CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2056	**Date: September 17, 2010**
	Change Request 7110

NOTE: This instruction is being re-issued to include jurisdiction list attachment inadvertently omitted from original transmission. The instruction has been revised to include attachment. The transmittal number, date issued and all other information remain the same.

SUBJECT: 2010 Durable Medical Equipment Prosthetics, Orthotics, and Supply Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

I. SUMMARY OF CHANGES: A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Part B local carrier/Part B Medicare Administrative Contractor (A/B MACs) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. This Recurring Update Notification applies to chapter 23, section 20.3.

EFFECTIVE DATE: December 22, 2010
IMPLEMENTATION DATE: December 22, 2010

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENT:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2056	Date: September 17, 2010	Change Request: 7110

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SUBJECT: 2010 Durable Medical Equipment Prosthetics, Orthotics, and Supply Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

Effective Date: December 22, 2010

Implementation Date: December 22, 2010

I. GENERAL INFORMATION

A. Background: A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MAC) and Part B local carrier/Part B Medicare Administrative Contractor (A/B MAC) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year.

B. Policy: A recurring update notification will be published annually to notify the DME MACs and the Part B carriers/A/B MACs that the list has been updated and is available on the CMS Web site. The jurisdiction list in an excel file and will be located at: http://www.cms.hhs.gov/center/dme.asp

II. BUSINESS REQUIREMENTS TABLE

Use"Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7110.1	The DME MACs and the carriers/A/B-MACs shall download the attached jurisdiction file.	X	X		X						
7110.2	The DME MACs and the carriers/A/B-MACs shall adjudicate claims in accordance with the designations indicated in the jurisdiction file update.	X	X		X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7110.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X		X						
7110.4	The DME MACs and the carriers/A/B-MACs shall publish the attached jurisdiction file as part of this provider education initiative.	X	X		X						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Bobbett Plummer at bobbett.plummer@cms.hhs.gov or (410) 786-3321.

Post-Implementation Contact(s): Bobbett Plummer at bobbett.plummer@cms.hhs.gov or (410) 786-3321.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment

2010 Jurisdiction List for DMEPOS HCPCS Codes

	A	B	C
1	NOTE: Deleted codes are valid for dates of service on or before the date of deletion.		
2	NOTE: Updated codes are in bold.		
3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
5	A0021 - A0999	Ambulance Services	Local Carrier
6	A4206 - A4209	Medical, Surgical, and Self-	Local Carrier if incident to a physician's
7		Administered Injection	service (not separately payable). If other
8		Supplies	DME MAC.
9	A4210	Needle Free Injection Device	DME MAC
10	A4211	Medical, Surgical, and Self-	Local Carrier if incident to a physician's
11		Administered Injection	service (not separately payable). If other
12		Supplies	DME MAC.
13	A4212	Non Coring Needle or Stylet	Local Carrier
14		with or without Catheter	
15	A4213 - A4215	Medical , Surgical, and Self-	Local Carrier if incident to a physician's
16		Administered Injection Supplies	service (not separately payable). If other
17			DME MAC.
18	A4216 - A4218	Saline	Local Carrier if incident to a physician's
19			service (not separately payable). If other
20			DME MAC.
21	A4220	Refill Kit for Implantable Pump	Local Carrier
22	A4221 - A4250	Medical, Surgical, and Self-	Local Carrier if incident to a physician's
23		Administered Injection Supplies	service (not separately payable). If other
24			DME MAC.
25	A4252 - A4259	Diabetic Supplies	DME MAC
26			
27	A4261	Cervical Cap for Contraceptive	Local Carrier
28		Use	
29	A4262 - A4263	Lacrimal Duct Implants	Local Carrier
30	**A4264**	**Contraceptive Implant**	**Local Carrier**
31	A4265	Paraffin	Local Carrier if incident to a physician's
32			service (not separately payable). If other
33			DME MAC.
34	A4266 - A4269	Contraceptives	Local Carrier
35	A4270	Endoscope Sheath	Local Carrier
36	A4280	Accessory for Breast Prosthesis	DME MAC
37	A4281 - A4286	Accessory for Breast Pump	DME MAC
38	A4290	Sacral Nerve Stimulation Test Lead	Local Carrier
39	A4300 - A4301	Implantable Catheter	Local Carrier
40	A4305 - A4306	Disposable Drug Delivery	Local Carrier if incident to a physician's
41		System	service (not separately payable). If other
42			DME MAC.
43	A4310 - A4358	Incontinence Supplies/	If provided in the physician's office for a
44		Urinary Supplies	temporary condition, the item is incident to
45			the physician's service & billed to the Local
46			Carrier. If provided in the physician's office
47			or other place of service for a permanent
48			condition, the item is a prosthetic device &
49			billed to the DME MAC.
50	A436**0** - A4434	Urinary Supplies	If provided in the physician's office for a
51			temporary condition, the item is incident to the
52			physician's service & billed to the Local
53			Carrier. If provided in the physician's office
54			or other place of service for a permanent
55			condition, the item is a prosthetic device &
56			billed to the DME MAC.
57	A4450 - A445**6**	Tape;Adhesive Remover	Local Carrier if incident to a physician's
58			service (not separately payable). If other DME MAC.
59	A4458	Enema Bag	DME MAC
60	A4461-A4463	Surgical Dressing Holders	Local Carrier if incident to a physician's

