

noridian

Healthcare Solutions

Delivering solutions that put people first.

Noridian Healthcare Solutions, LLC

LYMPHEDEMA COMPRESSION TREATMENT

**Presented by
Noridian DME Outreach and Education
December 2023**



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

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

EDUCATION EVENT DISCLAIMER

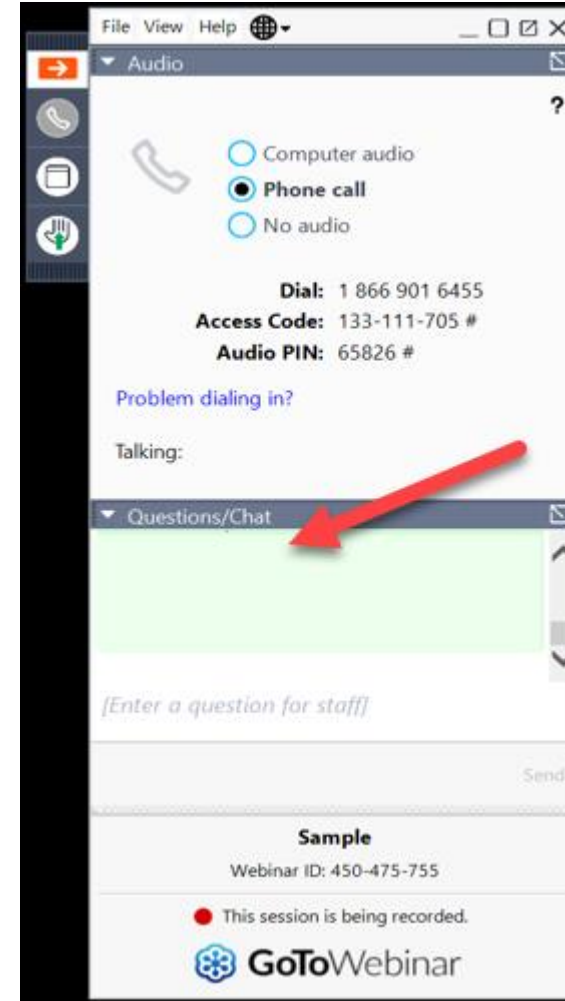
- Claim specific determination questions
 - Noridian Medicare Portal (NMP)
 - Reach out to Provider Contact Center (PCC)
 - Jurisdiction A 1-866-419-9458
 - Jurisdiction D 1-877-320-0390
- Claim determination dissatisfaction
 - Follow appeals process
 - Noridian Medicare website > Billing, Claims, and 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

