August 7, 2015

National Government Services Medical Policy Unit
P.O. Box 7073
Indianapolis, IN 46207-7073

Re: NGS Draft LCD (DL36141) Bioimpedance Spectroscopy (BIS) Devices for the Detection and Management of Lymphedema

Dear NGS Medical Policy Unit:

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education and hope to over 1 million people affected by cancer each year, we thank you for the opportunity to comment on the proposed draft LCD entitled “NGS Draft LCD (DL36141) Bioimpedance Spectroscopy (BIS) Devices for the Detection and Management of Lymphedema.”

We urge NGS to reconsider its proposal to change the Medicare Part A/B reimbursement policy that will disallow coverage of devices used for the purpose of early detection and management of lymphedema; a chronic medical condition that results in the swelling of any part or parts of the body. In the United States, cancer treatments (e.g., surgery, radiation therapy, chemotherapy) are the leading cause of secondary lymphedema. Under- or untreated lymphedema is progressive and can lead to infection, disfigurement, disability, and death. There's no cure for lymphedema, however, early detection of the disease is vital since it can halt progression and reduce, and in many cases even prevent, complications, and therefore, improve patients' prognosis and decrease overall treatment costs.

As a direct service provider, a research entity and a cancer patient advocacy organization, CSC is keenly aware of the importance of screening and early detection of this disease, and advises that reimbursement be provided for all scientifically valid early detection tools available to Medicare patients. Medicare could improve its payment determinations by imposing limits in frequency of treatment, taking advantage of existing scientific data, clinical guidelines, appropriateness criteria, and other authoritative resources for evidence-based practice.

CSC recognizes that in the current fiscal climate NGS is looking to control costs, while we appreciate the importance of managing costs, it is critical to look more broadly at rising systemic costs that may result if the proposed rule were to be implemented. Eliminating coverage for the early detection and management of lymphedema may, in fact, result in severe complications, additional medical visits and hospitalizations which ultimately result in higher health care costs.
In closing, I would like to thank you for the opportunity to comment on this proposed draft LCD and share the voice of patients living with cancer. Comprehensive, quality cancer care depends on access to a full range of therapeutic options available for the early detection of a number of disease comorbidities. We strongly recommend that NGS retains the Medicare Part A/B reimbursement policy for the early detection and management of lymphedema as it exists today.

I would be happy to speak with you further about this issue and can be reached at (202) 659-5382 or by email at linda@cancersupportcommunity.org.

Sincerely,

Linda House RN, BSN, MSM
President