linking the supplier's delivery documents and delivery service's records
  - Description of item(s) being delivered
  - Narrative description (e.g., daytime compression garment, compression wrap), HCPCS code, long description of HCPCS code, or brand name/model number
  - Quantity delivered
  - Date delivered
  - Evidence of delivery

## ***PROOF OF DELIVERY: SHIPPING SERVICE DOS***

- If supplier utilizes shipping service or mail order, suppliers have two options for DOS to use on claim:
  - Shipping date
    - Shipping date defined as date delivery/shipping service label created; or
    - Date item is retrieved by shipping service for delivery
    - Dates should not demonstrate significant variation
  - Date of delivery

## ***PROOF OF DELIVERY: SKILLED NURSING FACILITY***

- Documentation demonstrating delivery of items to facility by you or delivery entity; and
- Documentation from nursing facility demonstrating receipt and/or usage of item(s) by beneficiary
  - Quantities delivered and used must justify quantity billed



# ***STANDARD DOCUMENTATION REQUIREMENTS***

## ■ Standard Documentation Policy Article (A55426)

- Standard Written Order (SWO)
- Medical records
- Proof of delivery (POD)
- Continued use/continued need
- Refill requirements
- Items dispensed on periodic basis

## ■ Beneficiary authorization

- Noridian Medicare website > Browse by Topic > Documentation > Beneficiary Authorization

***RECEIVE A DENIAL?  
DENIAL NEXT STEPS***



## ***“DENIAL RECEIVED” DETERMINE YOUR NEXT STEP***

- Review Remittance Advice
  - Rebill (correct and rebill)
  - Reopen
  - Redetermination
- Utilize Denial Code Resolution Page
  - Noridian Medicare website > Education and Outreach tab > Tools > Denial Code Resolution

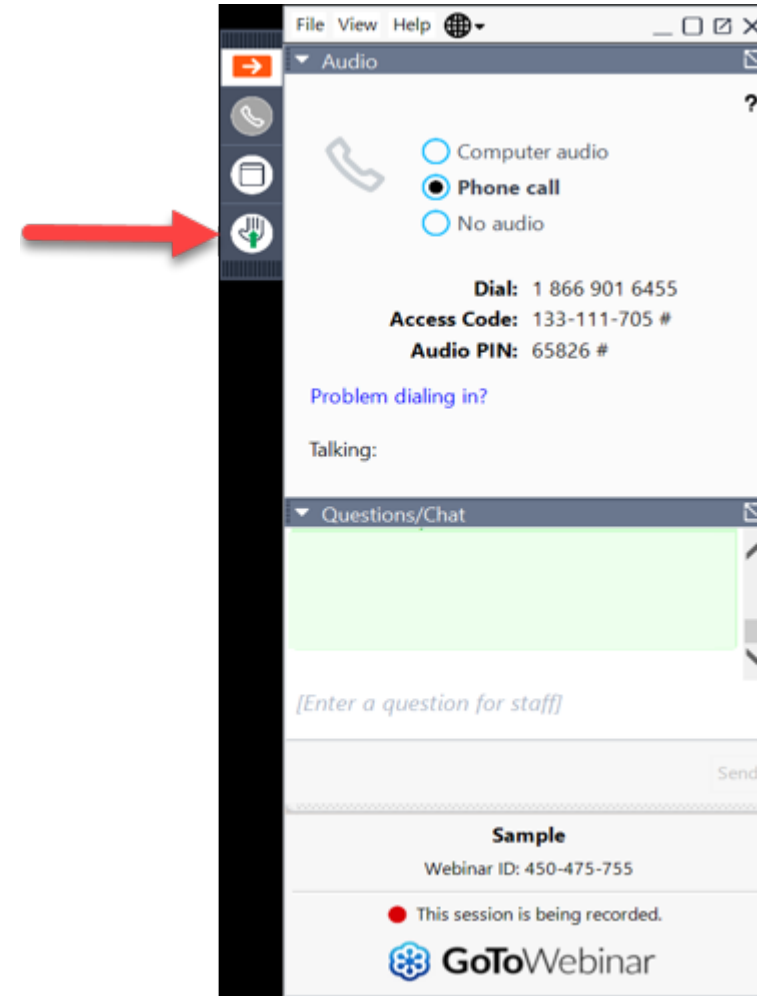
## ***DENIAL CODE RESOLUTION PAGE***

- Search for Reason or Remark Code
- Page will filter viewable codes based on search term
- Click on appropriate code

| Reason Code 4   Remark Code N519 |   |
|----------------------------------|---|
| Code                             | Description   |
| Reason Code: 4                   | The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. |
| Remark Code: N519                | Invalid combination of HCPCS modifiers.   |

# ASKING VERBAL QUESTIONS

- Click hand icon on left of access panel
  - Green = hand down
  - Red = hand up



***QUESTIONS?***





# ***COMPREHENSIVE ERROR RATE TESTING (CERT)***

# COMPREHENSIVE ERROR RATE TESTING (CERT)

## ■ 2023 estimated improper payments

| Service Type     | Improper Payment Rate | Projected Improper Payment Amount |
|------------------|-----------------------|-----------------------------------|
| Overall          | 7.4%                  | \$31.2 B                          |
| Part A Providers | 6.0%                  | \$18.3 B                          |
| Part B Providers | 10.0%                 | \$11.0 B                          |
| <b>DMEPOS</b>    | <b>22.5%</b>          | <b>\$1.9 B</b>                    |





# ***RESOURCES AND REMINDERS***



## ***NEW YEAR, NEW ELIGIBILITY?***

- Open enrollment periods:
  - Fee-for-Service: October 15 – December 7
  - Advantage Plans: January 1 – March 31
- Verify on Noridian Medicare Portal
  - Eligibility function > Health Maintenance Organization (HMO) tab

