

**MEDICARE DOCUMENTATION REQUIRED FOR LYMPHEDEMA PRODUCTS**  
**MEDICARE BENEFIT CATEGORY (S04) LYMPHEDEMA COMPRESSION TREATMENT ITEMS**

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**PATIENT DIAGNOSIS:**

- ☐ 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**)

**TREATMENT PLAN:**

- ☐ 97140 Manual Therapy
- ☐ 97110 Therapeutic exercise
- ☐ 97535 ADL training
- ☐ 97530 Functional activities
- ☐ 29581 bandaging of the leg
- ☐ 29584 bandaging of the arm

**STAGES OF LYMPHEDEMA FOR EACH AFFECTED BODY PART (CHOOSE ONE):**

- ☐ INTERNATIONAL SOCIETY OF LYMPHOLOGY (ISL) STAGING
- ☐ JOHN HOPKINS STAGING

CO-MORBIDITIES ASSOCIATED WITH LYMPHEDEMA: \_\_\_\_\_

LYMPHEDEMA PRESENTATION: \_\_\_\_\_

FUNCTION AND SOCIAL/LIVING STATUS JUSTIFYING THE NEED FOR A DRESSING/DRESSING DEVICE (if applicable):

HOME MANAGEMENT PLAN: \_\_\_\_\_

**COMPRESSION GARMENTS & ACCESSORIES NEEDED FOR HOME MANAGEMENT OF LYMPHEDEMA:**

_____	QTY _____	FREQUENCY _____
_____	QTY _____	FREQUENCY _____
_____	QTY _____	FREQUENCY _____
_____	QTY _____	FREQUENCY _____
_____	QTY _____	FREQUENCY _____

FOR CUSTOM-MADE GARMENTS AND ACCESSORIES, AN EXPLANATION AS TO WHY EACH ARE NEEDED MUST BE DOCUMENTED:

**NARRATIVE DOCUMENTATION:**

LYMPHEDEMA THERAPIST (PT/OT, CLT): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRING DOCTOR (MD, PA, ARNP): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_