CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-02 Medicare Benefit Policy	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 12532	**Date: March 7, 2024**
	Change Request 13526

SUBJECT: Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations and Add Section 145 Lymphedema Compression Treatment Items

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations and add Section 145 Lymphedema Compression Treatment Items.

EFFECTIVE DATE: October 1, 2023 for Medicare Benefit Policy Manual (MBPM), chapter 15, section 110.8; January 1, 2024 for MBPM, chapter 15, section 145
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: May 6, 2024

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/100/110.8/DMEPOS Benefit Category Determinations
N	15/145 Lymphedema Compression Treatment Items

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-02	Transmittal: 12532	Date: March 7, 2024	Change Request: 13526

SUBJECT: Update to Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) Benefit Category Determinations and Add Section 145 Lymphedema Compression Treatment Items

EFFECTIVE DATE: October 1, 2023 for Medicare Benefit Policy Manual (MBPM), chapter 15, section 110.8; January 1, 2024 for MBPM, chapter 15, section 145
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: May 6, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update Pub. 100-02 Medicare Benefit Policy Manual, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations and add Section 145 Lymphedema Compression Treatment Items.

Additional information on new DMEPOS Benefit Category Determinations made as part of the First Biannual (B1) 2023 Healthcare Common Procedure Coding System (HCPCS) coding cycle in accordance with the procedures at 42 CFR §414.114 and §414.240 is available at: www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings

Additional claims processing instructions on lymphedema compression treatment items are available in Transmittal 12379, Change Request (CR) 13286 dated November 22, 2023 available at https://www.cms.gov/files/document/r12379cp.pdf

Also, additional background on the lymphedema compression treatment items benefit and payment is available in the Calendar Year 2024 Home Health Prospective Payment System final rule (CMS-1780-F) published on November 13, 2023 in the Federal Register which is available at https://www.cms.gov/medicare/payment/fee-schedules/dmepos-fee-schedule/dmepos-laws-regulations

B. Policy: The CR updates the manual to reflect current policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13526.1	Contractors shall be aware of updates to Pub.100-02, Chapter 15, Section 110.8 DMEPOS Benefit Category Determinations.	X	X	X	X					
13526.2	Contractors shall be aware of addition to Pub.100-02,				X					

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
	Chapter 15, Section 145 Lymphedema Compression Treatment Items.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13526.3	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	X	X	X	X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Benefit Policy Manual

Chapter 15 – Covered Medical and Other Health Services

Table of Contents

(Rev. 12532, Issued: 03-07-24)

145 - Lymphedema Compression Treatment Items

(Rev. 12532, Issued: 03-07-24, Effective: 01-01-24, Implementation: 05-06-24)

A. General

Coverage of lymphedema compression treatment items is available as of January 1, 2024 for treating beneficiaries with any diagnosis of lymphedema. The lymphedema compression treatment items must be prescribed by a physician (or a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Act) to the extent authorized under State law). Coverage of lymphedema compression treatment items for any non-lymphedema diagnosis is not allowed. The items must be furnished by an enrolled DMEPOS supplier. All suppliers, including physical therapists and other practitioners furnishing bandaging systems must be enrolled as a DMEPOS supplier to be paid under Medicare Part B for furnishing lymphedema compression treatment items.

The following categories of lymphedema compression treatment items are covered when determined to be reasonable and necessary for the treatment of lymphedema:

1. *Standard daytime gradient compression garments*
2. *Custom daytime gradient compression garments*
3. *Nighttime gradient compression garments*
4. *Gradient compression wraps with adjustable straps*
5. *Accessories (e.g., zippers, linings, padding or fillers, etc.) necessary for the effective use of a gradient compression garment or wrap*
6. *Compression bandaging supplies*
7. *Other items determined by CMS to be lymphedema compression treatment items under the benefit category determination process established under 42 CFR § 414.1670. These procedures consider public consultation via public meetings and in writing for new lymphedema compression treatment items.*

With respect to lymphedema compression treatment items:

1. *Custom fitted gradient compression garment means a garment that is uniquely sized and shaped to fit the exact dimensions of the affected extremity or part of the body, of an individual to provide accurate gradient compression to treat lymphedema.*

2. *Gradient compression means the ability to apply a higher level of compression or pressure to the distal (farther) end of the limb or body part affected by lymphedema with lower, decreasing compression or pressure at the proximal (closer) end of the limb or body part affected by lymphedema.*

B. Replacements and Frequency Limitations

Payment for replacement of lymphedema compression treatment items can be made for garments or wraps that are lost, stolen, or irreparably damaged.

