CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 531	**Date: August 14, 2009**
	Change Request 6573

SUBJECT: Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request (CR) 5917

I. SUMMARY OF CHANGES: This CR clarifies the claims filing jurisdiction and payment policies for claims for DMEPOS items submitted under the guidelines established in CR 5917, Transmittal 1603. It also makes a correction to CR 5917 to replace the list of codes that may be billed, originally included as Attachment A to CR 5917, with the attached revised list of HCPCS codes.

New / Revised Material
Effective Date: January 1, 2010
Implementation Date: January 4, 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:
SECTION A: For Fiscal Intermediaries and 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.

IV. ATTACHMENTS:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 531	Date: August 14, 2009	Change Request: 6573

SUBJECT: Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request (CR) 5917

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

I. GENERAL INFORMATION

A. **Background:** Change Request (CR) 5917, Transmittal 1603, issued September 26, 2008, Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) and Replacement Parts, Accessories and Supplies, reinstated the Part B carrier/A/B Medicare Administrative Contractor (MAC) jurisdiction for suppliers of replacement parts, accessories and supplies for prosthetic implants and surgically implanted DME, effective for claims with dates of service on or after October 27, 2008. In that CR, the Centers for Medicare and Medicaid Services (CMS) instructed the carriers/A/B MACs to process and pay claims for replacement parts, accessories and supplies for prosthetic implants and surgically implemented DME when submitted by suppliers that are enrolled with both the National Supplier Clearinghouse (NSC) and with their local carrier/A/B MAC as a DMEPOS supplier. As previously stated in CR 5917, suppliers enrolled with the NSC as a DMEPOS supplier may enroll with and bill to the carrier/MAC for replacement parts, accessories and supplies for prosthetics implants and surgically implanted DME items that are not required to be billed to the intermediary. (See CR 5917 for additional information.)

Although CR 5917 reinstated the local carrier/A/B MAC jurisdiction for claims for these items, the instruction was not clear about the claims filing jurisdiction or the payment rules that apply when the beneficiary resides outside of the local carrier/A/B MAC's jurisdiction. This CR provides additional instructions to the contractors on processing these claims and instructs the Part B shared system maintainer to update the Multi-Carrier System (MCS), as needed to apply the claims jurisdiction and payment rules specified in this CR to claims submitted under the instructions provided in CR 5917.

In addition, Attachment A of CR 5917 included an excerpt of the 2008 annual jurisdiction list containing Healthcare Common Procedure Coding System (HCPCS) codes, which CMS previously instructed may be billed to the carrier/MAC as a replacement part, accessory or supply for prosthetic implants and surgically implanted DME. It has since come to CMS' attention that this list included codes for implanted devices, which may not be separately billed to the carrier/MAC by DMEPOS suppliers. Attachment A of CR 5917 is replaced with the attached revised list of HCPCS codes. Contractors shall use this list to determine the items that may be billed under the guidelines established in CR 5917. CMS will provide additional directions to the contractors on recouping any funds that may have been paid in error in a subsequent instruction.

NOTE: This instruction and the billing guidelines for replacement parts, accessories and supplies for implanted devices established in CR 5917 apply only to DMEPOS suppliers enrolled with the NSC and their local carrier/A/B MAC and does not change the existing carrier/A/B MAC billing rules that apply to physicians, facilities or other entities that are implanting the devices.

B. Policy: Suppliers that are enrolled with the NSC as a DMEPOS supplier may enroll with and bill to their local carrier/A/B MAC for all items furnished under the guidelines established in CR 5917, including items furnished to beneficiaries who reside in other States. Under no circumstances may any entity that is enrolled as a DMEPOS supplier with the NSC, that is not the physician or provider that implants the device, bill the carrier/A/B MAC for an implanted device. However, DMEPOS suppliers may bill for any of the replacement parts, accessories or supplies for prosthetic implants and surgically implanted DME included in the attached revised list of HCPCS codes, under the guidelines established in CR 5917.

The claims filing jurisdiction for these items is determined by the supplier's location, in accordance with Pub. 100-04, Medicare Claims Processing Manual, chapter 1, section 10. With respect to payment for these items, contractors are reminded of the longstanding policy for payment of DMEPOS items, which specifies that payment for DMEPOS is based on the fee schedule amount for the State where the beneficiary maintains their permanent residence.

The Part B shared system maintainer shall update the MCS, as needed, to apply the claims filing jurisdiction and payment rules specified in this CR.