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61 62			service (not separately payable). If other DME MAC.
63	A4465 - **A4466**	Non-elastic Binder **and Elastic Garment**	DME MAC
64	A4470	Gravlee Jet Washer	Local Carrier
65	A4480	Vabra Aspirator	Local Carrier
66 67 68	A4481	Tracheostomy Supply	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
69	A4483	Moisture Exchanger	DME MAC
70	A4490 - A4510	Surgical Stockings	DME MAC
71	A4520	Diapers	DME MAC
72	A4550	Surgical Trays	Local Carrier
73	A4554	Disposable Underpads	DME MAC
74 75 76	A4556 - A4558	Electrodes; Lead Wires; Con-ductive Paste	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
77 78	A4559	Coupling Gel	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
79	A4561 - A4562	Pessary	Local Carrier
80	A4565	Sling	Local Carrier
81	A4570	Splint	Local Carrier
82 83	A4575	Topical Hyperbaric Oxygen Chamber, Disposable	DME MAC
84	A4580 - A4590	Casting Supplies & Material	Local Carrier
85 86 87	A4595	TENS Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
88 89	A4600	Sleeve for Intermittent Limb Compression Device	DME MAC
90 91	A4601	Lithium Ion Battery for Non-Prosthetic Use	DME MAC
92 93	A4604	Tubing for Positive Airway Pressure Device	DME MAC
94	A4605	Tracheal Suction Catheter	DME MAC
95	A4606	Oxygen Probe for Oximeter	DME MAC
96	A4608	Transtracheal Oxygen Catheter	DME MAC
97 98	A4611 - A4613	Oxygen Equipment Batteries and Supplies	DME MAC
99 100 101	A4614	Peak Flow Rate Meter	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
102 103 104	A4615 - A4629	Oxygen & Tracheostomy Supplies	Local Carrier if incident to a physician's service (not separately payable). If other DME MAC.
105	A4630 - A4640	DME Supplies	DME MAC
106	A4641 - A4642	Imaging Agent; Contrast Material	Local Carrier
107	A4648	Tissue Marker, Implanted	Local Carrier
108 109 110 111	A4649	Miscellaneous Surgical Supplies	Local Carrier if incident to a physician's service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other DME MAC.
112	A4650	Implantable Radiation Dosimeter	Local Carrier
113	A4651 - A4932	Supplies for ESRD	DME MAC
114 115	A5051 - A5093	Additional Ostomy Supplies	If provided in the physician's office for a temporary condition, the item is incident to the