If a patient's medical condition has changed enough to warrant the need for a new size or type of garment or wrap, payment can be made for the new garment or wrap.

Except for replacements of lymphedema compression treatment items addressed above, no payment may be made for gradient compression garments or wraps with adjustable straps furnished other than at the following frequencies:

(1) Three units of daytime gradient compression garments or wraps with adjustable straps per affected extremity or part of the body once every 6 months.

(2) Two garments for nighttime use per affected extremity or part of the body once every two years.

There are no set frequency limitations for compression bandaging supplies. The DME MACs have discretion to determine the replacement and frequency of compression bandaging supplies that are reasonable and necessary.

Medicare Benefit Policy Manual
Chapter 15 – Covered Medical and Other Health Services

Table of Contents
(Rev. 12532, Issued: 03-07-24)

110.8 – DMEPOS Benefit Category Determinations

(Rev. 12532, Issued: 03-07-24, Effective: 01-01-24, Implementation: 05-06-24)

Whether or not an item or service falls under a Medicare benefit category, such as the Medicare Part B benefit category for DME, is a necessary step in determining whether an item may be covered under the Medicare program and, if applicable, what statutory and regulatory payment rules apply to the items and services. If the item is excluded from coverage by the Act or does not fall within the scope of a defined benefit category, the item cannot be covered under Medicare Part B.

Medicare Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics and Supplies (DMEPOS) benefit category determinations established on or after September 26, 2022, in accordance with the procedures at 42 CFR §414.114 and §414.240, are listed below. These procedures consider public consultation furnished at public meetings and in writing in accordance with requirements for new DME items by section 531(b) of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub L. 106-554). This section is a quick reference tool for the benefit categories of items and services evaluated using the procedures described above. The section is organized alphabetically by the categories of items and services and then by the benefit category determination with effective date.

Special note: the benefit category and payment rules for items and services that are assigned to an existing HCPCS code(s) are determined by the benefit category and payment rules for that HCPCS code(s). More information on the benefit category final determinations for items and services reviewed using the process described above is available at https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings.

DMEPOS Benefit Category Determinations

Item	Benefit Category Determination	Benefit Category Effective Date
Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage or Multiaxial, Fluid Swing and Stance Phase Control	Artificial Leg--This item is a microprocessor-controlled knee added to a prosthetic leg that utilizes a 4-bar geometry with hydraulic control of both stance and swing phases of gait.	10-1-22
Addition to Lower Extremity Prosthesis, Endoskeletal Knee Disarticulation, Above Knee, Hip Disarticulation, Positional Rotation Unit	Artificial Leg--This item is added to a prosthetic leg and provides 360-degree rotation of the prosthetic limb to accommodate specific environmental situations.	10-1-22
Addition to Lower Extremity Prosthesis, Osseointegrated External Prosthetic Connector	*Artificial Leg--This item is a connection device between implantable components and external prosthetic components such as prosthetic knee and foot.*	*10-1-23*

Powered Pressure Reducing Underlay/pad, Alternating, With Pump	DME--Decubitus care equipment which uses alternating turning pressure pad placed under the mattress rather than on top of the mattress.	10-1-22
Cranial Electrotherapy Stimulation System	DME--These devices utilize a microcurrent to deliver proprietary low-level electrical signals trans cranially to treat insomnia, depression, anxiety, and pain.	10-1-22
Disposable Collection and Storage Bag for Breast Milk, Any Size	No DMEPOS Benefit Category--There is no DMEPOS benefit category for disposable supplies. Also, electric breast pumps are not classified as DME. Therefore, disposable supplies used with these items would not fall under a DMEPOS benefit category. With regard to manual breast pumps and related supplies, the Medicare Administrative Contractor processing claims for these items would determine whether or not the pump is DME on a claim by claim basis	10-1-22
Distal Transcutaneous Electrical Nerve Stimulator, Stimulates Peripheral Nerves of the Upper Arm	No DMEPOS Benefit Category--Minimum lifetime requirement of at least three years not met.	10-1-22

Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Prosthetic Device—These items are accessories for neuromodulation systems indicated for pain management in adults who have severe intractable pain of peripheral nerve origin.	4-1-23
Electronic Positional Obstructive Sleep Apnea Treatment Equipment, With Sensor	DME--These items are classified as DME if FDA clearance expressly states it is for the treatment of positional obstructive sleep apnea and is not clinically indicated or marketed for anti-snoring or other non-medical uses and all other requirements for classification as DME in accordance with §414.202 are met.	10-1-22
Enema Tube, With or Without Adapter	No DMEPOS Benefit Category--These items cannot withstand repeated use and are therefore not DME. Rectal catheters or tubes are not prosthetic devices because they do not replace all or part of an internal body organ or all or part of the function of a permanently inoperative or malfunctioning internal body organ.	10-1-22
Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	*Prosthetic device; Enteral--This device is a portable, lightweight, non-electronic, disposable enteral feeding system.*	*10-1-23*
Expiratory positive airway pressure intranasal resistance valve	No DMEPOS Benefit Category-- These are single-patient, reusable expiratory positive airway pressure (EPAP) devices for the treatment of obstructive sleep apnea. These single-patient items cannot withstand repeated use and therefore are not DME.	4-1-23
External Upper Limb Tremor Stimulator of the Peripheral Nerves of the Wrist	DME--These devices deliver electrical stimulation to the nerves in the wrist to stimulate the peripheral nervous system for the treatment of essential tremors.	10-1-22
Foot Adductus Positioning Device, Adjustable	Leg Brace--These are foot positioning devices that stabilize the heel in the heel cage and the rest of the foot in the device while applying corrective pressures to the midfoot, thereby realigning the malformed pediatric foot. This is considered to be an alternative to serial casting. The devices treat newborns with semiflexible and rigid metatarsus adductus/varus, as well as flexible metatarsus adductus/varus that does not respond to stretching.	10-1-22
Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent,	*Leg Brace (orthotic)-- a prefabricated, custom fitted, hip orthosis designed for bilateral post-operative hip range of motion control.*	*10-1-23*

molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise		

Hydrophilic, with Blue-Violet Filter Contact Lens	*No DMEPOS Benefit Category—These lenses do not qualify as prosthetic devices under any of the categories for prosthetic lenses under section 120.B of chapter 15 of the Medicare Benefit Policy Manual.*	*10-1-23*
Hydrophilic, Dual Focus Contact Lens	No DMEPOS Benefit Category--Contact lens used for the correction of myopic ametropia and for slowing the progression of myopia in children. These lenses do not qualify as prosthetic devices under any of the categories for prosthetic lenses under section 120.B of chapter 15 of the Medicare Benefit Policy Manual.	10-1-22
Hydrophilic, Spherical Contact Lens with Photochromic Additive	Prosthetic Device--Refractive lenses are covered as prosthetic lenses under the benefit category for prosthetic devices when they are used to restore the vision normally provided by the natural lens of the eye of an individual lacking the organic lens because of surgical removal or congenital absence. Covered diagnoses are limited to pseudophakia (condition in which the natural lens has been replaced with an artificial intraocular lens (IOL), aphakia (condition in which the natural lens has been removed but there is no IOL, and congenital aphakia. Lenses provided for other diagnoses will be denied as noncovered. Coverage may be limited to one pair of eyeglasses or contact lenses. Because coverage of refractive lenses is based upon the prosthetic device benefit category, there is no coverage for frames or lens add-on codes unless there is a covered lens(es). Tinted lenses, including photochromatic lenses, used as sunglasses, which are prescribed in addition to regular prosthetic lenses to a pseudophakic beneficiary, will be denied as noncovered.	10-1-22
Indwelling intraurethral drainage device with valve, patient inserted	Prosthetic Device—The device is a urethral insert with a valve for bladder drainage. The intraurethral device replaces the function of a permanently inoperative bladder.	4-1-23
Knee Ankle Foot Device, Any Material, Single or Double Upright, Swing and Stance Phase Microprocessor Control with Adjustability, Includes All Components (e.g., Sensors, Batteries, Charger), Any Type Activation, with or without Ankle Joint(s), Custom Fabricated	Leg Brace--Rigid device used for the purpose of supporting a weak or deformed leg.	10-1-22