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	
6573.1	Contractors shall allow suppliers that are enrolled with the NSC as a DMEPOS supplier to enroll with and bill claims to their local carrier/A/B MAC for any of the attached list of DMEPOS items when billed under the guidelines established in CR 5917, including items furnished to beneficiaries who reside in other States.	X			X						
6573.2	Contractors shall determine the claims filing jurisdiction for items billed under the guidelines established in CR 5917 based on the location of the supplier, in accordance with Pub. 100-04, Medicare Claims Processing Manual, chapter 1, section 10.	X			X						
6573.3	Contractors shall pay claims for items submitted under the guidelines established in CR 5917 by applying the appropriate fee schedule amount for the State where the beneficiary maintains his or her permanent residence.	X			X			X			
6573.4	CWF shall bypass the locality edit on HUBC records for the HCPCS codes listed in Attachment A.									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	
6573.5	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 1 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						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
6573.1-4	Attachment A of CR5917 is replaced by the attached list of Healthcare Common Procedure Coding System (HCPCS) codes. Contractors shall use this list to determine the items that may be billed under the guidelines established in CR 5917.

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

V. CONTACTS

Pre-Implementation Contact(s): For policy questions, contact Karen Jacobs at karen.jacobs@cms.hhs.gov. For claims processing questions, contact Bobbett Plummer at bobbett.plummer@cms.hhs.gov.

Post-Implementation Contact(s): For policy questions, contact Karen Jacobs at karen.jacobs@cms.hhs.gov. For claims processing questions, contact Bobbett Plummer at bobbett.plummer@cms.hhs.gov.

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

DMEPOS Fee Schedule HCPCS Codes Payable as a Replacement Part, Accessory or Supply for Prosthetic Implants and Surgically Implanted DME (Rev. March 2009)

Implanted DME Replacement Part, Accessory and Supply HCPCS	
HCPCS	**Descriptor**
E0785	Replacement impl pump cathet
E0786	Implantable pump replacement
E1399	MISC DME*
A9900	Supply/accessory/service*
A9999	DME supply or accessory, nos*

*MISC DME (for misc implanted or non-implanted items)

Prosthetic Device Replacement Part, Accessory and Supply HCPCS	
HCPCS	**Descriptor**
A7040	One way chest drain valve
A7041	Water seal drain container
A7043	Vacuum drainage bottle/tubing
L8615	Coch implant headset replace
L8616	Coch implant microphone repl
L8617	Coch implant trans coil repl
L8618	Coch implant tran cable repl
L8619	Replace cochlear processor
L8621	Repl zinc air battery
L8622	Repl alkaline battery
L8623	Lith ion batt CID, non-earlvl
L8624	Lith ion batt CID, ear level
L8681	Pt prgrm for implt neurostim
L8683	Radiofq trsmtr for implt neu
L8684	Radiof trsmtr implt scrl neu
L8689	External recharge sys intern
L8691	Aud osseo dev ext snd proces
L8695	External recharg sys extern
L8699	Misc. implanted prosthetic device
L9900	O&P supply/accessory/service
Q0480	Driver pneumatic vad, rep
Q0481	Microprcsr cu elec vad, rep
Q0482	Microprcsr cu combo vad, rep
Q0483	Monitor elec vad, rep
Q0484	Monitor elec or comb vad rep
Q0485	Monitor cable elec vad, rep
Q0486	Mon cable elec/pneum vad rep
Q0487	Leads any type vad, rep only
Q0489	Pwr pck base combo vad, rep
Q0490	Emr pwr source elec vad, rep
Q0491	Emr pwr source combo vad rep

DMEPOS Fee Schedule HCPCS Codes Payable as a Replacement Part, Accessory or Supply for Prosthetic Implants and Surgically Implanted DME (Continued)

Prosthetic Device Replacement Part, Accessory and Supply HCPCS (cont.)	
Q0492	Emr pwr cbl elec vad, rep
Q0493	Emr pwr cbl combo vad, rep
Q0494	Emr hd pmp elec/combo, rep
Q0495	Charger elec/combo vad, rep
Q0496	Battery elec/combo vad, rep
Q0497	Bat clps elec/comb vad, rep
Q0498	Holster elec/combo vad, rep
Q0499	Belt/vest elec/combo vad rep
Q0500	Filters elec/combo vad, rep
Q0501	Shwr cov elec/combo vad, rep
Q0502	Mobility cart pneum vad, rep
Q0503	Battery pneum vad replacemnt
Q0504	Pwr adpt pneum vad, rep veh
Q0505	Miscl supply/accessory vad