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116			physician's service & billed to the Local
117			Carrier. If provided in the physician's office
118			or other place of service for a permanent
119			condition, the item is a prosthetic device &
120			billed to the DME MAC.
121	A5102 - A5200	Additional Incontinence and	If provided in the physician's office for a
122		Ostomy Supplies	temporary condition, the item is incident to the
123			physician's service & billed to the Local
124			Carrier. If provided in the physician's office
125			or other place of service for a permanent
126			condition, the item is a prosthetic device &
127			billed to the DME MAC.
128	A5500 - A5513	Therapeutic Shoes	DME MAC
129	A6000	Non-Contact Wound Warming	DME MAC
130		Cover	
131	A6010-A6024	Surgical Dressing	Local Carrier if incident to a physician's
132			service (not separately payable) or if supply
133			for implanted prosthetic device or implanted
134			DME. If other DME MAC.
135	A6025	Silicone Gel Sheet	Local Carrier if incident to a physician's
136			service (not separately payable) or if supply
137			for implanted prosthetic device or implanted
138			DME. If other DME MAC.
139	A6154 - A6411	Surgical Dressing	Local Carrier if incident to a physician's
140			service (not separately payable) or if supply
141			for implanted prosthetic device or implanted
142			DME. If other DME MAC.
143	A6412	Eye Patch	Local Carrier if incident to a physician's
144			service (not separately payable) or if supply
145			for implanted prosthetic device or implanted
146			DME. If other DME MAC.
147	A6413	Adhesive Bandage	Local Carrier if incident to a physician's service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other DME MAC.
148	A6441 - A6512	Surgical Dressings	Local Carrier if incident to a physician's
149			service (not separately payable) or if supply
150			for implanted prosthetic device or implanted
151			DME. If other DME MAC.
152	A6513	Compression Burn Mask	DME MAC
153	A6530 - A6549	Compression Gradient Stockings	DME MAC
154	A6550	Supplies for Negative Pressure	DME MAC
155		Wound Therapy Electrical Pump	
156	A7000 - A7002	Accessories for Suction Pumps	DME MAC
157	A7003 - A7039	Accessories for Nebulizers,	DME MAC
158		Aspirators and Ventilators	
159	A7040 - A7041	Chest Drainage Supplies	Local Carrier
160	A7042 - A7043	Pleural Catheter	Local Carrier
161	A7044 - A7046	Respiratory Accessories	DME MAC
162	A7501-A7527	Tracheostomy Supplies	DME MAC
163	A8000-A8004	Protective Helmets	DME MAC
164	A9150	Non-Prescription Drugs	Local Carrier
165	A9152 - A9153	Vitamins	Local Carrier
166	A9155	Artificial Saliva	Local Carrier
167	A9180	Lice Infestation Treatment	Local Carrier
168	A9270	Noncovered Items or Services	DME MAC
169	A9274 - A9278	Glucose Monitoring	DME MAC

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3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
170	A9279	Monitoring Feature/Device	DME MAC
171	A9280	Alarm Device	DME MAC
172	A9281	Reaching/Grabbing Device	DME MAC
173	A9282	Wig	DME MAC
174	A9283	Foot Off Loading Device	DME MAC
175	A9284	Non-electric Spirometer	DME MAC
176	A9300	Exercise Equipment	DME MAC
177	A9500 - A9700	Supplies for Radiology Procedures	Local Carrier
178 179	A9900	Miscellaneous DME Supply or Accessory	Local Carrier if used with implanted DME. If other, DME MAC.
180	A9901	Delivery	DME MAC
181 182	A9999	Miscellaneous DME Supply or Accessory	Local Carrier if used with implanted DME. If other, DME MAC.
183	B4034 - B9999	Enteral and Parenteral Therapy	DME MAC
184	D0120 - D9999	Dental Procedures	Local Carrier
185	E0100 - E0105	Canes	DME MAC
186	E0110 - E0118	Crutches	DME MAC
187	E0130 - E0159	Walkers	DME MAC
188	E0160 - E0175	Commodes	DME MAC
189	E0181 - E0199	Decubitus Care Equipment	DME MAC
190	E0200 - E0239	Heat/Cold Applications	DME MAC
191	E0240 - E0248	Bath and Toilet Aids	DME MAC
192	E0249	Pad for Heating Unit	DME MAC
193	E0250 - E0304	Hospital Beds	DME MAC
194	E0305 - E0326	Hospital Bed Accessories	DME MAC
195	E0328 - E0329	Pediatric Hospital Beds	DME MAC
196	E0350 - E0352	Electronic Bowel Irrigation System	DME MAC
197	E0370	Heel Pad	DME MAC
198	E0371 - E0373	Decubitus Care Equipment	DME MAC
199 200	E0424 - E0484	Oxygen and Related Respiratory Equipment	DME MAC
201 202	E0485 - E0486	Oral Device to Reduce Airway Collapsibility	DME MAC
203	E0487	Electric Spirometer	DME MAC
204	E0500	IPPB Machine	DME MAC
205	E0550 - E0585	Compressors/Nebulizers	DME MAC
206	E0600	Suction Pump	DME MAC
207	E0601	CPAP Device	DME MAC
208	E0602 - E0604	Breast Pump	DME MAC
209	E0605	Vaporizer	DME MAC
210	E0606	Drainage Board	DME MAC
211	E0607	Home Blood Glucose Monitor	DME MAC
212	E0610 - E0615	Pacemaker Monitor	DME MAC
213 214	E0616	Implantable Cardiac Event Recorder	Local Carrier
215	E0617	External Defibrillator	DME MAC
216	E0618 - E0619	Apnea Monitor	DME MAC
217	E0620	Skin Piercing Device	DME MAC
218	E0621 - E0636	Patient Lifts	DME MAC
219	E0637 - E0642	Standing Devices/Lifts	DME MAC
220 221	E0650 - E0676	Pneumatic Compressor and Appliances	DME MAC
222	E0691 - E0694	Ultraviolet Light Therapy Systems	DME MAC
223	E0700	Safety Equipment	DME MAC
224	E0705	Transfer Board	DME MAC
225	E0710	Restraints	DME MAC