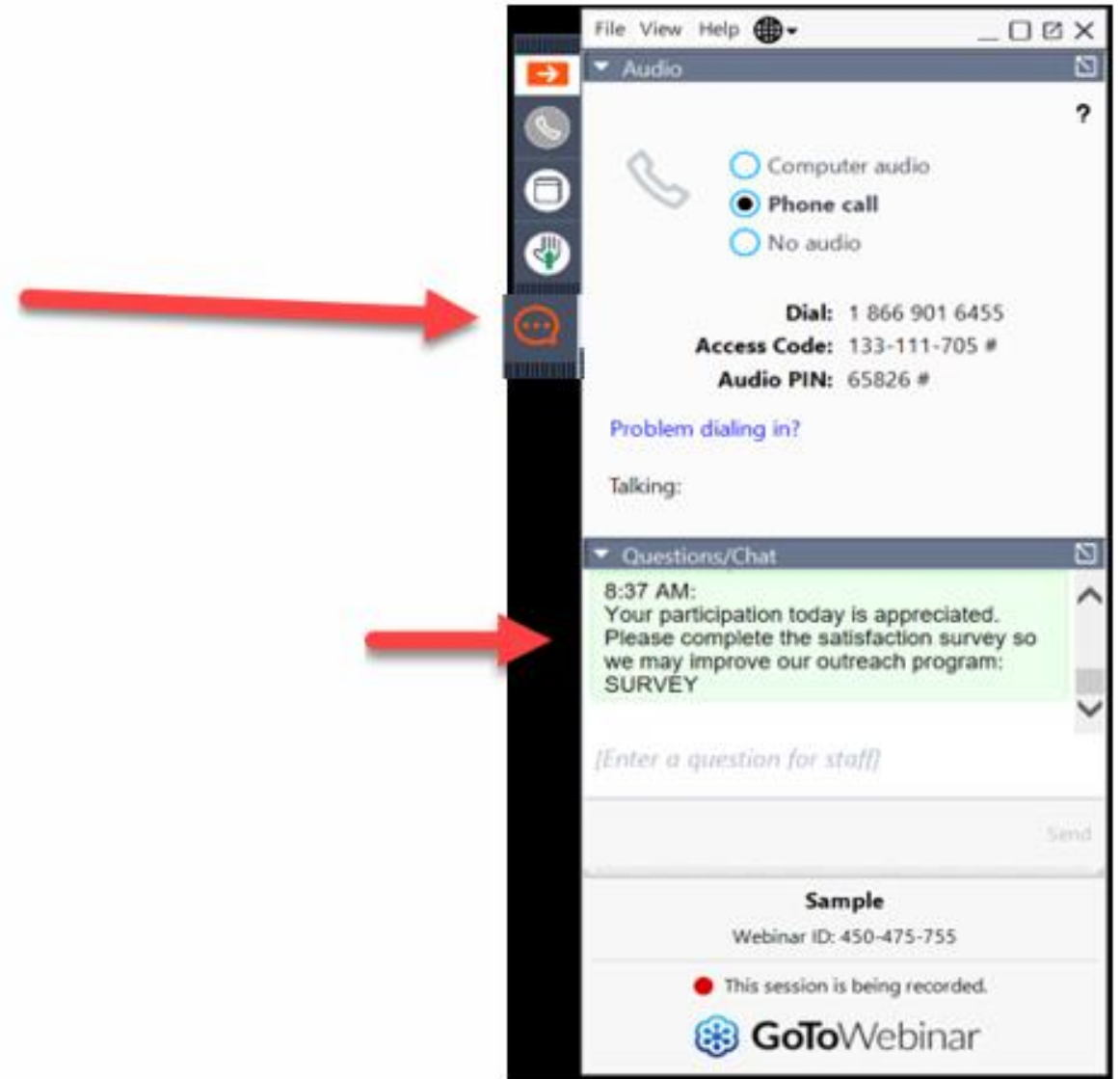
ASKING WRITTEN QUESTIONS

- 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



TODAY'S WEBINAR

- Change Request (CR) 13286:
 - Released November 09, 2023
 - Initial Article released November 13, 2023
 - Effective date January 01, 2024
 - Implementation date January 02, 2024
- No planned Local Coverage Determination (LCD) or Policy Article (PA)

BENEFIT CATEGORY RESOURCES

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

AGENDA

- Policy Information
- Coding and Billing
- Documentation Requirements
- Comprehensive Error Rate Testing (CERT)
- Resources and Reminders
 - Acronyms/Glossary
 - [Jurisdiction A](#)
 - [Jurisdiction D](#)

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, etc.
- Compression bandaging systems/supplies

COMPRESSION GARMENTS/WRAPPS

- 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

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
- Included in DMEPOS Competitive Bidding Program
- Coverage of supplies on claim-by-claim basis

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
- Accessories (e.g., zippers, liners, padding, fillers, etc.) necessary to prevent skin breakdown associated with wearing garment

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 2

HCPCS CODE	DESCRIPTION	ADDITIONAL INFORMATION
A6552	Gradient compression stocking, below knee, 20-40 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

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

FOUR NOT OTHERWISE SPECIFIED HCPCS 2

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

HCPCS LYMPHEDEMA BENEFIT

- A6520 – A6530
- A6533 – A6541
- A6549
- A6552 – A6589
- A6593 – A6610

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

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)

