

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4662

To amend title XVIII of the Social Security Act to improve the diagnosis and treatment of lymphedema under the Medicare Program and to reduce costs under such program related to the treatment of complications of lymphedema, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 23, 2010

Mr. KISSELL introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend title XVIII of the Social Security Act to improve the diagnosis and treatment of lymphedema under the Medicare Program and to reduce costs under such program related to the treatment of complications of lymphedema, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Lymphedema Diag-  
5       nosis and Treatment Cost Saving Act of 2010”.

1 **SEC. 2. COVERAGE OF LYMPHEDEMA DIAGNOSIS AND**  
2 **TREATMENT SERVICES UNDER MEDICARE.**

3 (a) COVERAGE OF SERVICES.—Section 1861 of the  
4 Social Security Act (42 U.S.C. 1395x) is amended—

5 (1) in subsection (s)(2)—

6 (A) in subparagraph (DD), by striking  
7 “and” at the end;

8 (B) in subparagraph (EE), by adding  
9 “and” at the end; and

10 (C) by adding at the end the following new  
11 subparagraph:

12 “(FF) lymphedema compression treatment  
13 items (as described in subsection (iii)) and  
14 lymphedema diagnosis and treatment services  
15 (as described in subsection (hhh)) if such serv-  
16 ices are prescribed by and reviewed by a treat-  
17 ing physician and performed by such physician  
18 or—

19 “(i) a physical therapist or an occupa-  
20 tional therapist who meets the quality re-  
21 quirements of subsection (hhh)(2)(C);

22 “(ii) a qualified professional, such as  
23 a physician, nurse practitioner, clinical  
24 nurse specialist, chiropractor, or physi-  
25 cian’s assistant who is licensed or certified  
26 by the State in which the services are per-

1           formed to perform therapy services and  
2           who meets the quality requirements of  
3           (hhh)(2)(C); or

4                   “(iii) a qualified person, such as a  
5           physical therapist assistant, occupational  
6           therapy assistant, licensed massage thera-  
7           pist, licensed practical nurse, or licensed  
8           home health practitioner who meets the  
9           quality requirements of (hhh)(2)(C) pro-  
10          viding such services are rendered under the  
11          direct supervision of a physical therapist or  
12          occupational therapist qualified in  
13          lymphedema treatment and management  
14          who meets the quality requirements of  
15          (hhh)(2)(C).”;

16               (2) by adding at the end the following new sub-  
17          sections:

18               “(hhh) LYMPHEDEMA DIAGNOSIS AND TREATMENT  
19          SERVICES.—(1) The term ‘lymphedema diagnosis and  
20          treatment services’ means, with respect to an individual  
21          and consistent with paragraph (3), differential diagnosis  
22          and treatment of lymphedema (regardless of cause) ac-  
23          cording to the current standard of lymphedema diagnosis  
24          and treatment described in paragraph (2)(A) by, or under  
25          the direction of, a health care professional that is a cer-

1 tified provider as described in paragraph (2)(B) in an out-  
2 patient setting and that meets the quality standards de-  
3 scribed in paragraph (2)(C), but only if the physician who  
4 is managing the individual’s lymphedema certifies that  
5 such services are needed under a comprehensive plan of  
6 care related to the individual’s diagnosed lymphedema.

7 “(2) For purposes of paragraph (1):

8 “(A) The current standard of lymphedema di-  
9 agnosis and treatment described in this subpara-  
10 graph is such standard as defined by the American  
11 Cancer Society and the International Society of  
12 Lymphology and called ‘complex decongestive ther-  
13 apy’, a multi-modal therapy comprising manual  
14 lymph drainage, compression therapy, exercise, and  
15 skin care. Such standard consists of the initial phase  
16 of treatment which is performed by qualified health  
17 care professionals on an outpatient basis (Phase 1  
18 treatment) and the continuing maintenance phase  
19 (Phase 2 treatment) which is performed in a home  
20 setting by the patient, patient’s family, or patient’s  
21 aide after receiving instruction described in para-  
22 graph (5).

