



10 THINGS TO KNOW ABOUT LYMPHEDEMA (LE) INSURANCE COVERAGE

01

Find out what lymphedema (LE) care is covered by your specific insurance plan. Read the *Evidence of Coverage* sections on Therapy, Habitation Services, and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) from your insurance plan.

Ask your Certified Lymphedema Therapist (CLT) or other healthcare professional for assistance with understanding these sections, if needed. Some employers offer an Insurance Liaison; check to see if your employer does.

02

Ask your insurance company about garment coverage and number of therapy visits allowed per year prior to starting treatment. Request copies of all Medical Policies and Guidelines pertaining to LE treatment in advance.

03

Take advantage of a *Healthcare Flexible Spending Account* if available. If not, put aside money to cover garments and other costs to treat your LE each year. Ask friends and family to contribute to your LE fund instead of giving you gifts for birthdays and holidays.

04

Medicare will deny payment of compression garments even though they may be covered as "prosthetic devices" per Medicare definition. Check current Medicare coverage for garments and therapy each year. The Lymphedema Advocacy Group is working with Congress to pass the *Lymphedema Treatment Act* to provide Medicare coverage for compression garments (LymphedemaTreatmentAct.org).

05

If on Medicaid, coverage can change from month to month. It is important to find therapists and compression garment vendors that accept your type of Medicaid. Check to see if your state's health code may cover compression garments (e.g., California, Vermont).

06

When changing insurance during open enrollment periods, compare coverages for LE. Ask for specifics such as "Is lymphedema compression bandaging covered? How many bandage sets or compression garments are covered per year? Is daytime and nighttime compression covered? Are truncal compression garments covered? Are pneumatic compression devices covered? What are the limitations or preapprovals required on covered items?"

07

Put your questions in writing rather than using the telephone. This demands a written response from the insurer, which becomes part of your case record. Individuals at insurance companies who answer the telephone often are not familiar with the specialized questions on LE and associated medical policies.

08

If denied coverage for LE treatment, appeal the decision. Every denial will have appeal instructions. Be sure to appeal within the allowable time window.

09

Keep detailed records of your dealings with insurance companies, providers, and suppliers including correspondence and notes or recordings of phone conversations. Note the date and time of telephone calls and the name of the individual with whom you spoke.

10

Read "Your Rights to Insurance Coverage of Lymphedema Treatment" for detailed advice on dealing with your insurer (http://www.lymphactivist.org/insurance_rights.php).

