CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1630	**Date: NOVEMBER 7, 2008**
	Change Request 6270

Subject: Fee Schedule Update for 2009 for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

I. SUMMARY OF CHANGES: This recurring update notification provides specific instructions regarding the 2009 annual update for the DMEPOS fee schedule. The initial release of this RN can be found in chapter 23, section 60 of the Medicare Claims Processing Internet-Only Manual.

New / Revised Material
Effective Date: January 1, 2009
Implementation Date: January 5, 2009

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-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
R	23/60/Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule
R	23/60.2/Quarterly Update Schedule for DMEPOS Fee Schedule
R	23/60.3/Gap-filling DMEPOS Fees
R	23/60.4/Process for Submitting Revisions to DMEPOS Fee Schedule to CMS

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:

Manual Instruction

Recurring Update Notification

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

Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1630	Date: November 7, 2008	Change Request: 6270

SUBJECT: Fee Schedule Update for 2009 for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Effective Date: January 1, 2009
Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: The DMEPOS fee schedules are updated on an annual basis in accordance with statute and regulations. The update process for the DMEPOS fee schedule is located in §60, Chapter 23 of the Medicare Claims Processing Manual (Pub. 100-04).

B. Policy: This recurring update notification provides specific instructions regarding the 2009 annual update for the DMEPOS fee schedule. Payment on a fee schedule basis is required for durable medical equipment (DME), prosthetic devices, orthotics, prosthetics, and surgical dressings by §1834(a), (h), and (i) of the Social Security Act. Payment on a fee schedule basis is required for parenteral and enteral nutrition (PEN) by regulations contained at 42 CFR 414.102.

The CMS Division of Data Systems (DDS) is scheduled to electronically release the 2009 DMEPOS Fee Schedule file (filename: MU00.@BF12393.DMEPOS.T090101.V1107) to the Pricing, Data Analysis and Coding (PDAC) Contractor , DME MACs, A/B MACs, and local Part B carriers via CMS's mainframe telecommunication system on November 7, 2008. The DDS is scheduled to release a separate 2009 DMEPOS Fee Schedule file (filename: MU00.@BF12393.DMEPOS.T090101.V1114.FI) to the A/B MACs, intermediaries, regional home health intermediaries, Railroad Retirement Board (RRB), Indian Health Service, and United Mine Workers on November 14, 2008. The fee schedule file is scheduled to be available through the CMS homepage by November 14, 2008, for interested parties like the State Medicaid Agencies and managed care organizations. The 2009 fee schedule for PEN is scheduled to be released to the PDAC and DME MACs in a separate file (filename: MU00.@BF12393.PEN.CY09.V1107) on November 7, 2008.

The following codes are being deleted from the HCPCS effective January 1, 2009, and are therefore being removed from the DMEPOS fee schedule files:
L5993
L5994
L5995
L7611
L7612
L7613
L7614
L7621
L7622

For new codes added to the HCPCS on January 1, 2009, DMEPOS fee schedule amounts will be established as part of the July 2009 DMEPOS Fee Schedule Update, when applicable. The DME MACs shall establish local fee schedule amounts to pay claims for the new codes from January 1, 2009 through June 30, 2009.

Please note that the HCPCS codes listed as new codes in this CR are not yet final and are subject to change. The new codes are not to be used for billing purposes until they are effective on January 1, 2009.

For gap-filling purposes, the 2008 deflation factors by payment category are: 0.500 for Oxygen, 0.504 for Capped Rental, 0.505 for Prosthetics and Orthotics, 0.641 for Surgical Dressings, and 0.697 for Parental and Enteral Nutrition.

The fee schedule amounts for HCPCS code K0672 (Addition to Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each) are added to the fee schedule file on January 1, 2009, and are effective for claims submitted with dates of service on or after January 1, 2009.

HCPCS code E2295 (Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features) was added to the HCPCS file on January 1, 2009. Due to the expected low volume of Medicare claims, CMS will not be establishing fee schedule amounts for this code. Contractors shall establish local fee schedule amounts to pay claims for code E2295.

As part of this update, we are revising the fee schedule amounts for HCPCS codes L3905, L3808 and L3806. In the July Quarterly Update for 2008 (transmittal 1516, CR #6022) the fees for these codes were revised in order to correct fee schedule calculation errors. However, upon further review CMS has determined that the gap-filled fees originally established for codes L3905, L3808 and L3806 in 2006 and 2007, respectively, were calculated correctly in accordance with the fee schedule gap-filling process outlined in section 60.3 of chapter 23 of the Medicare Claims Processing Internet Only Manual. Thus, the fees for codes L3905, L3808 and L3806 contained in this update revert back to the fee schedule amounts in place prior to the July 2008 fee schedule update. Claims for the above codes with dates of service on or after July 1, 2008 through December 31, 2008 that have already been processed will not be adjusted to reflect the revised fee schedule amounts if they are submitted for adjustments.