23 “(B) A qualified provider is a physician or  
24 lymphedema therapist knowledgeable of the diag-  
25 nosis and current medical standard of treatment of

1 lymphedema, or any other individual or entity des-  
2 ignated by the Secretary, that, in addition to pro-  
3 viding lymphedema outpatient self-management  
4 training services (as defined in paragraph  
5 (3)(C)(iii)), provides other items or services for  
6 which payment may be made under this title.

7 “(C)(i) Subject to clause (ii), the quality stand-  
8 ards described in this subparagraph are quality  
9 standards established by the Secretary equivalent to  
10 the practice standards established by the  
11 Lymphology Association of North America.

12 “(ii) In applying this subsection during the 3-  
13 year period beginning on the date of the enactment  
14 of this subsection, a therapist who has completed at  
15 least 135 hours of lymphedema treatment training  
16 and is certified by the training school is deemed to  
17 have met the requirement of clause (i), and may  
18 practice under a certified provider within a plan of  
19 care developed by the certified provider; regardless  
20 of whether the therapist meets the experience stand-  
21 ards established by the Lymphology Association of  
22 North America.

23 “(D) The term ‘lymphedema diagnosis’ means  
24 the differential diagnosis of the source of the pa-  
25 tient’s edema and the identification of the specific

1 etiology in order to develop the lymphedema treat-  
2 ment plan. Such term shall include diagnostic tools  
3 such as the lymphoscintigraphic functional test or  
4 other test the Secretary determines to be efficacious  
5 to directly observe lymphatic system function may be  
6 indicated if medical history or tests to rule out other  
7 causes are not adequate to provide a clear positive  
8 diagnosis of lymphedema.

9 “(3) COVERAGE.—With respect to lymphedema diag-  
10 nosis and treatment services coverage under this part, the  
11 following shall apply:

12 “(A) MANUAL LYMPH DRAINAGE.—

13 “(i) Lymphedema diagnosis and treatment  
14 services coverage under this part shall include  
15 an initial course of manual lymph drainage as  
16 part of complete decongestive therapy (Phase 1)  
17 when medically required by the qualified pro-  
18 vider described in paragraph (2)(B).

19 “(ii) The schedule and number of manual  
20 lymph drainage treatment sessions shall be de-  
21 termined by the treating physician or  
22 lymphedema therapist as required by medical  
23 necessity, and not the limits governing rehabili-  
24 tation therapy described in section 1833(g).

1           “(B) COMPRESSION BINDING SYSTEMS, GAR-  
2           MENTS AND DEVICES.—

3           “(i) For purposes of this part, the mate-  
4           rials and aids used in lymphedema compression  
5           therapy—

6           “(I) while physically resembling items  
7           in other benefit categories such as surgical  
8           dressings, durable medical equipment,  
9           splints and braces, orthotics and pros-  
10          thetics described in subsections (s)(5),  
11          (s)(6), and (s)(9), do not serve the same  
12          medical function as such items in such  
13          other categories and have significantly dif-  
14          ferent therapeutic characteristics and uses;  
15          and

16          “(II) are specified in subsection (iii)  
17          as a separate benefit category.

18          “(ii) Such coverage shall include any com-  
19          pression garments, binding systems and devices  
20          described in subsection (iii) deemed by the pa-  
21          tient’s qualified caregiver to be medically nec-  
22          essary as part of the treatment of lymphedema.

23          “(iii) Such coverage shall include replace-  
24          ments when required to maintain their medi-  
25          cally required compressive function or to accom-

1 modate changes in the patient’s dimensions or  
2 medical condition.