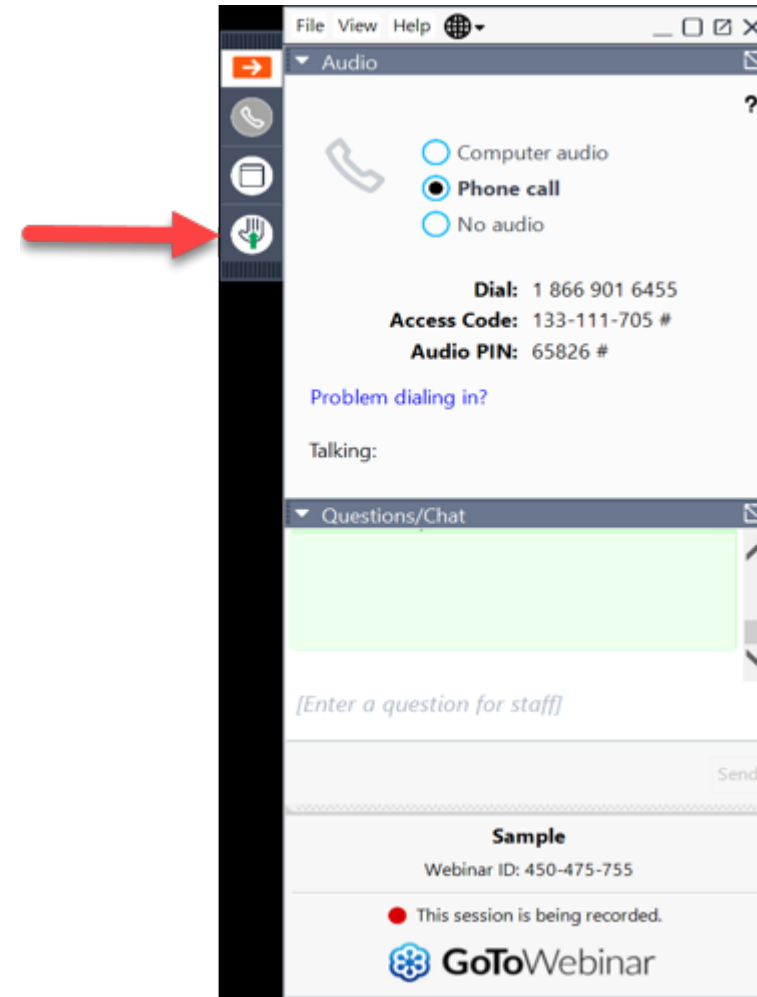
- Standard Written Order (SWO)
- Medical records
- Proof of delivery (POD)
- Continued use/continued need
- Refill requirements
- Items dispensed on periodic basis

■ Beneficiary authorization

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

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)

■ 2022 estimated improper payments

Service Type	Improper Payment Rate	Projected Improper Payment Amount
Overall	7.46%	\$31.46 B
Part A Providers (excluding Hospital Inpatient Prospective Payment System (IPPS))	8.86%	\$17.13 B
Part B Providers	8.21%	\$8.75 B
Hospital IPPS	2.99%	\$4.12 B
DMEPOS	25.24%	\$2.19 B

RESOURCES AND REMINDERS



WRITTEN REOPENINGS REQUIRED THROUGH NORIDIAN MEDICARE PORTAL (NMP)

- Effective January 1, 2024
- Required to use NMP for all written reopenings available through NMP
- Dismissed if receipt date on/after January 1, 2024, and reopening available through NMP
- Resources on Noridian Medicare website:
 - Billing, Claims, and Appeals > Reopenings
 - Browse by Topic > Noridian Medicare Portal (NMP) > User Manual > Inquiry Guide > Self Service Reopenings (DME)

REFILL POLICY CHANGE – EFFECTIVE JANUARY 1, 2024

- Timeframe for contacting beneficiaries changes from 14 to 30 days
 - Beneficiaries do not need to specify remaining amounts
 - CMS does not prescribe mode of communication
- Items cannot be delivered sooner than 10 days prior to end of usage of current product – no change
- Resources:
 - [Standard Documentation Requirements Policy Article](#)
 - Applicable Local Coverage Determinations