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3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
226	E0720 - E0745	Electrical Nerve Stimulators	DME MAC
227	E0746	EMG Device	Local Carrier
228	E0747 - E0748	Osteogenic Stimulators	DME MAC
229	E0749	Implantable Osteogenic Stimulators	Local Carrier
230	E0755	Reflex Stimulator	DME MAC
231	E0760	Ultrasonic Osteogenic Stimulator	DME MAC
232	E0761	Electromagnetic Treatment Device	DME MAC
233	E0762	Electrical Joint Stimulation Device	DME MAC
234 235	E0764	Functional Neuromuscular Stimulator	DME MAC
236	E0765	Nerve Stimulator	DME MAC
237	E0769	Electrical Wound Treatment Device	DME MAC
238	E0770	Functional Electrical Stimulator	DME MAC
239	E0776	IV Pole	DME MAC
240	E0779 - E0780	External Infusion Pumps	DME MAC
241 242 243 244 245	E0781	Ambulatory Infusion Pump	Billable to both the local carrier and the DME MAC. This item may be billed to the DME MAC whenever the infusion is initiated in the physician's office but the patient does not return during the same business day.
246	E0782 - E0783	Infusion Pumps, Implantable	Local Carrier
247	E0784	Infusion Pumps, Insulin	DME MAC
248 249	E0785 - E0786	Implantable Infusion Pump Catheter	Local Carrier
250	E0791	Parenteral Infusion Pump	DME MAC
251	E0830	Ambulatory Traction Device	DME MAC
252	E0840 - E0900	Traction Equipment	DME MAC
253	E0910 - E0930	Trapeze/Fracture Frame	DME MAC
254	E0935 - E0936	Passive Motion Exercise Device	DME MAC
255	E0940	Trapeze Equipment	DME MAC
256	E0941	Traction Equipment	DME MAC
257	E0942 - E0945	Orthopedic Devices	DME MAC
258	E0946 - E0948	Fracture Frame	DME MAC
259	E0950 - E1298	Wheelchairs	DME MAC
260	E1300 - E1310	Whirlpool Equipment	DME MAC
261	E1353 - E1392	Additional Oxygen Related	DME MAC
262		Equipment	
263 264	E1399	Miscellaneous DME	Local Carrier if implanted DME. If other, DME MAC.
265	E1405 - E1406	Additional Oxygen Equipment	DME MAC
266 267	E1500 - E1699	Artificial Kidney Machines and Accessories	DME MAC
268	E1700 - E1702	TMJ Device and Supplies	DME MAC
269	E1800 - E1841	Dynamic Flexion Devices	DME MAC
270	E1902	Communication Board	DME MAC
271	E2000	Gastric Suction Pump	DME MAC
272 273	E2100 - E2101	Blood Glucose Monitors with Special Features	DME MAC
274 275	E2120	Pulse Generator for Tympanic Treatment of Inner Ear	DME MAC
276	E2201 - E239**7**	Wheelchair Accessories	DME MAC
277 278	E2402	Negative Pressure Wound Therapy Pump	DME MAC
279	E2500 - E2599	Speech Generating Device	DME MAC

