LYMPHEDEMA ADVOCACY GROUP

2026 COVERAGE REPORT

Lymphedema Compression Treatment Items

LYMPHEDEMA
Education & Awareness
PROJECT

Introduction

About This Survey

This report shares findings related to coverage under Original Medicare and Medicare Advantage plans, which accounted for 70% of all included responses. We did not receive enough responses for non-Medicare plans to include other types of insurance in this year's report.

The survey results are consistent with patient and clinician experiences communicated to the Lymphedema Advocacy Group throughout the year and are also consistent with the reports we have received through our Denial and Insufficient Coverage Reporting Form.

Where The Data Came From

Data was collected through an online survey of people with lymphedema across the United States. Responses were collected September 8 through October 19, 2026.

We received 630 submissions and included 482 responses after removing repeat submissions and early partial responses.

Original Medicare: 194

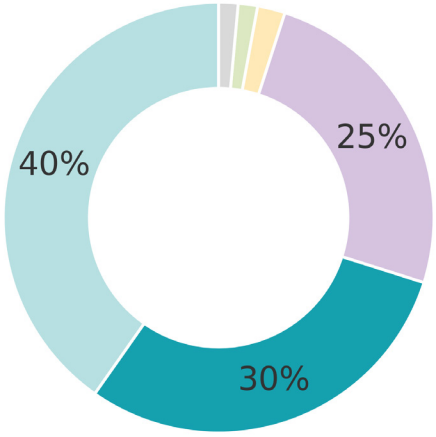
Medicare Advantage: 144

Private insurance: 120

Other insurance types: 24

Insurers are shown separately only if they represent more than 4% of responses for that insurance type. Smaller groups are combined as "Other," following the 2025 report.

All survey respondents



- Original Medicare: 194 (40%)
- Medicare Advantage: 144 (30%)
- Private insurance: 120 (25%)
- Medicaid managed care: 10 (2%)
- Traditional Medicaid: 7 (1%)
- TriCare / VA: 7 (1%)

Key Considerations when Selecting an Insurance Plan

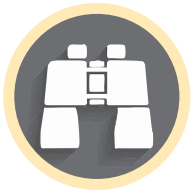


Verify coverage for lymphedema supplies: Coverage details for Original Medicare are available on the official Medicare Lymphedema Compression Treatment Items page. For all other insurance plans, including Medicare Advantage, ask if the plan has a written coverage policy for lymphedema compression treatment items. Also ask if there are any exclusions related to lymphedema compression treatment items, and if you have lymphedema in a non-limb area of the body, ask if coverage differs depending on anatomical location.

If you are shopping for a Medicare Advantage plan, be cautious of generalizations such as, "we cover everything Medicare does and more." Insist on specific plan information, as those details may greatly impact your ability to access the coverage you are entitled to under the Lymphedema Treatment Act rules. For more information, please see our Medicare Advantage page and watch our Comparing Medicare Plans webinar.



Ask about quantity and frequency limits: Verify how many compression garments will be covered each policy year and how often they can be replaced. Original Medicare covers 3 daytime garments per affected body part every 6 months, 2 nighttime garments per affected body part every 2 years, and no limits on medically necessary bandaging supplies and accessories.



Check supplier access: Ask for a list of in-network suppliers for lymphedema compression treatment items and then contact those suppliers to confirm if they sell the exact items/brands you need. Limited networks can be a significant issue with some plans. Our Lymphedema Supplier Directory can also serve as a resource for finding the supplier best suited to meet your needs, but you should always confirm in-network status with your insurance plan.



Compare all coverage-related costs: In addition to the monthly/annual premiums, it's very important to consider any applicable deductibles, copays, and coinsurance. Under almost all plans, policy holders are required to meet a deductible before the plan begins covering Durable Medical Equipment (DME) supplies, after which the plan pays a percentage of the costs for those items, and you also pay a percentage (this is your coinsurance). The deductible and coinsurance can change yearly, even if you don't switch plans, and these amounts can greatly impact what your out-of-pocket costs will be, even if your plan covers all of your lymphedema compression supplies.