REMINDER FROM APPEALS

- If Advance Beneficiary Notice of Noncoverage (ABN) on file regarding appealed item, include ABN in documentation
 - Without ABN, liability could shift to supplier
- If not included in appeal and liability shifted:
 - Must be sent to reconsiderations
 - Increases time for appeal to finalize

ADDRESS IN PECOS

- Ensure Medical Records Correspondence Address (MRCA) record in PECOS is kept up-to-date
 - Used by Medicare Administrative Contractors (MACs) to request medical records
 - Other contractors:
 - Comprehensive Error Rate Testing program (CERT): Call Customer Service to provide specific address
 - Supplemental Medical Review Contractor (SMRC): Uses mailing address
 - Recovery Audit Contractor (RAC): Uses payee or physical address
 - Unified Program Integrity Contractor (UPIC):
 - Prepayment reviews: Uses PECOS
 - Post-payment reviews: Uses payee address
- Latest Updates > Ensure Your Medical Records Correspondence Address is Correct

EMAIL UPDATES

- Weekly on Friday
- Registration available in lower right corner of our website
- Customizable

Subscribed Interests

Nebulizers

- **Policy Article Revisions Summary for October 5, 2023**
Outlined below are the principal changes to the DME MAC Policy Article (PA) that has been revised and posted. The policy included is Nebulizers. Please review the entire Local Coverage Determination (LCD) and related PA for complete information. [Read the complete update](#)

Positive Airway Pressure (PAP) Devices

- **Positive Airway Pressure (PAP) Devices Webinar - November 9, 2023**
This event includes: Polysomnography Sleep Studies, PAP Coverage Criteria, Documentation, Medical Review Errors (PAP vs. PSG LCD), Resources [Read the complete update](#)

Recent Announcements Published to "Latest Updates"

- **How to Bill for Hospital Beds and Pressure Reducing Support Surfaces**
Suppliers have asked how they can bill appropriately for hospital beds and pressure reducing support surfaces (PRSS). [Read the complete update](#)
- **Manual Wheelchair Bases Webinar - November 7, 2023**
This event includes: Comprehensive Error Rate Testing (CERT), Coverage Criteria, Wheelchair Bases, Repairs to Equipment, Billing Reminders, Upgrades and Coding Guidelines, Documentation Requirements [Read the complete update](#)

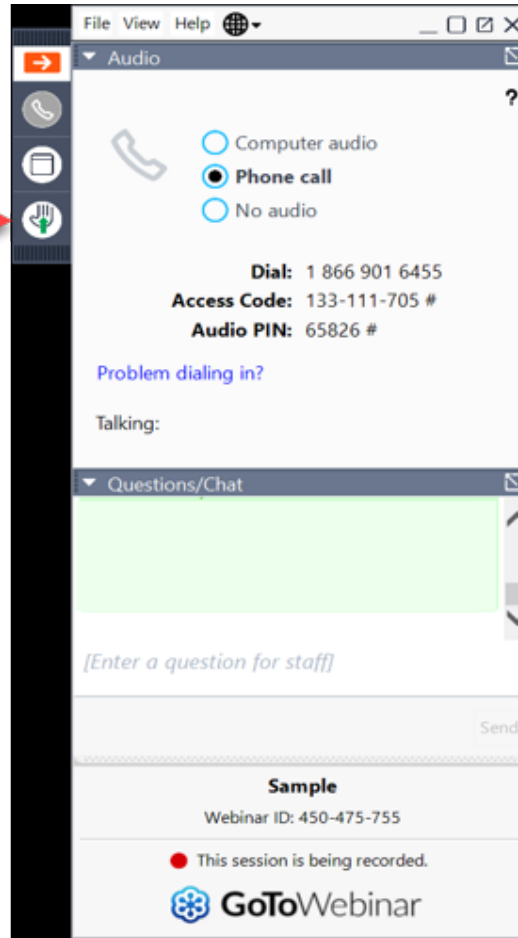
CLOSING REMINDERS

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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