

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal:12725</b>	<b>Date: July 18, 2024</b>
	<b>Change Request 13670</b>

**SUBJECT: Implementation of Common Working File (CWF) Edits to Prevent Duplicate Payments for Compression Bandaging Systems**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to implement editing to deny lymphedema compression treatment bandaging HCPCS Level II A codes when there is a duplicative payment made for the same date of service for a claim containing CPT® codes 29581 or 29584 for a beneficiary with a diagnosis of lymphedema.

**EFFECTIVE DATE: January 1, 2025**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 6, 2025**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**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:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12725	Date: July 18, 2024	Change Request: 13670
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**SUBJECT: Implementation of Common Working File (CWF) Edits to Prevent Duplicate Payments for Compression Bandaging Systems**

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**IMPLEMENTATION DATE: January 6, 2025**

## I. GENERAL INFORMATION

**A. Background:** The purpose of this Change Request (CR) is to implement editing to deny lymphedema compression treatment bandaging Healthcare Common Procedure Coding System (HCPCS) Level II A codes when there is a duplicative payment made for the same date of service for a claim containing CPT® codes 29581 or 29584 for a beneficiary with a diagnosis of lymphedema.

Section 4133 of the Consolidated Appropriations Act (CAA), 2023, established a new Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) benefit category for standard and custom fitted compression garments and additional lymphedema compression treatment items that are primarily and customarily used to serve a medical purpose, are for the treatment of lymphedema, and are prescribed by an authorized practitioner effective for items furnished on or after January 1, 2024. Section 1861(mmm)(1) of the Social Security Act indicates that new benefit is to be “furnished to an individual with a diagnosis of lymphedema for the treatment of such condition.” As such, the Medicare Part B DMEPOS lymphedema compression treatment items benefit is limited to items furnished to an individual with a diagnosis of lymphedema.

The CMS established benefit and payment policies for lymphedema compression treatment items in the Calendar (CY) 2024 Home Health Prospective Payment System final rule (88 FR 77676), effective January 1, 2024.

Compression bandaging systems are part of the new Part B benefit category for lymphedema compression treatment items under regulations at 42 CFR 410.36(4)(iii). Compression bandaging systems are comprised of a combination of individual lymphedema compression bandages and related supplies as well as kits that can include both lymphedema bandages and related supplies used to create the compression bandaging system.

The following Common Procedure Terminology (CPT®) codes describe the application of multi-layered compression bandaging systems:

- 29581 Application of multi-layer compression system; leg (below knee), including ankle and foot
- 29584 Application of multi-layer compression system; upper arm, forearm, hand and fingers

Since CPT® codes 29581 and 29584 include payment for the bandaging systems, separate billing of the lymphedema compression treatment bandaging systems Level II HCPCS A codes in conjunction with the CPT® codes is not permitted.

This Transmittal addresses the issue of duplicative billing when lymphedema compression treatment bandaging system Level II HCPCS codes are billed on the same date of service as CPT® code 29581 or 29584 for beneficiaries diagnosed with lymphedema.

**B. Policy:** Under the lymphedema compression treatment benefit at 1861(s)(2)(JJ), bandaging may be provided at different phases (e.g., phase one intensive/decongestive phase) of the beneficiary’s treatment of lymphedema and the use of bandaging can continue at various stages of lymphedema as long as medically necessary. CPT® codes 29581 and 29584 are available for billing for the service of applying lymphedema compression treatment bandages during phase one decongestive therapy treatment. The following individuals/entities can bill for the service of applying the bandages using CPT® codes 29581 and 29584:

- Private practice physical and occupational therapists,
- Physicians and nonphysician practitioners where physical therapists and outpatient therapists furnish the services incident to a physician’s service,
- Physicians and nonphysician practitioners in the Outpatient hospital setting, and
- Outpatient Hospitals, Skilled Nursing Facilities, Home Health Agencies, Rehabilitation Agencies, Comprehensive Outpatient Rehabilitation Facilities, and Critical Access Hospitals

If the date of service on one or more of the 16 lymphedema compression treatment bandaging HCPCS Level II A codes match the date of service for a claim containing CPT® codes 29581 or 29584 for a beneficiary with a diagnosis of lymphedema, the purchased lymphedema compression treatment bandaging HCPCS Level II A codes will be denied. The lymphedema compression treatment bandaging HCPCS Level II A codes are identified in the attachment.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13670.1	<p>CWF shall create a line level reject for a DMEPOS claim when one of the HCPCS codes for the lymphedema bandages (Attachment A) when another Part B or Outpatient claim in history is paid for either CPT code 29581 or 29584 with the same date of service and a diagnosis of lymphedema.</p> <p>The lymphedema ICD-10 codes are:</p> <p>- I89.0 Lymphedema, not elsewhere classified</p>				X				X	

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>- I97.2 Postmasectomy lymphedema syndrome</p> <p>- I97.89 Other postprocedural complications and disorders of the circulatory system, not elsewhere classified</p> <p>- Q82.0 Hereditary lymphedema</p> <p>Note: Trailers 08, 13 and 39 will be returned with this new reject.</p>									
13670.1.1	CWF shall send the detail line level reject if requirements in business requirement 13670.1 are met.								X	
13670.1.2	CWF shall create a detail line level override capability for the new reject code specified in business requirement 13670.1.				X				X	
13670.2	ViPS Medicare System (VMS) shall accept the duplicative line level rejection and auto-deny the claim line(s).							X		
13670.2.1	<p>Contractors shall use the following remittance advice and Medicare Summary Notice (MSN) messages to deny the duplicative claim line(s).</p> <p>Claim Adjustment Reason Code (CARC) 97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>Remittance Advice Remark Code (RARC) N20: Service not payable with other service rendered on the same date.</p> <p>Group Code: CO - Contractual Obligation</p> <p>MSN 16.29: Payment is included in another service you have received.</p>				X					

Number	Requirement	Responsibility										
		A/B MAC			D M E M A C	Shared- System Maintainers				Other		
		A	B	H H H		F I S S	M C S	V M S	C W F			
13670.3	<p>CWF shall create an Informational Unsolicited Response (IUR) to identify a paid DMEPOS claim line in history with one of the HCPCS codes on Attachment A when there is a Part B or outpatient claim that contains either CPT code 29581 or 29584 that is paid, and has the same date of service and a diagnosis of lymphedema.</p> <p>Note: Trailers 24, 13 and 39 will be returned with the new IUR.</p>										X	
13670.4	VMS shall accept the IUR specified in business requirement 13670.3.									X		
13670.5	Contractors shall update the IUR table within VMS to auto-deny at the line level.				X							
13670.5.1	<p>Contractors shall use the following remittance advice and MSN messages to deny claim lines when the IUR is received:</p> <p>CARC 97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>RARC N20: Service not payable with other service rendered on the same date.</p> <p>Group Code: CO - Contractual Obligation</p> <p>MSN 16.29: Payment is included in another service you have received.</p>				X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
13670.6	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	

### 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):**

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**ATTACHMENTS: 1**

CR13670 Implementation of CWF Edits to Prevent Duplicate Payments for Compression Bandaging Systems Attachment A

HCPCS Level II Code	Description
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each
A6597	Gradient compression bandage roll, elastic long stretch, per linear yard, any width, each
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each
A6609	Gradient compression bandaging supply, not otherwise specified