3 “(C) LYMPHEDEMA SELF-MANAGEMENT TRAIN-  
4 ING.—

5 “(i) IN GENERAL.—

6 “(I) The initial course of treatment  
7 (phase 1) described in paragraph (2)(A),  
8 with respect to such services, shall include  
9 training of the patient and an aide or fam-  
10 ily member as required to perform self-  
11 treatment in a home setting, including any  
12 of the following home treatment modalities  
13 which are determined by the qualified pro-  
14 vider to be medically required and are a  
15 part of the continuing maintenance phase  
16 (phase 2) home treatment plan described  
17 in paragraph (2)(A):

18 “(aa) Self-manual lymph drain-  
19 age (simple lymph drainage).

20 “(bb) Compression bandaging.

21 “(cc) Donning and care of com-  
22 pression garments.

23 “(dd) Performance of an appro-  
24 priate decongestive exercise program.

1                   “(ee) Use of specialized manually  
2                   adjustable compression devices, don-  
3                   ning aids, and other required ancillary  
4                   equipment; and if medically indicated.

5                   “(ff) Use of sequential gradient  
6                   compression pneumatic pump.

7                   “(II) As part of such treatment, pa-  
8                   tient training shall include instruction on  
9                   periodic self-measurements, skin care, indi-  
10                  cations of infection, and the steps to be  
11                  taken if infection occurs.

12                  “(III) The term ‘lymphedema out-  
13                  patient self-management training services’  
14                  means educational and training services  
15                  furnished to an individual diagnosed with  
16                  lymphedema by a certified provider (as de-  
17                  scribed in paragraph (2)(B)) in an out-  
18                  patient setting but only if the physician  
19                  who is managing the individual’s  
20                  lymphedema condition certifies that such  
21                  services are needed under a comprehensive  
22                  plan of care related to the individual’s  
23                  lymphedema condition.

24                  “(ii) CONSULTATION WITH ORGANIZATIONS  
25                  IN ESTABLISHING PAYMENT AMOUNTS FOR

1 SERVICES PROVIDED BY PHYSICIANS.—In es-  
2 tablishing payment amounts under section 1848  
3 for physicians’ services consisting of  
4 lymphedema outpatient self-management train-  
5 ing services, the Secretary shall consult with  
6 appropriate organizations, including such orga-  
7 nizations representing individuals or Medicare  
8 beneficiaries with lymphedema, in determining  
9 the relative value for such services under sec-  
10 tion 1848(c)(2).

11 “(D) MEASUREMENTS TO DEFINE TREATMENT  
12 EFFICACY.—Periodic measurements shall be made to  
13 enable evaluation of the efficacy of the treatment  
14 plan and patient adherence, to modify the treatment  
15 plan or to determine the need for follow-up courses  
16 of treatment.

17 “(E) FOLLOW-UP TREATMENT.—Such coverage  
18 shall provide for follow-up treatments whenever  
19 medically required to periodically validate home tech-  
20 niques, to monitor progress against the written  
21 treatment plan, and to modify the treatment plan as  
22 required.

23 “(F) DENIAL.—No individual other than a li-  
24 censed physician or certified lymphedema therapist  
25 competent to evaluate the specific clinical issues in-

1       involved in the care requested, may deny or modify re-  
2       quests for authorization of health care services or  
3       materials described in subsection (iii) pursuant to  
4       this subsection.

5               “(G) PROHIBITION OF ADDITIONAL TREAT-  
6       MENT FEES.—No additional fees or deductibles may  
7       be assessed, with respect to such treatment, for com-  
8       pliance with this title other than assessed for similar  
9       medical services.

10       “(iii) LYMPHEDEMA COMPRESSION TREATMENT  
11       ITEMS.—

12               “(1) DEFINITION.—The term ‘lymphedema  
13       compression treatment item’ means compression  
14       therapy materials and supplies used daily in the  
15       medical treatment of lymphedema upon prescription  
16       of the treating physician or therapist, including—

17                       “(A) compression binding systems com-  
18                       prising, as medically required, short-stretch and  
19                       medium-stretch compression bandages; cotton,  
20                       synthetic, or foam padding; gauze or elastic fin-  
21                       ger and toe bandages; foam pads; and tubular  
22                       bandages;

23                       “(B) compression garments and compres-  
24                       sion pads for compression treatment of

1           lymphedematous arms, legs, torso, face and  
2           neck, breast and chest, abdomen, and genitalia;

3           “(C) manually-adjustable compression  
4           sleeves and padded directional flow sleeves for  
5           use on upper and lower limbs;

6           “(D) orthotic shoes; and

7           “(E) donning aids, bandage rollers, and  
8           other specialized items used with the items de-  
9           scribed in subparagraphs (A) through (D).