With Original Medicare, lymphedema compression treatment items are covered under Part B, and the 2026 annual deductible is set at $283. Once that is met, the plan will pay for 80% of the cost of your compression supplies, with the patient responsibility being 20%. If you have a secondary or supplemental plan it may cover the other 20%.



Consult our website: Under the Insurance topic on the main menu of the Lymphedema Advocacy Group website you will find additional information specific to different types of insurance. We also have an insurance-related Frequently Asked Questions page.

Thanks to passage of the Lymphedema Treatment Act, Medicare is now required to cover lymphedema compression treatment items as of January 1, 2024.

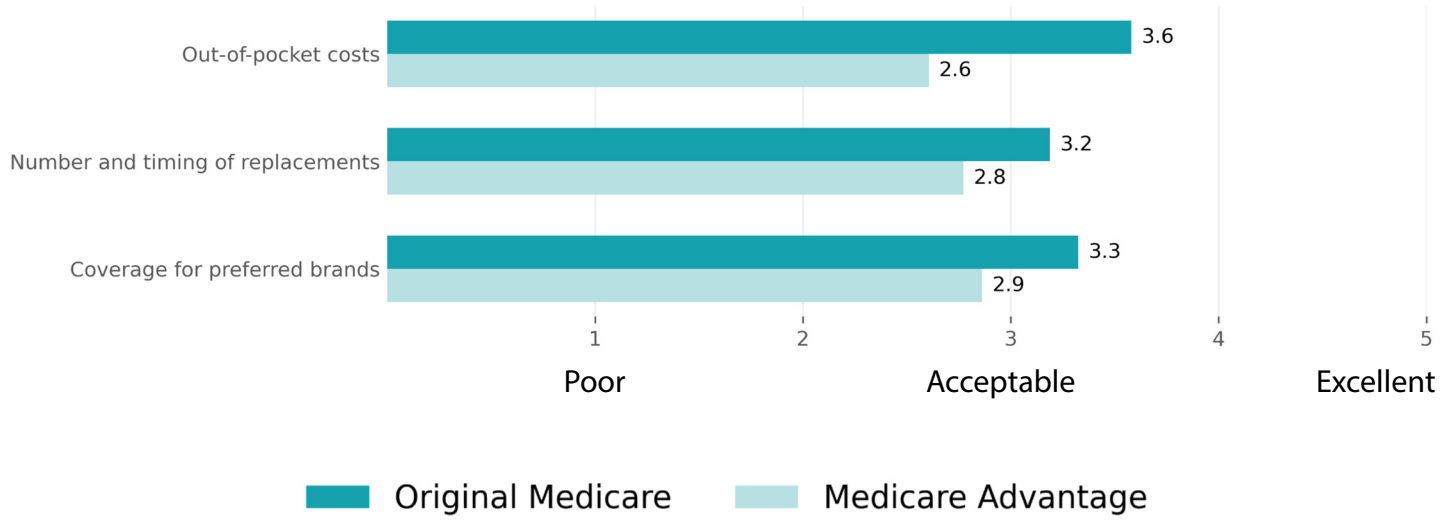
If you enroll in Original Medicare, your coverage for compression supplies is clearly defined by the Centers for Medicare and Medicaid Services (CMS) and is outlined on their Lymphedema Compression Treatment Items page.

Although Medicare Advantage plans are required to cover anything that Original Medicare does, how Medicare Advantage plans implement their coverage can vary significantly.

Details such as supplier networks, payment rates, and out-of-pocket costs can vary by Medicare Advantage plan and affect your access to care. It's important to research these differences when choosing your plan each year.