<u>2009 Fee Schedule Updates following the Enactment of MIPPA</u>
Section 154(a)(2) of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 mandates a fee schedule covered item update of -9.5% for 2009 for items included in Round 1 of the DMEPOS Competitive Bidding Program. The reduction applies to items furnished on or after January 1, 2009, in any geographical area. Therefore, where applicable, items selected for competitive bidding in 2008 will receive a -9.5% update for 2009 with the exception of HCPCS codes E1392, K0738, E0441, E0442, E0443 and E0444. These 6 oxygen generating portable equipment (OGPE) and oxygen contents codes will receive a 0% update for 2009 as the fees for these items are not adjusted by the covered item update specified in 1834(a)(14), and therefore, are not reduced by the -9.5%, even though they are competitive bid items. Non-competitive bid items will receive a 5.0% covered item update for 2009. A list of the HCPCS codes that were selected for competitive bidding in 2008 and are subject to the - 9.5% covered item update for 2009 can be found in Attachment A.

A new HCPCS modifier was added to the HCPCS on January 1, 2009, and is effective for claims with dates of service on or after January 1, 2009:

KE Bid Under Round One of the DMEPOS Competitive Bidding Program for use with Non-Competitive Bid Base Equipment

To accommodate the fee schedule updates required per the MIPPA, we are adding the KE modifier to the fee schedule for all power mobility device (PMD) accessory items selected for competitive bidding in 2008 as part of this update. The KE modifier is a pricing modifier that suppliers must use to identify when the same accessory HCPCS code can be furnished in multiple competitive and non-competitive bidding product categories. For example, HCPCS code E0981 *Wheelchair Accessory, Seat Upholstery, Replacement Only, Each* can be used with both competitively bid standard and complex rehabilitative power wheelchairs (K0813 thru K0829 and K0835 thru K0864), as well as with non-competitively bid manual wheelchairs (K0001 thru K0009) or a miscellaneous power wheelchair (K0898). All fee schedules for PMD accessory codes with the KE modifier will receive a 5% covered item update for 2009, whereas the fee schedules for the PMD accessory codes without the KE modifier will receive the MIPPA-required 9.5% reduction for 2009. Suppliers shall be

instructed that if a competitively bid PMD accessory code is used with a competitively bid standard PMD base code (K0813 thru K0829) or complex rehabilitative PMD base code (K0835 thru K0864), claims for the PMD accessory code should be submitted without the KE modifier. Suppliers should bill the accessory code with the KE modifier when the accessory is used in conjunction with a non-competitively bid manual wheelchair (K0001 through K0009) or a miscellaneous PMD (K0898). In the case of the complex rehabilitative only PMD accessory code E2373 KC, suppliers should bill for the replacement only of E2373 without the KE modifier, but with the KC modifier when the accessory is used with a competitively bid complex rehabilitative PMD base code (K0835 thru K0864). When the replacement only code E2373 is used with a non-competitively bid manual or miscellaneous wheelchair, suppliers should bill code E2373 without the KC modifier, but with the KE modifier.

For the aforementioned reasons, we are also adding the KE modifier to the fee schedule for the following competitively bid HCPCS codes: A4636, A4637, A7000, and E0776. Suppliers shall be instructed that if codes A4636 and A4637 are used in conjunction with a competitively bid walker code (E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, and E0149), claims for the replacement handgrip (A4636) or tip (A4637) should be submitted without the KE modifier. Suppliers should bill codes A4636 and A4637 with the KE modifier when the codes are used with non-competitively bid cane or crutch codes. Likewise, suppliers should bill the disposable canister code A7000 without the KE modifier when this code is used in conjunction with the competitively bid negative pressure wound therapy pump code E2402. When code A7000 is used with a non-competitively bid respiratory or gastric suction pump, suppliers should bill code A7000 with the KE modifier. Similarly, when an IV pole (E0776) is used in conjunction with competitively bid enteral nutrient codes (B4149, B4150, and B4152 thru B4155), suppliers should bill code E0776 with the BA modifier, but without the KE modifier. When code E0776 is used with non-competitively bid parenteral nutrient codes, suppliers should bill code E0776 without the BA modifier, but with the KE modifier. Further instruction on the use of the KE modifier with codes competitively bid in 2008 is available in Attachment B.

Note: Suppliers should not use the KE modifier on any claims for payment for items that were included under Round 1 such as an accessory for a standard power wheelchair.