10          “(2) SPECIAL REQUIREMENT ON LYMPHEDEMA  
11          PUMPS.—Such term shall include a pneumatic pump  
12          for the treatment of lymphedema only if the treating  
13          physician or therapist’s prescription for such pump  
14          is accompanied by a certificate of medical necessity  
15          which specifies as a minimum—

16                 “(A) the differential diagnosis of  
17                 lymphedema and any related co-conditions such  
18                 as venous insufficiency, peripheral arterial dis-  
19                 ease, lipedema, morbid obesity, myxedema, and  
20                 any other condition which may be significant in  
21                 the selection of a type, specification, and usage  
22                 of the pump; and

23                 “(B) the physician’s or therapist’s judge-  
24                 ment of the type and specifications of the pump  
25                 based on the patient’s medical necessity.”.

1 (b) PAYMENT.—

2 (1) LYMPHEDEMA OUTPATIENT SELF-MANAGE-  
3 MENT TRAINING SERVICES INCLUDED AS PHYSI-  
4 CIANS' SERVICES.—Section 1861(s)(2)(S) of such  
5 Act (42 U.S.C. 1395x(s)(2)(S)) is amended by in-  
6 serting “and lymphedema outpatient self-manage-  
7 ment training services under subsection  
8 (hhh)(3)(C)” after “subsection (qq)”.

9 (2) LYMPHEDEMA COMPRESSION TREATMENT  
10 ITEMS.—

11 (A) IN GENERAL.—Section 1833(a) of  
12 such Act (42 U.S.C. 1395l(a)) is amended—

13 (i) in paragraph (8), by striking at  
14 the end “and”;

15 (ii) in paragraph (9), by striking at  
16 the end the period and inserting a semi-  
17 colon; and

18 (iii) by adding at the end the fol-  
19 lowing new paragraph:

20 “(10) in the case of lymphedema compression  
21 treatment items described in section 1861(iii), the  
22 amount determined under section 1834(n); and”.

23 (B) PAYMENT DETERMINED.—Section  
24 1834 of such Act (42 U.S.C. 1395m) is amend-

1 ed by adding at the end the following new sub-  
2 section:

3 “(n) PAYMENT FOR LYMPHEDEMA COMPRESSION  
4 TREATMENT ITEMS.—

5 “(1) GENERAL RULE FOR PAYMENT.—

6 “(A) IN GENERAL.—With respect to a  
7 lymphedema compression treatment item de-  
8 scribed in section 1861(iii) for which payment  
9 is determined under this subsection, subject to  
10 subparagraph (D), payment shall be made in an  
11 amount equal to 80 percent of the payment  
12 basis described in subparagraph (B).

13 “(B) PAYMENT BASIS.—The payment  
14 basis described in this subparagraph, with re-  
15 spect to a lymphedema compression treatment  
16 item described in section 1861(iii), is the actual  
17 charge for the item.

18 “(C) EXCLUSIVE PAYMENT RULE FOR  
19 HOME HEALTH AGENCIES.—This subsection  
20 shall constitute the exclusive provision of this  
21 title for payment for lymphedema compression  
22 treatment items described in section 1861(iii)  
23 under this part or under part A to a home  
24 health agency.

25 “(D) EXCEPTIONS.—

1           “(i) Subparagraph (B) shall not apply  
2           to an item furnished by a public home  
3           health agency (or by another home health  
4           agency which demonstrates to the satisfac-  
5           tion of the Secretary that a significant por-  
6           tion of its patients are low income) free of  
7           charge or at nominal charges to the public.

