



WOCN[®] Wound, Ostomy, and
Continence Nurses Society[®]

WOUND, OSTOMY, AND CONTINENCE NURSES SOCIETY™ (WOCN®) SUPPORT OF MEDICARE COVERAGE FOR COMPRESSION THERAPY



Introduction

Compression therapy is considered the gold standard for the treatment of lymphedema and the treatment and prevention of venous leg ulcers (VLUs), also known as stasis ulcers.¹⁻³

Compression therapy is a simple, effective treatment to reduce and control edema, promote the return of venous blood to the heart, and increase lymphatic drainage.^{4, 5} It consists of applying external, graduated compression to the extremity with a stocking, bandage system/wrap, or device.^{3, 4}

VLUs are estimated to affect 1% to 3%⁶ of the adult population, and account for approximately 75%² of all lower-extremity ulcerations. The primary risk factors for development of VLUs are older age, obesity, immobility, ineffective calf muscle pump, valve dysfunction from previous leg injuries, deep venous thrombosis, and phlebitis.⁷ An open ulcer can persist for weeks to many years and up to 97% recur.⁴ Also, VLUs may be accompanied by some degree of lymphedema.^{5, 8} However, VLUs can be healed and recurrence prevented or reduced with the proper investment in preventive interventions, such as compression therapy.

Data from two systematic reviews provide evidence that appropriate compression can reduce the incidence of costly recurrence of lymphedema and re-ulceration of VLUs.^{2, 9} Legislation is currently before Congress that will allow Medicare to appropriately cover compression therapy. The Lymphedema Treatment Act, HR 3877 addresses the need for improved access to the essential therapeutic compression modalities that are required as part of the medical plan of care for cost effective management of both lymphedema and VLUs.¹⁰

Problem

- Medicare does not cover provider-prescribed compression therapy supplies to treat lymphedema or prevent the recurrence of VLUs.
- Patient access to the relatively low cost compression modalities is critical to prevent costly complications.
- The scope of this problem is great. To be considered are the direct costs associated with suboptimal treatment of the 1.4 to 3 million Medicare beneficiaries estimated to suffer from lymphedema,¹¹ and the approximately 500,000 or more additional patients with VLUs.¹² For VLUs alone, the annual economic burden to Medicare is projected at \$5.9 billion.¹³
- The impact of indirect costs to Medicare is undeniable. Without access to appropriate prevention and treatment, beneficiaries may suffer from recurrent infections, progressive degradation in their condition and, too often, disability because they cannot afford the compression supplies required to maintain their condition.

Solution

A change in statute, as proposed by HR 3877, is needed to allow for coverage of the compression supplies needed for the treatment of lymphedema and to reduce recurrence of VLUs.

Action

The WOCN Society strongly supports the Lymphedema Treatment Act, HR 3877. Support of HR 3877 reflects the vision and core tenets of the WOCN Society as a means to support cost-effective, evidence-based prevention and treatment of complex wound conditions such as VLUs and lymphedema.

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