

## CPT codes 29581 and 29584 include payment for the bandaging systems.

The providers who are permitted to bill for the service of applying the bandages using CPT codes 29581 and 29584 are:

- Private practice physical and occupational therapists
- Physicians and nonphysician practitioners, where physical therapists and outpatient therapists provide the services incident to a physician's service
- Physicians and nonphysician practitioners in the outpatient hospital setting
- Outpatient hospitals
- Skilled nursing facilities
- Home health agencies
- Rehabilitation agencies
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals

## What are the eligibility criteria?

- Patients with Medicare Part B coverage (subject to annual deductible and 20% coinsurance).
- The patient has lymphedema and will use the item to primarily and customarily treat it
- The items are prescribed by an authorized practitioner for the primary treatment of lymphedema
- **Must have diagnosis of Lymphedema with appropriate ICD10 code:**
  - **Lymphedema, not elsewhere classified (I89.0)**
  - **Hereditary Lymphedema (Q82.0)**
  - **Postmastectomy Lymphedema Syndrome (I97.2)**
  - **Other postprocedural complications and disorders of the circulatory system, not elsewhere classified (I97.89)**
  - **Non - lymphedema diagnosis prohibited**
  - **Claims will deny without proper diagnosis**

## **29581-50-XS, application of multilayer compression system, leg (below knee), including ankle and foot; with modifiers to note bilateral procedure and separate structure (service is distinct because it was performed on a separate organ/structure)**

**Modifier -XS** should be appended to the code 29581 to indicate that the multilayer wraps were used on separate sites. **Appending modifier -50** ensures that the facility will get reimbursed for both legs. You also want to make sure that the charge for the 29581 is increased by double so your payment is not reduced.

- **Other Modifiers:**

Depending on the specific circumstances, modifiers may be applicable when billing for CPT code 29581, including:

- Modifier 50 (Bilateral Procedure)
- Modifier LT (Left Side)
- Modifier RT (Right Side)
- Modifier 76 (Repeat Procedure by Same Physician)
- Modifier 59 (Distinct Procedural Service)

CPT code 29584 is used to describe **the application of multiple layers of compression to the arm or hand**. This procedure typically involves the use of specialized bandages or wraps to provide support and reduce swelling in the affected area, often following an injury or surgical procedure.

## How often does Medicare cover compression garments for lymphedema?

- **Daytime Garments:** Eligible for 3 replacements every 6 months.
- **Nighttime Garments:** Eligible for 2 replacements every 2 years.
- **Replacement items:** are also covered when necessary due to a change in the patient's condition or if items are lost, stolen, or irreparably damaged.