8           “(ii) Subparagraph (B) shall not  
9           apply to items that are furnished as an in-  
10          cident to a physician’s professional service.

11          “(2) SPECIAL PAYMENT RULES.—

12           “(A) ALLOWABLE ITEMS.—To be eligible  
13          for payment under this subsection, an item de-  
14          scribed in section 1861(iii) must—

15           “(i) be ordered by a qualified physi-  
16          cian or lymphedema therapist for treat-  
17          ment of diagnosed lymphedema;

18           “(ii) primarily and customarily be  
19          used to serve a medical purpose;

20           “(iii) generally not be useful to a per-  
21          son in the absence of an illness or injury;  
22          and

23           “(iv) be appropriate for use in the  
24          home.

1           “(B) ALLOWABLE QUANTITIES.—In the  
2 case it is determined by the qualified physician  
3 or qualified lymphedema therapist involved that  
4 compression therapy demands daily compression  
5 as part of lymphedema treatment according to  
6 section 1861(hhh)(1), then payment may be  
7 made in accordance with this subsection for the  
8 following quantities—

9           “(i) in the case of compression bind-  
10 ing systems described in section  
11 1861(iii)(1)(A), 2 sets for each affected  
12 body part;

13           “(ii) in the case of compression gar-  
14 ments described in section 1861(iii)(1)(B),  
15 2 garments for each affected body part;

16           “(iii) in the case of compression de-  
17 vices described in section 1861(iii)(1)(C), 1  
18 each for each affected body part; and

19           “(iv) in the case of compression ther-  
20 apy aids described in section  
21 1861(iii)(1)(D), as determined by the  
22 qualified physician or qualified  
23 lymphedema therapist.

24           “(C) ALLOWABLE USE.—Payment may be  
25 made under this subsection for a lymphedema

1 compression treatment item described in section  
2 1861(iii) only if such item—

3 “(i) is prescribed by a certified pro-  
4 vider as defined in section  
5 1861(hhh)(2)(B);

6 “(ii) is used as part of a lymphedema  
7 treatment plan described in section  
8 1861(hhh)(1);

9 “(iii) is used by a patient who has  
10 been instructed in lymphedema self-man-  
11 agement described in section  
12 1861(hhh)(5); and

13 “(iv) is used to treat a diagnosed con-  
14 dition of chronic lymphedema.

15 “(D) COMPRESSION RANGE.—The  
16 lymphedema compression treatment items for  
17 which payment may be made under this section  
18 must provide a compression no less than  
19 30mmHg and no greater than 60mmHg.

20 “(E) QUALIFIED FITTERS.—The  
21 lymphedema compression treatment items for  
22 which payment may be made under this section  
23 must be measured and fitted by a qualified fit-  
24 ter who is an individual who—

1           “(i) is a qualified lymphedema thera-  
2           pist, as defined in section 1834(o)(2), who  
3           meets the quality standards of section  
4           1861(hhh)(2)(C);

5           “(ii) in the case of a State that pro-  
6           vides for the licensing of orthotists and  
7           prosthetists, is licensed in orthotics or  
8           prosthetics by the State in which the item  
9           is supplied;

10          “(iii) in the case of a State that does  
11          not provide for the licensing of orthotists  
12          and prosthetists, is specifically trained and  
13          educated to provide or manage the provi-  
14          sion of prosthetics and custom-designed or  
15          -fabricated orthotics, and is certified by the  
16          American Board for Certification in  
17          Orthotics and Prosthetics, Inc. or by the  
18          Board for Orthotist/Prosthetist Certifi-  
19          cation, or is credentialed and approved by  
20          a program that the Secretary determines,  
21          in consultation with appropriate experts in  
22          orthotics and prosthetics, has training and  
23          education standards that are necessary to  
24          provide such prosthetics and orthotics; or

1                   “(iv) is certified by the qualified man-  
2                   ufacturer of the item to be qualified to fit  
3                   the particular garment or device.

