



Why legislation is needed in order for Medicare to cover Compression Supplies

Congressman Dave Reichert's question to the Health and Human Services (HHS) Secretary:

Lymphedema affects an estimated 1.5 to 3 million Medicare beneficiaries. Individuals often need constant care to avoid recurrent infections. While Medicare does cover and pay for statutorily limited therapy and sequential compression pumps, many patients suffer from recurrent infections, progressive degradation in their condition and eventual disability because they cannot afford the compression bandages and garments required for everyday self-care. I have heard from patients and providers that state compression garments are a necessary form of treatment for patients with Lymphedema. They state compression garments help to improve the quality of life and stave off reoccurring infections for patients. Why does CMS not cover these treatments? Does CMS need a statutory change in order to provide coverage for these garments?

The HHS Secretary's response:

Currently, Medicare covers durable pneumatic compressors, referred to as lymphedema pumps, and appliances used in conjunction with these pumps under the Part B benefit for durable medical equipment. These equipment and accessories are used to treat lymphedema and are covered because they fall under a defined Medicare benefit category. In order for items to be covered by Medicare, they must meet the definition of a Medicare-covered benefit defined in the statute. However, it is important to note that although Medicare provides coverage for certain items, it does not provide coverage for every item with potential use for a person with a medical problem even if a physician prescribes the item. Other devices used to treat lymphedema, such as sleeves and stockings, are not covered by Medicare because they do not meet the definition of durable medical equipment or any other Medicare benefit category established by law.