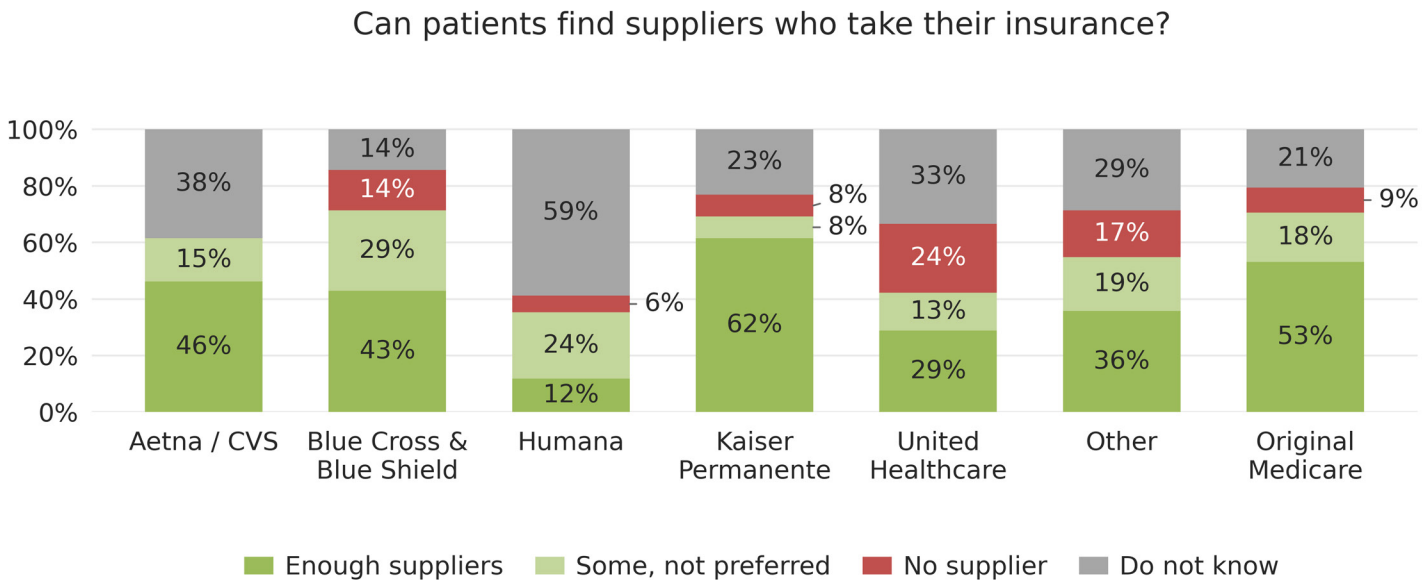
For a more detailed explanation of the differences between Original Medicare, Medicare Advantage, and associated details, please review the CMS.gov document Compare Original Medicare & Medicare Advantage.

Overall Patient Satisfaction Ratings – Original Medicare vs Medicare Advantage



Medicare Advantage and Original Medicare Supplier Access

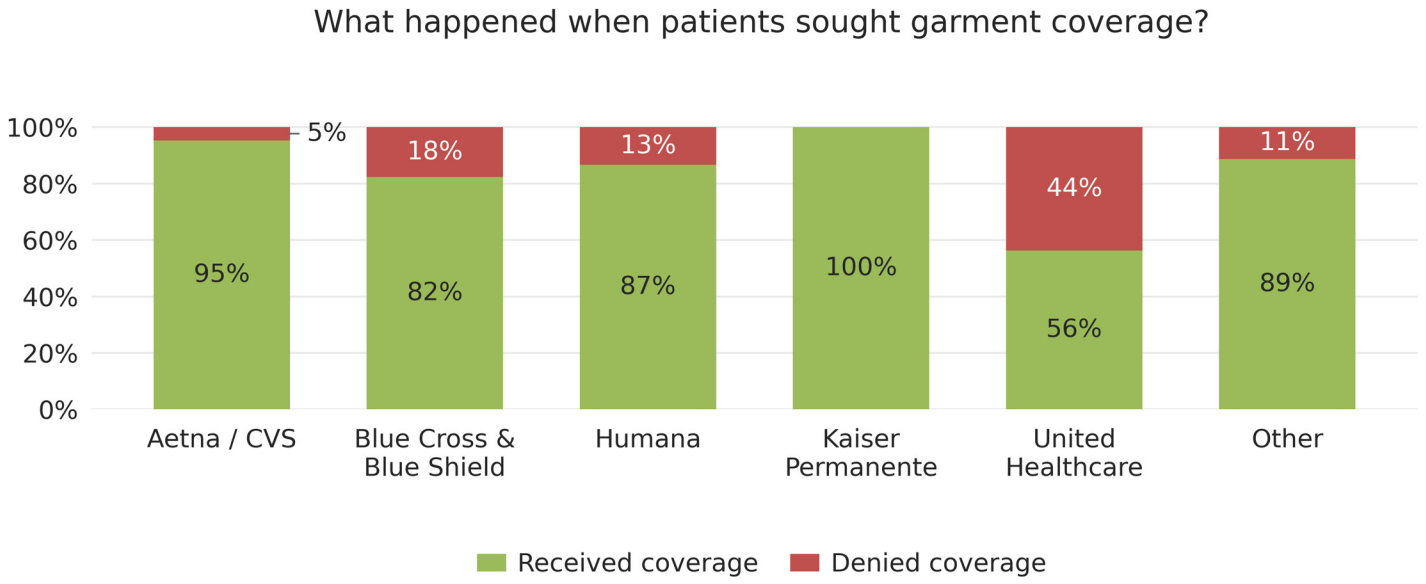
Survey respondents reported different experiences finding suppliers who accept their insurance.



