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Medicare Coverage For Lymphedema Supplies: A Checklist

There are several steps which you must go through in order to obtain your lymphedema products and have them covered by Medicare. To help minimize the confusion, we have created the following checklist which you can use.

STEP 1: Determine Your Eligibility

The first step in determining whether you are eligible to receive coverage of your lymphedema products under the Lymphedema Treatment Act is to answer several simple questions. If you are able to answer "Yes" to ALL of the following questions, then you are likely eligible to have Medicare pay for your covered lymphedema products:

I have Medicare Part B coverage.
I have seen a doctor or other authorized healthcare provider in the past 6 months about my condition.
I have received a documented diagnosis of having lymphedema.
My healthcare provider has documented a plan of care for treating my lymphedema.
I have a written, signed prescription from my healthcare provider for products that will be used to treat my lymphedema.
My medical condition and plan of care has been sufficiently documented in my medical records, to include:
diagnosis codes,
the stage/phase of lymphedema,
duration of treatment,
anatomical location (e.g. arm, leg),
description of products needed for treatment, and
frequency of product replacement



STEP 2: Find An Enrolled DMEPOS Supplier

To obtain your lymphedema products under the Lymphedema Treatment Act, you must order your products from an enrolled Medicare DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) supplier. There will be several steps involved in placing your order with the DMEPOS supplier:

supplier:
The company that I will purchase from is an enrolled Medicare DMEPOS supplier.
The Medicare DMEPOS supplier will be able to supply the exact products that my healthcare provider has prescribed.
I have provided a HIPPA release form to the DMEPOS supplier.
I have provided a financial responsibility form to the DMEPOS supplier, if requested.
The DMEPOS supplier has sent the HIPPA release form to my healthcare provider.
My healthcare provider has released my documented medical records to the DMEPOS supplier.
I have been measured for the requested garments to ensure a proper fit.
I have been trained on how to correctly use and maintain my lymphedema products.
I have paid the annual deductible (if not already met) and paid the 20% Medicare co-pay.
Each step outlined above must be completed prior to receiving your products, and any delays in completing a step will most likely lead to a delay in receiving your order.
If you should find that you are not eligible for Medicare coverage or don't want/can't wait for the order process to be completed through an enrolled DMEPOS supplier, we would be happy to help you purchase your lymphedema supplies.

We offer some of the most competitive pricing in the industry, and are pleased to offer discounts:

10% discount for first-time customers (discount code: **BPWELCOME**)

5% ongoing discount for all customers who place their orders online (discount code: **BP5**)

When you consider the Medicare 20% co-pay, compared to the Bandages Plus discounted pricing, doesn't it make sense to get the exact products you want, without the hassle and long wait times?

Simply visit us at <u>www.bandagesplus.com</u>, or contact us at (800) 770-1032 if we can be of assistance.

