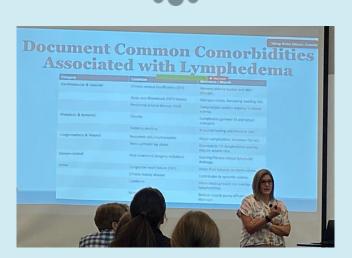


Insurance Coverage Documentation Strategies



Brandy McKeown, OTR/L, CLT-LANA, CLWT presented a detailed explanation of the documentation needed for insurance coverage of lymphedema supplies.

Insurance Coverage for Garments: Pitfalls to Avoid

Presentation Review

Brandy McKeown, OTR/L, CLT-LANA, CLWT has 24 years of experience as a CLT, treating lymphedema, lipedema, and chronic wounds. She is the Director of Lymphedema at Rehabilitation Services and CEO of the International Lymphedema & Wound Training Institute in Tifton, GA.

While passage of the **Lymphedema Treatment Act** is helping patients receive coverage for lymphedema care and medical devices, the processes are still being developed. Brandy emphasizes that patients must be their own advocates, and CLT's must help them with detailed documentation. **Diagnosis codes** are essential for coverage of compression garments and other durable medical equipment (DME) to support a patient's home program for managing lymphedema. Brandy suggests using the following codes:

Q82.0 Primary lymphedema

189.0 Lymphedema acquired not elsewhere classified

197.2 Post mastectomy lymphedema syndrome

197.89 Other post procedural complications and disorders of the circulatory system

The <u>Lymphedema Advocacy Group handouts</u> include details on coverage and diagnosis codes for providers and patients.

Documentation of Lymphedema must include:

1. Presentation – Describe signs of lymphedema, with indications for treatment such as

specific compression for cuffing at the ankles. Include patient history leading to lymphedema diagnosis. Note edema in the trunk of the body as well as the limbs.

- **2. Staging** Note that the International Society of Lymphatics uses stages o-3, the Johns Hopkins model lists stages 1-4, and the Miller model has five stages (o-4), so description of the lymphedema presentation must accompany the staging diagnosis.
- **3. Comorbidities** Lipedema, skin changes, and orthopedic issues are some of the accompanying health issues that affect lymphedema management and must be documented.
- **4. Functional Obstacles** Strength, mobility, endurance, and flexibility affect a patient's ability to don garments and manage their lymphedema.
- **5. Caregiver Support** Does the patient have help with home management of lymphedema, donning of garments, physical exercises, cleaning, and nutrition support?
- **6. Treatments** What treatments or garments have been tried in the past? What was the success rate?
- 7. Home Program How will medical equipment support patient self-care after therapy?
- **8. Prescription for Supplies** Specific items needed for home care, such as bandages, garments and donning supplies, must include reasons for their use, customization, etc. The prescription must be signed by a physician.

(Note that bandaging supplies used by a therapist are included in the charge for therapy, but supplies for home care are billed separately.)

Understanding Medicare, Medicare Advantage, and Medicaid Differences and Coverages

Medicare is America's federally funded and administered insurance program for people over age 65 as well as younger people with disabilities or certain health conditions. The Lymphedema Treatment Act requires Medicare to cover treatment and supplies for lymphedema.

Medicare Advantage is listed as Part C under Medicare coverage. It is administered by private insurance companies, and bundles Medicare parts A and B along with additional coverages. Advantage companies often use in-network plans to reduce costs. DME companies are finding that the Advantage prior authorization requirements, changes in coverage, and slow payments are barriers to providing equipment for lymphedema patients, particularly in rural counties. Further research on this topic is recommended, and patients should ask advantage companies specifically about coverage for lymphedema treatment and supplies before choosing a plan.

Medicaid combines federal and state health insurance support for people with low income levels. Coverage for lymphedema treatment and supplies varies by state. Children with lymphedema diagnoses are more likely to be given coverage. Adults have trouble obtaining coverage for garments and supplies.

The **Lymphedema Advocacy Group** is a strong supporter of patients and therapists working to implement coverage afforded by the Lymphedema Treatment Act. The **US Medical Compression Alliance** is a collaboration of medical compression industry members working together to improve the standard of care for venous and lymphatic patients. Links to their websites as well as Medicare.gov are below.

Brandy encourages patients and therapists to continue advocating for insurance coverage, not only for supplies but also for the specialist work of Certified Lymphedema Therapists. In addition to training and wonderful care, our therapists spend hours providing documentation of patient conditions. Educated patients can help by bringing copies of personal history information and documentation to appointments, and also by expressing gratitude to the dedicated professionals who help manage lymphedema and obtain insurance coverage for their services.



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