Medicare Advantage Compression Garment Denials

This chart combines answers for seven types of garments, wraps, and bandaging supplies. Those with Original Medicare were not asked this question, because the Lymphedema Treatment Act rules require Original Medicare to provide coverage for all types of compression garments, wraps, and bandaging supplies. Patients reported different experiences when seeking coverage from Medicare Advantage plans. This survey did not determine why coverage was denied.

Item results are not people or verified claims.



Medicare Advantage Quantity and Frequency Limits

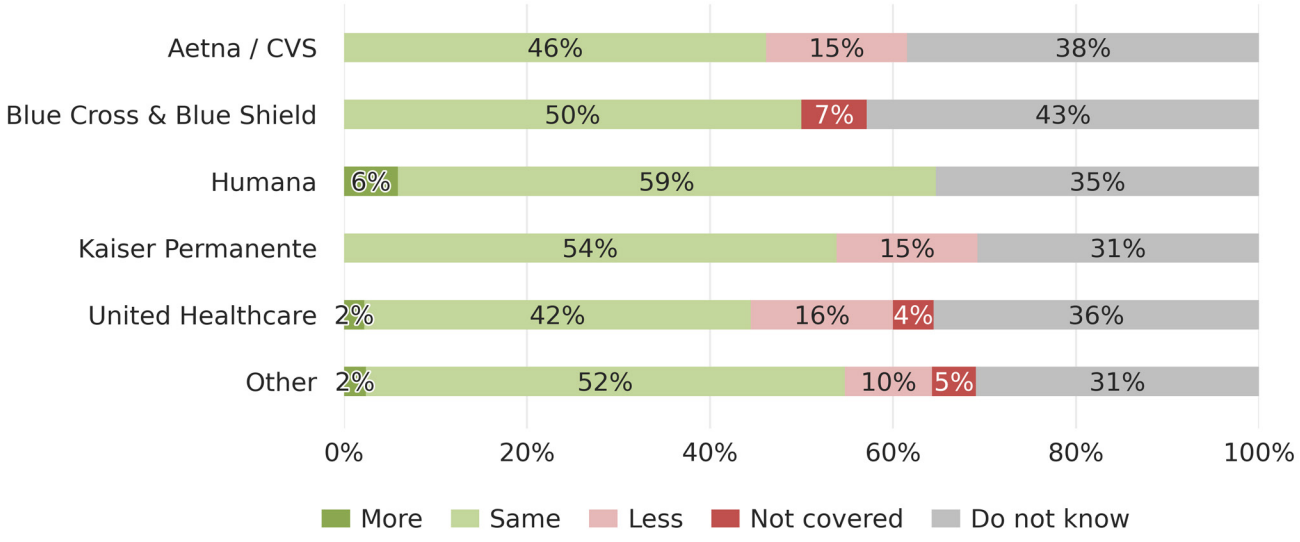
Quantity means how many garments are allowed. Frequency means how often they can be replaced. Those with Original Medicare were not asked this question because the quantity and frequency limits under Original Medicare are clearly defined by the Lymphedema Treatment Act rules.

