

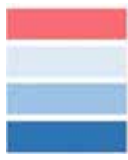
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Fast Facts:

CMS Rule 1780 Final Rule & The Lymphedema Treatment Act

Frequently Asked Questions

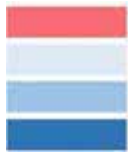
| Question | Response |
|---|---|
| Where can I read the final rule? | https://public-inspection.federalregister.gov/2023-24455.pdf |
| Where can I find the HCPCS code list? | https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update |
| Will the HCPCS change for commercial insurance? | HCPCS are generally adopted as the standard across most payers. But individual commercial insurance plans may decide to still use the S codes, which will be invalid for Medicare use. |
| When will the fee schedule be published? | CMS will decide when to post the updated fee schedule. It will be available on this website: https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule |
| Will lymphedema compression treatment items be placed in the Competitive Bidding Program? | CMS has the authority to do so, but has not yet elected to use this authority now or in the near future. |
| Do I have to be DMEPOS enrolled to bill Medicare? | Yes. |
| Can clinicians become DMEPOS suppliers? | Yes. |
| I have a question about DMEPOS enrollment | Please visit: https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/durable-medical-equipment-prosthetics-orthotics-supplies-dmepos |
| When is CMS going to update the DMEPOS enrollment process to reflect lymphedema compression items and supplies? | CMS is in control of this process, please contact them with questions. |
| Where do I find DMEPOS enrolled suppliers? | https://www.medicare.gov/medical-equipment-suppliers |



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| I have a question about how to bill Medicare | Please contact the DME MAC in your geographical jurisdiction: https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs |
| I have a question about how to bill a Medicare patient | Please contact the DME MAC in your geographical jurisdiction: https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs Additional resource: https://med.noridianmedicare.com/web/jeb/topics/dme |
| I have a question about ABNs | Please visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ABN-Tutorial/formCMSR131tutorial111915f.html |
| I have a question about how to bill other insurance plans or patients with insurance plans other than Medicare | Please contact the specific payer's claims and billing department |
| What about compression bras? | There were three HCPCS codes published with bra in the description: <ul style="list-style-type: none">• A6528 Gradient compression garment, bra, for nighttime use, each• A6529 Gradient compression garment, bra, for nighttime use, custom, each• A6589 Gradient pressure wrap with adjustable straps, bra, each |
| Will all brands of products be covered? | Medicare has not identified specific brands for coverage. |
| Will products be sold in pairs or units? | The HCPCS are labeled as "each", so they must be billed as individual units |
| Is Medicare paying a separate fitting fee? | No. DMEPOS suppliers are responsible for all aspects of furnishing the item, including fitting, and measuring services. |
| When will the Local Coverage Determination (LCD) be published? | We anticipate sometime in 2024. |



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| Will phlebolymphedema and/or lipedema be covered? | <p>CMS stated “we are finalizing the proposed rule to limit the scope of the new benefit for lymphedema compression treatment items to items furnished to an individual with a diagnosis of lymphedema and not illnesses other than lymphedema.”</p> <p>We anticipate the specific ICD-10 codes eligible for coverage to be published in the Local Coverage Determination (LCD) or associated policy articles.</p> |
| What exactly is Medicare going to cover? | <p>Coverage guidelines will be published in the LCD. In the interim, CMS has shared this: https://www.cms.gov/medicare/payment/fee-schedules/dmepos-fee-schedule/lymphedema-compression-treatment-items</p> |
| How will this impact Medicare Advantage coverage? | <p>Medicare Advantage Plans must cover all medically necessary services that Original Medicare covers. In many cases, you may need to get approval from your plan before it covers certain services or supplies. Contact the specific plan if you have questions about covered services.</p> |
| How will this impact other commercial insurance plan coverage? | <p>Commercial plans may choose to utilize the policies and guidelines Medicare publishes, or they may choose to utilize their own versions. Contact the specific plan if you have questions about covered services.</p> |



Resource Links

Final Rule

- <https://public-inspection.federalregister.gov/2023-24455.pdf>

HCPCS Code List

- <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>

DMEPOS Fee Schedule

- <https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule>

CMS Lymphedema Update

- <https://www.cms.gov/medicare/payment/fee-schedules/dmepos-fee-schedule/lymphedema-compression-treatment-items>

Medicare & You Official Government Handbook

- <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>

DMEPOS Supplier Look Up

- <https://www.medicare.gov/medical-equipment-suppliers>

DMEPOS Enrollment

- <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/durable-medical-equipment-prosthetics-orthotics-supplies-dmepos>

ABN Tutorial

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ABN-Tutorial/formCMSR131tutorial111915f.html>

Assignment Agreement

- <https://med.noridianmedicare.com/web/jadme/claims-appeals/claim-submission/assignment-agreement>

Participating or Non-Participating Suppliers

- <https://med.noridianmedicare.com/web/jadme/claims-appeals/claim-submission/participating-vs-non-participating-supplier>

Acronyms

| Acronym | Meaning | About | Learn More |
|----------------|--|--|---|
| CMS | Centers for Medicare & Medicaid Services | CMS is the federal agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity and outcomes in the health care system. | https://www.cms.gov/ |
| DMEPOS | Durable Medical Equipment, Prosthetics/Orthotics, and Supplies | Healthcare equipment provided to patients | https://www.cms.gov/medicare/payment/fee-schedules/dmepos/center And https://www.medicare.gov/media/publication/11045-medicare-coverage-of-dme-and-other-devices.pdf |
| DME MAC | Durable Medical Equipment Medicare Administrative Contractor | A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries. CMS relies on a network of MACs to serve as the primary operational contact between the Medicare FFS program and the health care providers enrolled in the program. MACs are multi-state, regional contractors responsible for administering both Medicare Part A and Medicare Part B claims. | https://www.cms.gov/medicare/coding-billing/medicare-administrative-contractors-macs/whats-mac |
| HCPCS | Healthcare Common Procedure Coding System | A collection of standardized codes that represent medical procedures, supplies, products and services. The codes are used to facilitate the processing of health insurance claims by Medicare and other insurers. | https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system |

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|------------|--|---|---|
| LCD | Local Coverage Determination | Determination by a fiscal intermediary or a carrier under part A or B, as applicable, respecting whether or not a particular item or service is covered on an intermediary – or carrier-wide basis under such parts, in accordance with section 1862(a)(1)(A). | https://www.cms.gov/medicare/coverage/determination-process/local |
| NCD | National Coverage Determination | National policy granting, limiting, or excluding coverage for a specific medical item or service made through an evidence-based process, with opportunities for public participation. | https://www.cms.gov/medicare/coverage/determination-process |
| ABN | Advance Beneficiary Notice of Non-Coverage | The Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131, is issued by providers (including independent laboratories, home health agencies, and hospices), physicians, practitioners, and suppliers to Original Medicare (fee for service - FFS) beneficiaries in situations where Medicare payment is expected to be denied. The ABN is issued in order to transfer potential financial liability to the Medicare beneficiary in certain instances. Guidelines for issuing the ABN can be found beginning in Section 50 in the Medicare Claims Processing Manual, 100-4, Chapter 30 (PDF) . | https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ABN-Tutorial/formCMSR131tutorial111915f.html |