As part of this update, we are also adding the KL modifier to the fee schedule for the following diabetic supply HCPCS codes: A4233, A4234, A4235, A4236, A4253, A4256, A4258, and A4259. As indicated in transmittal 1263 (July Quarterly Update for 2007 DMEPOS Fee Schedule, change request 5641), suppliers began using the KL modifier as an informational modifier to identify diabetic supplies (HCPCS codes A4233-A4236, A4253, A4256, A4258 and A4259) furnished via mail order on or after July 1, 2007. Effective January 1, 2009, the KL modifier has been changed from an informational modifier to a pricing modifier in the HCPCS file. Suppliers must use the KL modifier on all claims for the aforementioned diabetic supply codes that are furnished via mail order to beneficiaries. The KL modifier is not used with diabetic supply codes that are not delivered to the beneficiary's residence and are obtained from local supplier storefronts.

Inappropriate use of a competitive bidding modifier on a competitive bidding claim is in violation of the law and may lead to claims denial and/or other corrective actions. The use of a competitive bidding modifier does not supersede existing Medicare modifier use requirements for a particular code, but rather should be used in addition, as required.

<u>2009 National Monthly Payment Amounts for Stationary Oxygen Equipment</u>

As part of this update, we are implementing the 2009 national monthly payment rates for stationary oxygen equipment (HCPCS codes E0424, E0439, E1390 and E1391), effective for claims with dates of service on or after January 1, 2009. We are revising the fee schedule file to include the new national 2009 monthly payment rate of $175.79 for stationary oxygen equipment. As required by statute, the payment rates must be adjusted on an annual basis, as necessary, to ensure budget neutrality of the addition of the new oxygen generating portable equipment (OGPE) class. The revised 2009 monthly payment rate of $175.79 includes the 9.5% covered item reduction ascribed to items selected for competitive bidding in 2008 which was applied after the budget

neutrality calculation. The previously announced payment amount for 2009 of $193.21 did not include the 9.5% reduction and assumed a higher shift to OGPE.

As a result of the above adjustments, we are also revising the fee schedule amounts for HCPCS codes E1405 and E1406 as part of this update. Since 1989, the fees for codes E1405 and E1406 have been established based on a combination of the Medicare payment amounts for stationary oxygen equipment and nebulizer codes E0585 and E0570, respectively.

Update to Chapter 23, Sections 60 of the Medicare Claims Processing Manual

CMS has made refinements to the fee schedule update process so that fee schedule amounts are now added to the national DMEPOS fee schedule files on a semiannual basis. Previously, the national DMEPOS fee schedule files were updated on a quarterly basis (January, April, July and October) with the January notification serving to update the fee schedule with the covered item update, as well as to implement fee schedule amounts for new permanent codes. Under the new schedule, the January update applies the covered item update to the fee schedule, adds fees for temporary codes added in the previous calendar year, and instructs contractors to calculate fees for the new permanent codes. The July update adds the fees for the permanent codes added January 1, makes any necessary fee corrections and provides instructions for contractors to calculate fees for temporary codes added during the year. April and October updates to the fee schedule may be implemented when CMS determines they are necessary. For new codes added to the HCPCS file, the DME MACs shall establish local fee schedule amounts to pay claims for the new codes until national fee schedule amounts are added. This update revises Chapter 23, section 60 of the Medicare Claims Processing Manual to reflect the new fee schedule update process.

Billing Instructions for Power Wheelchair Harness (HCPCS code E2313)

The April Quarterly Update for the 2007 DMEPOS Fee Schedule included instructions for suppliers to submit claims for the electronics necessary to upgrade from a non-expandable controller to an expandable controller at initial issue using HCPCS code E2399. This instruction was intended as a temporary measure until a new code could be added to describe the electronics/cables/junction boxes used when upgrading from a non-expandable controller at initial issue. HCPCS code E2313 (Power Wheelchair Accessory, Harness For Upgrade to Expandable Controller, Including all Fasteners, Connectors and Mounting Hardware, Each) was added to the HCPCS effective January 1, 2008, for use in paying claims for the electronics furnished when upgrading from a non-expandable controller at initial issue. Hence, suppliers shall submit claims for the electronics provided at initial issue using HCPCS code E2313 for dates of service on or after January 1, 2008, and shall no longer use code E2399 for submission of such items. Claims submitted for the electronics necessary to upgrade from a non-expandable controller to an expandable controller using HCPCS code E2399 are invalid and shall be denied as contractor/supplier responsibility.

HCPCS Code E0760

Per the local coverage decision for Osteogenesis Stimulators, the CWF categories for HCPCS code E0760 *Osteogenesis stimulator, low intensity ultrasound, non-invasive* are being revised to add CWF category (59), CMN required, effective 1/1/07.