4                   “(F) REQUIREMENTS FOR SUPPLIERS OF  
5                   COMPRESSION THERAPY ITEMS.—A supplier of  
6                   the lymphedema compression treatment items  
7                   described in this subsection must meet the re-  
8                   quirements of section 1834(j) in order to re-  
9                   ceive payment under this subsection.

10                  “(3) REPLACEMENT OF COMPRESSION THERAPY  
11                  ITEMS.—

12                   “(A) IN GENERAL.—Payment shall be  
13                   made under this subsection, with respect to an  
14                   individual, for the replacement of compression  
15                   bindings, compression garments, or compression  
16                   devices if an ordering physician determines that  
17                   the provision of a replacement item, or repair of  
18                   such an item, is necessary because of any of the  
19                   following:

20                   “(i) A change in the physiological or  
21                   medical condition of the individual.

22                   “(ii) A loss of required compression of  
23                   the item that is not restorable by washing  
24                   and drying.

1           “(iii) An irreparable change in the  
2           condition of the device, or in a part of the  
3           device.

4           “(B) LENGTH OF REASONABLE USEFUL  
5           LIFETIME.—The reasonable useful lifetime of a  
6           lymphedema compression treatment item de-  
7           scribed in section 1861(iii) shall be as follows,  
8           except that, if the Secretary determines that, on  
9           the basis of prior experience in making pay-  
10          ments for such an item under this title, such  
11          lifetimes are no longer appropriate with respect  
12          to a particular item, the Secretary shall estab-  
13          lish an alternative reasonable lifetime for such  
14          item:

15           “(i) COMPRESSION BINDING KIT.—In  
16           the case of compression binding systems  
17           described in section 1861(iii)(1)(A), the  
18           greater of 6 months or per manufacturer’s  
19           warranty.

20           “(ii) COMPRESSION GARMENTS.—In  
21           the case of compression garments de-  
22           scribed in section 1861(iii)(1)(B), the  
23           greater of 4 months or per manufacturer’s  
24           warranty.

1           “(iii) COMPRESSION DEVICES.—In the  
2 case of compression devices described in  
3 section 1861(iii)(1)(C), the greater of 3  
4 years or per manufacturer’s warrantee.

5           “(iv) AIDS.—In the case of compres-  
6 sion therapy aids described in section  
7 1861(iii)(1)(D), as required to maintain  
8 functional usefulness.”.

9           (C) SUPPLIER REQUIREMENTS.—Section  
10 1834(j)(5) of such Act (42 U.S.C. 1395m(j)(5))  
11 is amended—

12           (i) in subparagraph (E), by striking  
13 at the end “and”;

14           (ii) in subparagraph (F), by striking  
15 at the end the period and inserting “; and”;  
16 and

17           (iii) by adding at the end the fol-  
18 lowing new subparagraph:

19           “(G) lymphedema compression treatment  
20 items (as described in section 1861(iii)).”.

21           (3) LYMPHEDEMA DIAGNOSIS AND TREATMENT  
22 SERVICES.—

23           (A) IN GENERAL.—Section 1833(a) of  
24 such Act, as amended by paragraph (2)(A), is

1 further amended by adding at the end the fol-  
2 lowing new paragraph:

3 “(11) with respect to lymphedema diagnosis  
4 and treatment services (as defined in subsection  
5 (hhh)(1))—

6 “(A) furnished by a qualified physical ther-  
7 apist or qualified occupational therapist, as de-  
8 fined in section 1834(o)(2)(A), the amounts de-  
9 scribed in section 1834(k); or

10 “(B) furnished by a lymphedema therapist,  
11 as defined by 1834(o)(2)(B), under direction of  
12 a qualified physical therapist or qualified occu-  
13 pational therapist, the amounts described in  
14 section 1834(o).”.