Low Frequency Ultrasonic Diathermy Treatment Device for Home Use	No DMEPOS Benefit Category--Minimum lifetime requirement of at least three years not met. These items are not the standard pulses wave types of diathermy machines referenced in section 280.1 of chapter 1, part 4 of the National Coverage Determinations Manual. However, the equipment must be able to be rented and used by multiple patients for a minimum of three years in order to be classified as DME.	10-1-22
Mechanical Allergen Particle Barrier/Inhalation Filter, Cream, Nasal, Topical	No DMEPOS Benefit Category--Minimum lifetime requirement of at least three years not met.	10-1-22
Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	No DMEPOS Benefit Category-- In vitro diagnostic medical device for analyzing specimens in the home collected with the single-use cartridges.	4-1-23
Neuromuscular electrical stimulator (nmes), disposable, replacement only	No DMEPOS Benefit Category— These single-patient items cannot withstand repeated use and therefore are not DME.	4-1-23
Non-Invasive Vagus Nerve Stimulator	DME--These devices stimulate the cervical branch of the vagus nerve when applied to the side of the neck through two stainless steel stimulation surfaces.	10-1-22
Non-Pneumatic Compression Controller	DME--These devices use non-pneumatic compression to treat and manage lymphedema.	10-1-22
Oral Device/Appliance for Neuromuscular Electrical Stimulation of the Tongue Muscle for the Reduction of Snoring and Obstructive Sleep Apnea, Controlled by Phone Application	No DMEPOS Benefit Category--The component that performs the medically necessary function of the device is a smartphone which is useful to an individual in the absence of an illness or injury.	10-1-22
Oral Device/Appliance for Neuromuscular Electrical Stimulation of the Tongue Muscle for the Reduction of Snoring and Obstructive Sleep Apnea, Controlled by Hardware Remote	*DME--The component that performs the medically necessary function of the device is a durable control unit and a hardware remote.*	*10-1-23*
Oral mucoadhesive, any type (liquid, gel, paste, etc)	*No DMEPOS Benefit Category—Oral mucoadhesive is not a surgical dressing covered under Section 1861(s)(5) of the Act and does not fall under any other DMEPOS benefit category.*	*10-1-23*

Prescription Digital Therapy	No DMEPOS Benefit Category--Digital therapies or computer software are housed on non-medical devices like smartphones or computers and the equipment and software as a whole are not DME.	10-1-22
Programable, transient, orally ingested capsule, for use with external programmer, per month	*No DMEPOS Benefit Category—The component that performs the medically necessary function of the device is a non-durable capsule.*	*10-1-23*
Speech Volume Modulation System	DME--These devices are worn behind the ear and play background noise (multi-talker babble) in the patient's ear only when the patient speaks. The noise elicits the Lombard Effect, automatically increasing the patient's vocal intensity, slowing their speech rate, and/or increasing the clarity of their speech.	10-1-22
Suction Pump, Home Model, Portable or Stationary, Electric, for Use with External Urine Management System	DME--Home suction pumps have been classified as DME under the HCPCS since 1984 or earlier. This type of home suction pump is used for urine collection or drainage.	10-1-22
Transcutaneous Electrical Nerve Stimulator for Electrical Stimulation of the Trigeminal Nerve	DME--These devices are used during sleep for the treatment for pediatric attention deficit hyperactivity disorder (ADHD).	10-1-22
Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	No DMEPOS Benefit Category—The device is safety equipment to prevent patient entanglement when stationary or mobile with vital tubes, lines and catheters. There is not a benefit category under Medicare Part B for safety equ ipment used in the home.	4-1-23
Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	DME-- The device delivers a clinically based multimodal pain self-management program incorporating evidence-based principles of Cognitive Behavioral Therapy (CBT).	4-1-23
Wheelchair Accessory: Dynamic Positioning Hardware for Back	DME--These items are hardware added to the wheelchair to absorb the force of a patient's uncontrollable backward jerking motions is classified as DME if necessary for the effective use of a wheelchair classified as DME.	10-1-22
Whirlpool Tub, Walk-In, Portable	No DMEPOS Benefit Category--A portable hydrotherapy unit or whirlpool is useful to individuals in the absence of an illness or injury for relaxation and soothing sore muscles. Per section 280.1 of chapter 1, part 4 of the Medicare National Coverage Determinations Manual, portable whirlpool pumps are not DME because they are not primarily medical in nature and are personal comfort items excluded from Medicare coverage (§1862(a)(6) of the Act).	10-1-22