

Lymphedema Reimbursement 101

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- **ICD-10 Codes**

- Q82.0 congenital lymphedema
- I97.2 Post-mastectomy lymphedema syndrome
- I89.0 Secondary Lymphedema
- I97.89 Other, post-surgery lymphedema NEC
- N94.89 Female Genital Lymphedema
- N50.8 Scrotum-Genital Lymphedema
- N48.89 Penis-Genital Lymphedema
- I87.2 Chronic Venous Insufficiency

- **CPT Codes**

The following is a list of possible CPT codes used with the lymphedema population. Reimbursement varies largely by payer and by state. Talk to your individual payer to determine what codes are reimbursable.

- **97001, Evaluation**
- **97002, Re-evaluation**
 - Must include objective information not included in other documentation
 - Use if a significant improvement, decline, or change in the patient's condition or functional status that was not anticipated in the plan of care
 - Use if there is a gap in care or a change to the plan of care is necessary
- **97140, Manual therapy**
 - Includes Manual Lymphatic Drainage, scar mobilization, techniques to address fibrosis, soft tissue mobilization. Can be used to bill compression bandaging when it is completely passive.
- **97535, Self Care**
 - Includes instruction in safety, self-care, management and performance of compression bandaging, adaptive equipment use, energy conservation and limb protection strategies. Use for donning/dogging of garment instruction.
 - Code should not be used for all home instruction. Use the code that best describes the goal of the home activity. For example, if a patient is instructed on exercises to be done at home to improve strength and ROM, use 97110.
- **97110, Therapeutic Exercise**
 - Includes therapeutic exercises as part of a Complete Decongestive Therapy regimen, development of strength, ROM, and flexibility. Also instruction and performance of HEP.
- **97530, Therapeutic Activities**
 - Includes dynamic activities to improve functional performance. Such as lifting, carrying, pushing, pulling, throwing, catching, transfers, overhead activities, stimulation of functional activities.
- **97112, Neuromuscular Re-education**

- Includes re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception. Appropriate for diagnosis of postural abnormalities, nerve injuries or balance issues.
- **97016, Vasopneumatic Devices**
 - Use of compression pump for upper or lower extremities to facilitate the removal of edema. This is an untimed code. If performed bilateral, you need modifier RT/LT or 50. Not payable by all insurers, check with your individual payers. May be used for education in home use of the pump if the DME supplier does not perform it.
- **97760, Orthotic management and training**
- **97762, Check out for orthotic/prosthetic use**
 - These codes replaced previous codes 97504 (orthotic fitting and training) and 97703 (orthotic check-out) which are no longer valid. They should be used with caution per Medicare specification: Orthotics benefits are limited to leg, arm, back and neck braces used independently of other medical devices. In order for an orthosis to be covered by Medicare, it must be a rigid or semi-rigid device that is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.
- **CPT codes 29581-29584**, can be used to bill to insurance for the application of multilayer compression bandages used in lymphedema treatment. Although recognized as valid physical and occupational procedure codes, they are payer specific. It is recommend that one checks with their payer to verify if 29581-29584 will be covered when rendered by a physical or occupational therapist. These codes are not time based and unless used bilaterally and with a modifier, should only be billed for 1 unit.

Below are the definitions of 29581-29584:

 - 29581: Application of multi-layer compression system of the leg (below the knee) including the ankle and leg
 - 29582: Application of multi-layer compression system of the thigh and leg including the ankle and foot (the entire leg)
 - 29583: Application of multi-layer compression system of the upper arm and forearm
 - 29584: Application of multi-layer compression system of the upper arm, forearm, hand and finger (the entire arm)
 - ****NOTE****
 - When billing manual therapy 97140 with codes 29581-29584, modifier 59 must be added to 97140.
 - When billing for bilateral application of multi-layer compression there are two options in submission. The first option is to bill 2 units of the code and add modifier 50 to the code indicating bilateral application of compression system. Ex: 2 units 29584 followed by modifier 50. The second is to bill 1 unit with a modifier RT for right and the second unit with a modifier LT for left.
- **Garments**
 - Coverage of garments for treatment of lymphedema varies among different providers. Patients or DME providers should assess patient's coverage and discuss with patients prior to ordering.
 - The Women's Health and Cancer Rights Act of 1998 requires insurers and Health Maintenance organizations (HMOs) that offer mastectomy coverage to also provide coverage for services relating to the mastectomy including reconstruction, prostheses and treatment of physical complications of the mastectomy, including lymphedema. This also applies to patients who have non-cancer related mastectomies.

- The Lymphedema Treatment Act is an active bill in the 2015-2016 congress that will amend current Medicare statute to allow coverage of lymphedema supplies. Goals include: providing comprehensive lymphedema treatment coverage; enabling patient self-treatment plan adherence by providing necessary medical supplies for use at home as prescribed for each patient; and reduction of total healthcare costs associated with the disease by decreasing the incidence of complications, co-morbidities and disabilities resulting from this medical condition. For more information and to support this bill, go to www.lymphedematreatmentact.org.
- **Bandages and Supplies**
 - Compression materials and bandages are typically not covered by payers. Clinics obtain materials from various vendors.
Depending on practice and setting, an option for clinics is to have the patient reimburse the provider for materials used or purchase the supplies directly from the vendors. There are several vendors that specialize in lymphedema management materials.
- **Pneumatic Compression Pumps**
 - See the following link for Medicare's statement on pneumatic compression for chronic venous insufficiency. Coverage varies by insurance provider.
<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=63&NcaName=Pneumatic+Compression+Pumps+for+Venous+Insufficiency&NCDId=225&ncdver=1&CoverageSelection=National&Keyword=pneumatic+compression&KeywordLookup=Title&KeywordSearchType=And&bc=gAAAABAACAQAAA%3D%3D&>
 - This link is for Medicare's statement on use of compression pumps for lymphedema.
<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=50&fromdb=true>
- **Other Helpful Links**
 - APTA comments on physical therapy treatment of secondary lymphedema:
http://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coverage_Issues/Lymphedema/Comments/Comments_102009.pdf
 - For outcome measures to determine quality improvement and patient improvement, see PTNow:
<http://www.ptnow.org/FunctionalLimitationReporting/TestsMeasures/Default.aspx>