Patients compared their limits with the Original Medicare quantity and frequency limits of:

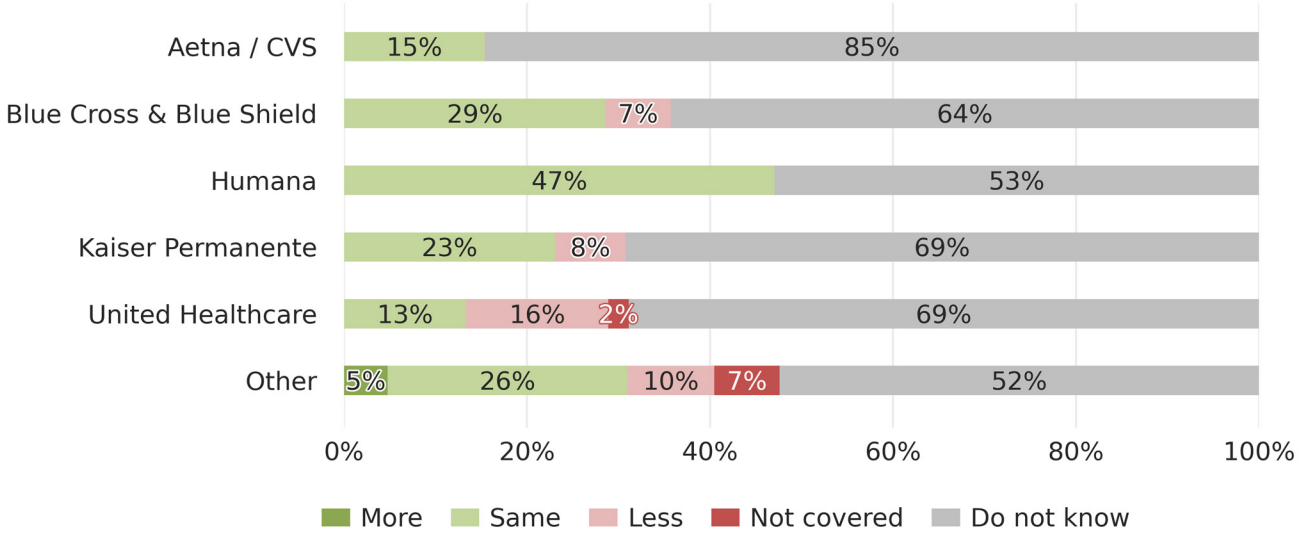
- 3 daytime garments for each affected body part every 6 months
- 2 nighttime garments for each affected body part every 2 years

Each row shows percentages among people who answered that question. "Not covered" means the patient reported no coverage for those garments. These are patient experiences and understanding, rather than a review of written plan rules.

Daytime Garments compared with Original Medicare



Nighttime Garments compared with Original Medicare



ABOUT US

The **Lymphedema Advocacy Group (LAG)** was founded in 2010 and is an all-volunteer organization of patients, caregivers, health care professionals and industry partners. LAG led the effort to pass the Lymphedema Treatment Act and continues to focus on policy changes to expand coverage.

The **Lymphedema Education & Awareness Project (LEAP)** was founded in 2025 by members of LAG, to help patients understand and use the coverage now available to them. LEAP focuses on patient education and support.

ADDITIONAL RESOURCES

Many additional resources are available through Lymphedema Advocacy Group and Lymphedema Education & Awareness Project websites, including the resources below.

Denial & Insufficient Coverage Reporting Form
Appeal Resources Page
FAQs Regarding the Lymphedema Treatment Act

Insurance Information by Plan Type:
- Original Medicare
- Medicare Advantage
- Medicaid & Dual Eligible
- Private Insurance
- TRICARE and Veterans Affairs
- Home Health, Nursing Homes & Hospice

Educational Materials and Handouts
Finding Care & Patient Resources
Patient Education Videos
Lymphedema Supplier Directory

LAG Website

LEAP Website