

# Local Coverage Article: Lymphedema Decongestive Treatment (A55710)

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01111 - MAC A	J - E	California - Entire State
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01112 - MAC B	J - E	California - Northern
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01311 - MAC A	J - E	Nevada
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	01911 - MAC A	J - E	California - Entire State Guam Hawaii Nevada Northern Mariana Islands

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## Article Information

### General Information

**Original Article Effective Date**

08/31/2017

**Revision Effective Date**

01/01/2018

**Article ID**

**Article Title**

Lymphedema Decongestive Treatment

**Retirement Date**

N/A

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**Article Guidance****Article Text:**

We are providing clarification of coverage and documentation requirements for lymphedema decongestive treatment based on Noridian medical review findings. The two basic types of decongestive treatment are:

- Manual Lymphatic Drainage (MLD) which stimulates the movement of fluids in the tissues using gentle massage and;
- Comprehensive Decongestive Therapy (CDT) which is a combination of MLD, bandaging, skin care and exercises. Medicare will reimburse for necessary components of decongestive treatment when the medical record supports that the following requirements are met.

Documentation should support a diagnosis of lymphedema and not tissue edema due to other etiologies (chronic venous insufficiency, congestive heart failure, acute infection(s), etc.). Recent changes in the patient's condition as well as prior unsuccessful therapies (elevation, bandaging, diuresis, etc.) should be reported to justify the need for skilled services. Therapy services must be provided by a qualified clinician (physician, non-physician practitioner (NPP) or qualified therapist). Treatment services may also be provided by an appropriately qualified and supervised therapist assistant. Services must be under accepted standards of medical practice and considered to be specific and effective treatment for the patient's condition.

The goal of therapy is not to achieve maximum volume reduction but to ultimately transfer the responsibility for the care from the provider to the patient and/or caregiver, generally within a 1-3 week time period. There is only temporary benefit from the treatment unless the patient and/or caregiver are able to complete treatments at home on an ongoing basis. The end of treatment is not when the edema resolves or stabilizes but when the patient and/or caregiver are able to continue the treatments at home. The key issue is whether the skills of a therapist are needed, or whether the services can be carried out by the patient and/or caregiver after sufficient training. The medical record must clearly indicate the patient's condition before, during, and after the therapy episode to support that the patient significantly benefitted from ongoing therapy services and that the progress was sustainable and of practical value when measured against the patient's condition at the start of treatment. Documentation should indicate clear objective evidence of improvement generally within the first week or 10 days of therapy (changes in weight, extremity circumference, etc.).

Medically necessary hands-on MLD is a covered Medicare service and is coded using CPT 97140 for manual therapy. There is no Medicare coverage for lymphedema compression bandage application as this is considered to be an unskilled service. Medicare will however cover a brief period (e.g. three or fewer sessions if no new specific issues are identified), of patient/caregiver instruction in compression bandaging home management. Medical

necessity for this education must be clearly documented and meet the code descriptor requirements for CPT 97535. Minutes spent applying compression bandaging without patient/caregiver education should not be billed as skilled therapy services.

**Note:** Compression application CPT codes 29581-29584 may be appropriately billed for the treatment of wounds when indicated; however, these codes should not be billed for unskilled lymphedema compression bandage application. For additional information, see the Noridian article titled "High Compression Bandage System Clarification."

### **Maintenance Level**

When it is reasonable to assume that ongoing services could reasonably be carried out by the patient and/or appropriately trained caregiver(s), then the services are considered to be at a maintenance level of care and are no longer reimbursable by Medicare. It is the patient's responsibility to acquire caregiver assistance for carrying out of the home maintenance program when necessary. Generally, it is anticipated that an efficient home maintenance program will be effective for a lifetime. However, in the rare instance, when additional treatment for the same condition is necessary, then the documentation must support reasonableness and medical necessity for the additional services. For additional information, see the Noridian article titled "Medical Necessity of Therapy Services."

### **Sources:**

- **Federal Register (FR), Volume 76, Number 228, Part III, Section C-5**
- **Internet Only Manual (IOM) Medicare National Coverage Determinations Manual, Publication 100-03, Chapter 1, Part 4, Sections 270.5, 280.1, 280.6**
- **IOM Medicare Benefit Policy Manual, Publication 100-02, Chapter 15, Sections 220-230**
- **Current Procedural Terminology Coding Manual**
- **Social Security Act (SSA), Title 18, Section 1862(a)(1)(A)**

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## **Coding Information**

### **Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

### **Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes**  
**Group 1 Paragraph:** N/A

**Group 1 Codes:**

<b>Group 1 CPT/HCPCS Code</b>	<b>Group 1 CPT/HCPCS Code Description</b>
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE AND FOOT
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FINGERS
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT, EACH 15 MINUTES

**ICD-10 Codes that are Covered** N/A

**ICD-10 Codes that are Not Covered** N/A

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## [Revision History Information](#)

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>
01/01/2018	R1	Article is revised to delete 29582 and 29583 per the 2018 Annual HCPCS Code update.

[Back to Top](#) **Related Local Coverage Document(s)** Article(s) [A53287 - High Compression Bandage System Clarification A53304 - Medical Necessity of Therapy Services](#)

**Related National Coverage Document(s)** N/A

**Statutory Requirements URL(s)** N/A

**Rules and Regulations URL(s)** N/A

**CMS Manual Explanations URL(s)** N/A

**Other URL(s)** N/A

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## [Keywords](#)

- 97140
- lymphatic
- lymphedema
- Comprehensive
- Decongestive
- Therapy
- CDT
- MDT
- manual
- 97535
- 29581
- 29584
- compression

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