

May 2007

Honorable Member of Congress:

I am extremely concerned with the direction being taken recently by Medicare in the treatment of beneficiaries afflicted with lymphedema and I would like to know whether you will take any action on behalf of these 1.3 million beneficiaries, many of whom are your constituents. I have received many letters from lymphedema therapists and patients asking what can be done about this unfair and costly situation.

Lymphedema is a swelling of a body part caused by the disruption of the lymphatic system. It commonly results from treatment of cancer, cardiac by-pass procedures, and other surgical and radio-therapeutic procedures, and affects arms, legs, torso, breasts, head and neck and genitals. It is also a congenital condition appearing at birth, at puberty or at later age. Lymphedema is a permanent condition, and is estimated as affecting over 1.3 million Americans of Medicare age. [Ref. Weiss 2004].

The recognized standard of treatment of lymphedema is Complete Decongestive Therapy (CDT). CDT comprises four interacting protocols applied in two phases (acute and maintenance): manual lymph drainage (MLD); compression therapy; lymph drainage exercises; and skin care. [Refs: ACS 1998, ISL 2003, NLN 2006]

Medicare does not cover lymphedema treatment materials or treatment by lymphedema-qualified professionals other than Physical Therapists and Occupational Therapists. While they do cover and pay for limited ineffective therapy by potentially inadequately-trained therapists and expensive compression pumps, many patients suffer recurrent infections, progressive degradation in their condition and eventual disability.

The last three years have brought **devastating changes in the treatment of lymphedema resulting from changes made by CMS, none of which were requested by Congress, and none of which had any medical basis.** These changes are serving to limit access to treatment of beneficiaries with lymphedema and to limit individual beneficiary access to the appeal process. **And they will result in increased expenditures for the treatment of progressive disease, recurrent infections, unneeded pneumatic pumps and disability support.**

On March 2005 CMS changed their interpretation of the Social Security Act to **limit coverage of manual lymph drainage to physical and occupational therapists**, thereby eliminating coverage of treatment by specially-qualified nurses, physicians, osteopaths, chiropractors and massage therapists. This effectively reduced the number of available trained therapists by some 30 percent. A number of lymphedema treatment clinics around the country have already been forced to close as a result of this policy change. **H.R. 1846 Towns** attempts to partially rectify this ill-advised policy by restoring physician authority in selecting qualified medical personnel to perform “incident to” services.

And in March 2006 CMS **recoded the compression garments which are the mainstay of lymphedema treatment from “prosthetic devices” to “surgical bandages”**, a benefit category which is not covered in a home setting and in the absence of an open wound. This effectively denies the millions of lymphedema Medicare beneficiaries coverage of the treatment which they require every day for the rest of their lives. At least two Medicare ALJs have recently reversed Medicare denials of compression garments, and have declared that they are statutorily covered as “prosthetic devices and supplies”. Legislation may be required to direct CMS to change their coverage policies.

In March 2006 lymphedema was exempted automatically from therapy caps that were re-imposed on January 1, 2006. But in January 2007 the automatic exemption was made dependent on existence of a co-condition which would make lymphedema more difficult to treat. This constitutes another roadblock in access to physician-prescribed treatment for lymphedema patients. **S. 450 Ensign/H.R. 748 Becerra** would permanently eliminate therapy caps.

I am leaving with your Health Legislative Aide a proposed bill which attempts to remedy these and other discrepancies in Medicare coverage of lymphedema and simultaneously **save millions of Medicare dollars** in the process. The projected result of these changes is dramatic reduction (variously reported as 50-100%), in the incidence of infection in lymphedema patients, improvement of quality of life and reduction of disabilities caused by this “hidden epidemic” lymphedema.

I urge you to consider sponsoring my “**Lymphedema Diagnosis and Treatment Cost Saving Bill of 2007**” which has the backing of the National Lymphedema Network. Contact me with any questions or with requests for further information, medical evidence, cost efficacy data or detailed legislative details.

I look forward to hearing from you on this important matter.

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