15 (B) PAYMENT METHOD.—Section 1834 of  
16 such Act, as amended by paragraph (2)(B), is  
17 further amended by adding at the end the fol-  
18 lowing new subsection:

19 “(o) PAYMENT FOR OUTPATIENT LYMPHEDEMA DI-  
20 AGNOSIS AND TREATMENT SERVICES.—

21 “(1) IN GENERAL.—For purposes of section  
22 1833(a)(11)(B), in the case of lymphedema diag-  
23 nosis and treatment services described in section  
24 1861(hhh) for which payment is determined under  
25 this subsection and that are performed by a quali-

1       fied lymphedema therapist (as defined in paragraph  
2       (2)) under the direction of a qualified physician  
3       therapist or qualified occupational therapist, the  
4       payment basis shall be 80 percent of the lesser of—

5               “(A) the actual charge for the service; or

6               “(B) the applicable fee schedule amount  
7       (as defined in paragraph (3)) for the services.

8       “(2) QUALIFIED THERAPISTS.—For purposes of  
9       this subsection:

10              “(A) IN GENERAL.—The term ‘qualified’,  
11       with respect to a physical therapist, occupa-  
12       tional therapist, or lymphedema therapist,  
13       means that the physical therapist, occupational  
14       therapist, or lymphedema therapist meets the  
15       quality requirements described in section  
16       1861(hhh)(2)(C).

17              “(B) LYMPHEDEMA THERAPIST.—The  
18       term ‘lymphedema therapist’ means any of the  
19       following individuals so long as such individual  
20       is legally authorized to practice by the State in  
21       which the lymphedema diagnosis and treatment  
22       service involved is performed and meets the  
23       quality requirements described in subparagraph  
24       (A):

1           “(i) A registered nurse, nurse practi-  
2           tioner, family nurse practitioner or clinical  
3           nurse specialist (as described in section  
4           1861(aa)(5)).

5           “(ii) A doctor of medicine or doctor of  
6           osteopathy (as described in section  
7           1861(r)(1).

8           “(iii) A physician assistant (as de-  
9           scribed in section 1861(aa)(5)).

10          “(iv) A chiropractor.

11          “(v) A licensed massage therapist.

12          “(vi) A licensed home health practi-  
13          tioner.

14          “(3) APPLICABLE FEE SCHEDULE AMOUNT.—

15          In this subsection, the term ‘applicable fee schedule  
16          amount’ means, with respect to services furnished in  
17          a year, the amount determined under the fee sched-  
18          ule established under section 1848 for such services  
19          furnished during the year or, if there is no such fee  
20          schedule established for such services, the amount  
21          determined under the fee schedule established for  
22          such comparable services as the Secretary specifies.

23          “(4) UNIFORM CODING.—For claims for serv-  
24          ices for which the amount of payment is determined  
25          under this subsection, the claim shall include a code

1 (or codes) under a uniform coding system specified  
2 by the Secretary that identifies the services fur-  
3 nished.

4 “(5) RESTRAINT ON BILLING.—The provisions  
5 of subparagraphs (A) and (B) of section  
6 1842(b)(18) shall apply to lymphedema diagnosis  
7 and treatment services for which payment is made  
8 under this subsection in the same manner as they  
9 apply to services provided by a practitioner described  
10 in section 1842(b)(18)(C), except that in applying  
11 such subparagraphs the practitioner described shall  
12 be any practitioner described in paragraph (2)(B).”.

13 (C) EXCLUSION FROM CERTAIN THERAPY  
14 SERVICES.—Section 1833(g)(4) of such Act (42  
15 U.S.C. 1395l(g)(4)) is amended by inserting  
16 “or to expenses incurred with respect to  
17 lymphedema diagnosis and treatment services  
18 (as defined in subsection (hhh)(1))” before the  
19 period at the end.

20 (e) EFFECTIVE DATE.—The amendments made by  
21 this section shall apply to items and services furnished on  
22 or after the date that is 90 days from the date of the  
23 enactment of this Act.

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