

***Ask NAHC:***  
**Lymphedema Therapy Delivered in the Home Health Setting**

Delivering therapy for lymphedema -- a swelling and gathering of lymph fluid, typically in a patient's extremities -- in the home health setting has been gaining more attention. Accordingly, question surrounding provision of these services has increased, and the National Association for Home Care & Hospice has noted greater frequency of inquiries on the topic.

Complex decongestive physiotherapy to treat lymphedema can be provided to patients under the Medicare home health benefit if certain criteria, as outlined in the Centers for Medicare & Medicaid Services' (CMS) Local Coverage Determination policy, are met. Here's what the policy says about this therapy (broken down as patient education, massage of areas accumulating fluids, use of compression dressings, exercise, and self-treatment instruction for patient) and how to go about providing it:

Complex decongestive physiotherapy (CDP) is used to treat primary and/or secondary lymphedema as a consequence of low output failure. Conditions that cause high failure output require direct treatment of the underlying condition. CDP is not indicated for high output failure conditions, e.g., ascites, anasarca, congestive heart failure, or venous insufficiency. Accordingly, CDP's therapeutic rationale is to improve lymph flow and increase lymphatic micro-circulation. Presumably, CDP opens non-functioning lymphatic-venous connections and stimulates drainage through collateral lymphatic channels to adjacent normal lymphatic beds.

**Treatment - Five Distinct Steps**

1. Patient education for meticulous hygiene of skin and nails and use of pH lotions
2. Manual lymphatic drainage (MLD(R)) - a gentle massage of edematous areas toward still functioning lymph vessels
3. Multi-layered compression dressings of affected extremity(ies) to suppress formation of additional interstitial fluid
4. Therapeutic exercise for muscle contraction and joint mobility performed with bandages in place
5. Patient instruction in a functional maintenance program for continuous self-treatment

**CDP therapy is covered by Medicare when all of the following criteria are met:**

- Used to treat primary and/or secondary lymphedema as a consequence of low output failure;
- A treating or consulting practitioner (MD, DO, certified nurse practitioner, certified nurse specialist, nurse midwife, or physician assistant) documents a diagnosis of lymphedema due to a low output cause and specifically orders CDP therapy;
- The lymphedema causes a limitation of function related to self-care, mobility and/or safety;
- The patient or patient caregiver has the ability to understand and provide home-based CDP;
- Services are performed by a health care professional who has received CDP training;
- The frequency and duration of the services must be necessary and reasonable;
- The lymphedema is not reversible by exercise or elevation of the affected area [alone];
- Services should not exceed 60 minutes per treatment, three to five times per week for one to two weeks;
- A CDP course of treatment is generally expected no more than once in a lifetime. Maintenance therapy is not a benefit of Medicare and will be denied;
- Physical and occupational therapy services billed as CDP are subject to all national and local Medicare policies for physical and occupational therapy.

Elastic compression bandages used for lymphedema wrapping as part of CDP are a Medicare Part B covered supply. In a letter to CMS, NAHC inquired whether these bandages are a bundled supply; the agency responded that elastic compression bandages are bundled medical supplies subject to home health consolidated billing. Custom-fit compression stockings that are used to treat lymphedema are covered under the durable medical equipment benefit.