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3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
280	E2601 - E2621	Wheelchair Cushions	DME MAC
281	E8000 - E8002	Gait Trainers	DME MAC
282	G0008 - G0329	Misc. Professional Services	Local Carrier
283	G0333	Dispensing Fee	DME MAC
284	G0337 - G0365	Misc. Professional Services	Local Carrier
285	G0372	Misc. Professional Services	Local Carrier
286	G0378 - G9140	Misc. Professional Services	Local Carrier
287	J0120 - J3570	Injection	Local Carrier if incident to a physician's
288			service or used in an implanted infusion pump.
289			If other, DME MAC.
290	J3590	Unclassified Biologicals	Local Carrier
291	J7030 - J7130	Miscellaneous Drugs and	Local Carrier if incident to a physician's
292		Solutions	service or used in an implanted infusion pump.
293			If other, DME MAC.
294	J718**5** - J7195	Antihemophilic Factor	Local Carrier
295	J7197	Antithrombin III	Local Carrier
296	J7198	Anti-inhibitor; per I.U.	Local Carrier
297	J7199	Other Hemophilia Clotting Factors	Local Carrier
298	J7300 - J7307	Intrauterine Copper Contraceptive	Local Carrier
299	J7308	Aminolevulinic Acid HCL	Local Carrier
300	J7310	Ganciclovir, Long-Acting Implant	Local Carrier
301	J7311	Fluocinolone Acetonide, intravitreal	Local Carrier
302		implant	
303	J7321 - J732**5**	Hyaluronan	Local Carrier
304	J7330	Autologous Cultured Chondrocytes,	Local Carrier
305		Implant	
306	J7500 - J7599	Immunosuppressive Drugs	Local Carrier if incident to a physician's
307			service or used in an implanted infusion pump.
308			If other, DME MAC.
309	J7604 - J7699	Inhalation Solutions	Local Carrier if incident to a physician's
310			service. If other, DME MAC.
311	J7799	NOC, Other than Inhalation Drugs	Local carrier if incident to a physician's
312		through DME	service. If other, DME MAC.
313	J8498	Anti-emetic Drug	DME MAC
314	J8499	Prescription Drug, Oral, Non	Local carrier if incident to a physician's
315		Chemotherapeutic	service. If other, DME MAC.
316	J8501 - J8999	Oral Anti-Cancer Drugs	DME MAC
317	J9000 - J9999	Chemotherapy Drugs	Local Carrier if incident to a physician's
318			service or used in an implanted infusion pump.
319			If other, DME MAC.
320	K0001 - K0108	Wheelchairs	DME MAC
321	K0195	Elevating Leg Rests	DME MAC
322	K0455	Infusion Pump used for	DME MAC
323		Uninterrupted Administration of	
324		Epoprostenal	

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3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
325	K0462	Loaner Equipment	DME MAC
326	K0552	External Infusion Pump Supplies	DME MAC
327	K0601 - K0605	External Infusion Pump Batteries	DME MAC
328	K0606 - K0609	Defibrillator Accessories	DME MAC
329	K0669	Wheelchair Cushion	DME MAC
330	K0672	Soft Interface for Orthosis	DME MAC
331	K0730	Inhalation Drug Delivery System	DME MAC
332	K0733	Power Wheelchair Accessory	DME MAC
333	K0734 - K0737	Power Wheelchair Seat Cushions	DME MAC
334	K0738	Oxygen Equipment	DME MAC
335	K0739	Repair or Nonroutine Service for DME	Local Carrier if implanted DME. If other, DME MAC
336	K0740	Repair or Nonroutine Service for Oxygen Equipment	DME MAC
337	K0800 - K0899	Power Mobility Devices	DME MAC
338	L0112 - L2090	Orthotics	DME MAC
339	L2106 - L2116	Orthotics	DME MAC
340	L2126 - L4398	Orthotics	DME MAC
341	L5000 - L5999	Lower Limb Prosthetics	DME MAC
342	L6000 - L7499	Upper Limb Prosthetics	DME MAC
343 344	L7500 - L7520	Repair of Prosthetic Device	Local Carrier if repair of implanted prosthetic device. If other, DME MAC.
345	L7600	Prosthetic Donning Sleeve	DME MAC
346	L7900	Vacuum Erection System	DME MAC
347	L8000 - L8485	Prosthetics	DME MAC
348 349	L8499	Unlisted Procedure for Miscellaneous Prosthetic Services	Local Carrier if implanted prosthetic device. If other, DME MAC.
350 351	L8500 - L8501	Artificial Larynx; Tracheostomy Speaking Valve	DME MAC
352	L8505	Artificial Larynx Accessory	DME MAC
353	L8507	Voice Prosthesis, **Patient Inserted**	DME MAC
354	**L8509**	**Voice Prosthesis, Inserted by a Licensed Health Care Provider**	**Local Carrier for dates of service on or after 10/01/2010, DME MAC for dates of service prior to 10/01/2010**
355	**L8510** - L8515	Voice Prosthesis	**DME MAC**
356	L8600 - L8699	Prosthetic Implants	Local Carrier
357 358 359	L9900	Miscellaneous Orthotic or Prosthetic Component or Accessory	Local Carrier if used with implanted prosthetic device. If other, DME MAC.
360	M0064 - M0301	Medical Services	Local Carrier
361	P2028 - P9615	Laboratory Tests	Local Carrier
362 363	Q0035	Influenza Vaccine; Cardio-kymography	Local Carrier
364	Q0081	Infusion Therapy	Local Carrier
365	Q0083 - Q0085	Chemotherapy Administration	Local Carrier
366	Q0091	Smear Preparation	Local Carrier
367	Q0092	Portable X-ray Setup	Local Carrier
368	Q0111 - Q0115	Miscellaneous Lab Services	Local Carrier
369	**Q0138-Q0139**	**Ferumoxytol Injection**	**Local Carrier**
370 371	Q0144	Azithromycin Dihydrate	Local Carrier if incident to a physician's service. If other, DME MAC.
372	Q0163 - Q0181	Anti-emetic	DME MAC

