Prior to passage of the Lymphedema Treatment Act (LTA), Medicare, and consequently many other policies, did not cover one of the critical components of lymphedema treatment – the medically necessary doctor-prescribed compression supplies used daily in lymphedema treatment. As a result, patients often suffered from preventable infections and hospitalizations, progressive degradation in their condition, and in some cases, eventual disability because they could not afford the medical supplies needed to maintain their condition.

The LTA closed this gap in coverage by creating a Medicare benefit category specifically for lymphedema compression treatment supplies. Medicare had previously been unable to cover these items because they could not be classified under any of the existing benefit category.

A legislative fix was necessary because only Congress has the authority to create a new Medicare benefit category. The below graphic outlines the 13 year effort led by the Lymphedema Advocacy Group to pass this historic legislation and improve access to care for millions of patients!

The Lymphedema Treatment Act is a federal law, passed on December 23, 2022 and effective January 1, 2024, that requires Medicare to cover medically necessary compression garments, wraps, bandaging supplies, and related accessories for people diagnosed with lymphedema.

What the LTA Covers

Medicare Part B now covers medically necessary items prescribed for diagnosed lymphedema, including:

- **Daytime compression garments** (standard/off-the-shelf and custom-fitted) aota.org
- **Nighttime compression garments** (foam/quilting designs for sleep) lymphedemaproducts.com
- **Gradient compression wraps with adjustable straps** (e.g., Velcro wraps)
- **Compression bandaging systems and supplies**
- **Accessories** such as padding, fillers, linings, zippers, and donning/doffing aids (e.g., butlers, foot slippers) aota.org

Coverage applies to all affected body parts, not just arms and legs.

lymphedemaadvocacygroup.org

Eligibility Requirements

A patient qualifies for coverage when:

- They have **Medicare Part B,** and
- They have a **documented diagnosis of lymphedema** (ICD-10 codes such as I89.0, I97.2, I97.89, Q82.0). G ltstherapy.com
- A physician or qualified provider prescribes the compression items specifically to treat lymphedema symptoms. aota.org

Coverage applies to primary, secondary, cancer-related, and non-cancer-related lymphedema.

lymphedemaproducts.com

Replacement Frequency

Medicare's replacement schedule includes:

- **3 daytime garments every 6 months** per affected body part
- **2 nighttime garments every 2 years**
- Additional replacements allowed if size changes, damage, loss, or medical need is documented. aota.org

Bandaging supplies are replaced based on medical necessity review. aota.org

What the LTA Does Not Cover

The LTA does **not** cover:

- Compression used for **non-lymphedema diagnoses** (e.g., venous insufficiency alone) lymphedemaproducts.com
- **Ordering & Supplier Requirements**

Compression items must be purchased from a **Medicare-enrolled supplier.**

Therapists or clinics may supply items only if they meet full DMEPOS supplier standards and credentialing. G ltstherapy.com

Implementation Timeline

- **Passed**: December 23, 2022
- **Effective**: January 1, 2024
- Ongoing updates continue through CMS and DME MAC guidance. G ltstherapy.com