## ***ONE-ON-ONE EDUCATION***

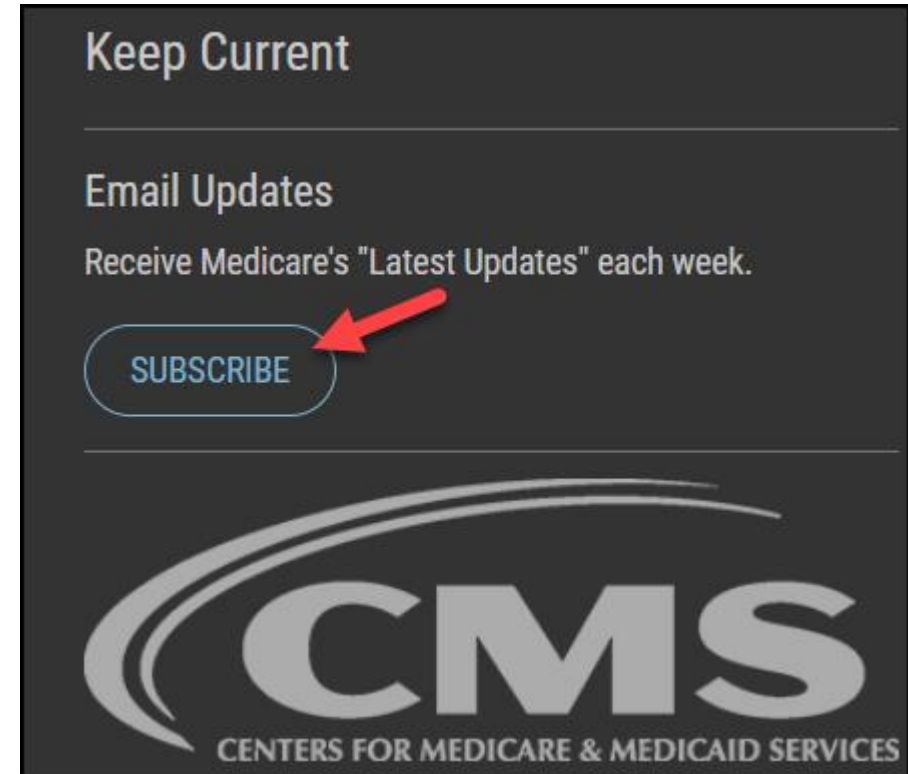
- Tailored to specific supplier
- Email completed form to [dmewebinars@noridian.com](mailto:dmewebinars@noridian.com)

### Educational Request Forms

- [DME Individual Education Request Form](#) [PDF] - Request a one-on-one virtual visit with a DME Education Representative
- [DME Provider Outreach and Education Advisory Group JD Membership Application](#) [PDF] - Apply to be a member of the DME POEAG to assist Noridian in the creation, implementation, and review of Noridian's provider education and training strategy and efforts
- [Speaker Request Form for DME Events](#) [PDF] - Request Noridian's DME Outreach and Education team participation at your event

## EMAIL UPDATES

- Weekly on Friday
- Contains all articles posted to Latest Updates prior week
- Subscribe in footer of Noridian website



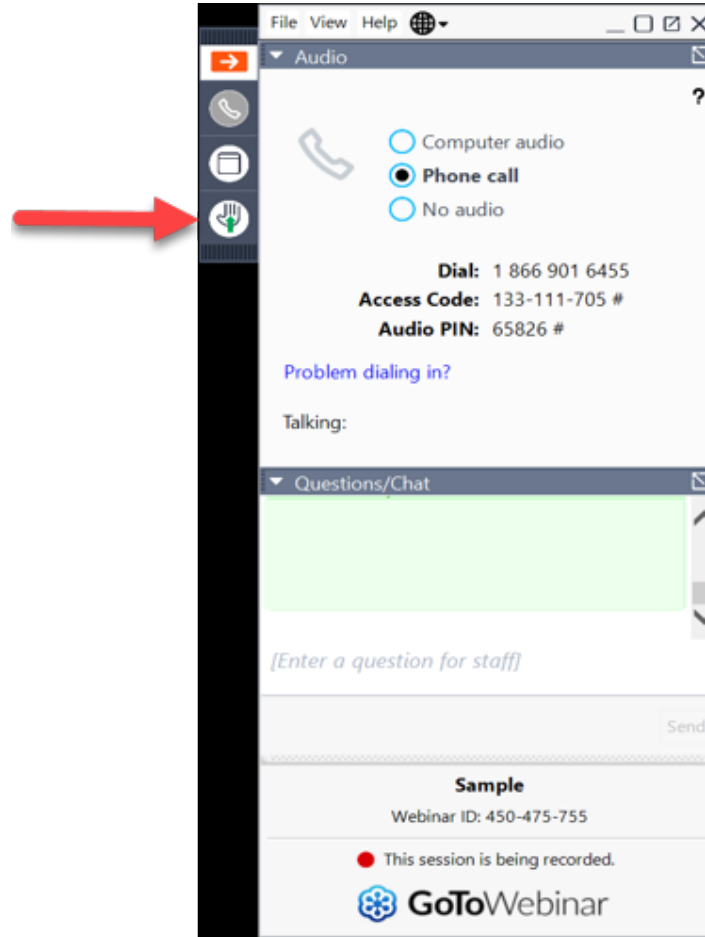
# CLOSING REMINDERS

## Questions

- Ask written or verbal
- Click hand icon
  - Red = hand up
  - Green = hand down

## CEUs

- Emailed within one business day after the event



## Satisfaction Survey

- Feedback is appreciated
  - Drive change and best practices
  - Every result reviewed
- See Chat/Questions section for link



***THANK YOU FOR ATTENDING!***



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