

## 42 C.F.R. § 414.1670

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### Procedures for making benefit category determinations and payment determinations for new lymphedema compression treatment items.

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The procedures for determining whether new items and services addressed in a request for a HCPCS Level II code(s) or by other means meet the definition of items and services paid for in accordance with this subpart are as follows:

- (a) At the start of a HCPCS coding cycle, CMS performs an analysis to determine if the item is statutorily excluded from coverage under Medicare under section 1862 of the Act.

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