2010 Jurisdiction List for DMEPOS HCPCS Codes

	A	B	C
1	NOTE: Deleted codes are valid for dates of service on or before the date of deletion.		
2	NOTE: Updated codes are in bold.		
3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
373	Q0480 - Q0506	Ventricular Assist Devices	Local Carrier
374	Q0510 - Q0514	Drug Dispensing Fees	DME MAC
375	Q0515	Sermorelin Acetate	Local Carrier
376	Q1003 - Q1005	New Technology IOL	Local Carrier
377	Q2004	Irrigation Solution	Local Carrier
378	Q2009	Fosphenytoin	Local Carrier
379	Q2017	Teniposide	Local Carrier
380	**Q2025**	**Oral Chemotherapy Drug (Effective July 1, 2010)**	**DME MAC**
381	**Q2026-Q2027**	**Injectable Dermal Fillers (Effective July 1, 2010)**	**Local Carrier**
382	Q3001	Radio Elements for Brachytherapy	Local Carrier
383	Q3014	Telehealth Originating Site	Local Carrier
384		Facility Fee	
385	Q3025 - Q3026	Vaccines	Local Carrier
386	Q3031	Collagen Skin Test	Local Carrier
387	Q4001 - Q4051	Splints and Casts	Local Carrier
388	Q40**74**	Inhalation Drug	Local Carrier if incident to a physician's
389			service. If other, DME MAC.
390	Q4081	Epoetin	DME MAC for method II home dialysis.
391			If other, Local Carrier.
392	Q4082	Drug Subject to Competitive	Local Carrier
393		Acquisition Program	
394	Q4100-Q4116	Skin Substitutes	Local Carrier
395	Q5001 - Q5009	Hospice Services	Local Carrier
396	Q9951 - Q9954	Imaging Agents	Local Carrier
397	Q9955 - Q9957	Microspheres	Local Carrier
398	Q9958 - Q996**8**	Imaging Agents	Local Carrier
399	R0070 - R0076	Diagnostic Radiology Services	Local Carrier
400	V2020 - V2025	Frames	DME MAC
401	V2100 - V2513	Lenses	DME MAC
402	V2520 - V2523	Hydrophilic Contact Lenses	Local Carrier if incident to a physician's
403			service. If other, DME MAC.
404	V2530 - V2531	Contact Lenses, Scleral	DME MAC
405	V2599	Contact Lens, Other Type	Local Carrier if incident to a physician's
406			service. If other, DME MAC.
407	V2600 - V2615	Low Vision Aids	DME MAC
408	V2623 - V2629	Prosthetic Eyes	DME MAC

	A	B	C
1	NOTE: Deleted codes are valid for dates of service on or before the date of deletion.		
2	NOTE: Updated codes are in bold.		
3	**HCPCS**	**DESCRIPTION**	**JURISDICTION**
409	V2630 - V2632	Intraocular Lenses	Local Carrier
410	V2700 - V2780	Miscellaneous Vision Service	DME MAC
411	V2781	Progressive Lens	DME MAC
412	V2782 - V2784	Lenses	DME MAC
413	V2785	Processing--Corneal Tissue	Local Carrier
414	V2786	Lens	DME MAC
415	V2787 - V2788	Intraocular Lenses	Local Carrier
416	V2790	Amniotic Membrane	Local Carrier
417	V2797	Vision Supply	DME MAC
418	V2799	Miscellaneous Vision Service	DME MAC
419	V5008 - V5299	Hearing Services	Local Carrier
420	V5336	Repair/Modification of	DME MAC
421		Augmentative Communicative	
422		System or Device	
423	V5362 - V5364	Speech Screening	Local Carrier
424			
425			
426	Revised: July 2010		