II. BUSINESS REQUIREMENTS TABLE

Use“Shall" to denote a mandatory requirement

Number	**Requirement**	**Responsibility (place an “X” in each applicable column)**						
		A/B	DME	FI	CAR	RHH	Shared-System Maintainers	OTHER

							FISS	MCS	VMS	CWF	
6270.1	The DME MACs, A/B MACs and carriers shall retrieve the DMEPOS fee schedule file (filename: MU00.@BF12393.DMEPOS.T090101.V1107) as soon as possible. The file is available for download on or after November 07, 2008.	X	X		X						
6270.1.2	Notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which they were received (e.g., DME MAC name and number).	X	X		X						
6270.2	The A/B MACs, FIs and RHHIs shall retrieve the DMEPOS fee schedule file (filename: MU00.@BF12393.DMEPOS.T090101.V1114.FI) as soon as possible. The file is available for download on or after November 14, 2008.	X		X		X	X				
6270.2.2	Notification of successful receipt shall be sent via e-mail to price_file_receipt@cms.hhs.gov stating the name of the file received and the entity for which they were received (e.g., FI name and number).	X		X		X					
6270.3	The DME MACs shall retrieve the PEN fee schedule file (filename: MU00.@BF12393.PEN.CY09.V1107) as soon as possible. The file is available for download on or after November 7, 2008.		X								
6270.4	Contractors shall use the 2009 DMEPOS fee schedule payment amounts to pay claims for items furnished from January 1, 2009 through December 31, 2009.	X	X	X	X	X					
6270.5	The DME MACs shall use the 2009 PEN fee schedule payment amounts to pay claims for items furnished from January 1, 2009 through December 31, 2009.		X								
6270.6	The HCPCS codes listed below are being added to the HCPCS on January 1, 2009, and shall be added to the CWF categories (in parentheses) as follows: Payment Category A6545 (21,60) SD A9284 (60) N/A E0487 (60) N/A E0656 (04,59,60) IN E0657 (04,59,60) IN E0770 (60) N/A E1354 (60) N/A E1356 (60) N/A E1357 (60) N/A E1358 (60) N/A E2230 (60) N/A									X	

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	
	E2231 (04,60) IN E2295 (04,60) IN L0113 (03, 60) PO L6711 (03,60) PO L6712 (03,60) PO L6713 (03,60) PO L6714 (03,60) PO L6721 (03,60) PO L6722 (03,60) PO L8604 (67) N/A										
6270.7	Contractors shall establish local fee schedule amounts, when applicable, to pay claims for the codes listed in 6270.17, from January 1, 2009 through June 30, 2009.		X								
6270.7.1	If pricing information is not readily available for one or more codes and the DME MACs are not able to establish base local fees for the codes listed in 6270.17, the DME MACs shall consult with CMS central office to determine how pricing should be established for these codes.		X								
6270.8	The DME MACs shall instruct suppliers to use HCPCS code E2313, effective January 1, 2008, for billing the electronics necessary to upgrade from a non-expandable to expandable controller at initial issue.		X								
6270.8.1	The DME MACs shall deny claims, for claims with dates of service on or after January 1, 2008, that are submitted for the electronics necessary to upgrade from a non-expandable controller to an expandable controller using HCPCS code E2399.		X								
6270.8.2	The DME MACs shall use the following messages when denying a claim per requirement 6270.8.1: M20: Missing/incomplete/invalid HCPCS 189: 'Not otherwise classified' or 'unlisted' procedure code (CPT/HCPCS) was billed when there is a specific procedure code for this procedure/service. N211: Alert: You may not appeal this decision. MA13: You may be subject to penalties if you bill the patient for amount not reported with the PR (patient responsibility) group code.		X								

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	
	MSN 16.36: If you have already paid it, you are entitled to a refund from this provider MSN 16.36: Si usted ya lo ha pagado, tiene derecho a un reembolso de su proveedor.										
6270.8.3	The DME MACs shall deny claims specified in 6270.8.1 as a CO-Contractual Obligation denial.		X								
6270.9	The DME MACs shall instruct suppliers to submit claims for competitively bid PMD accessory codes used with non-competitively bid manual or miscellaneous power wheelchairs base codes (for a complete list of base codes, see column III of Attachment B) using the KE pricing modifier, as appropriate.		X								
6270.9.1	The PMD accessory codes subject to requirement 6270.9 are: E0950, E0951, E0952, E0955, E0956, E0957, E0960, E0973, E0978, E0981, E0982 ,E0990, E0995, E1016, E1020, E1028, E2208, E2209, E2210, E2361, E2363, E2365 ,E2366, E2367, E2368, E2369, E2370, E2371, E2381, E2382, E2383, E2384, E2385 ,E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2601 ,E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2611, E2612, E2613, E2614 ,E2615,E2616, E2619, E2620, E2621, K0015, K0017, K0018, K0019, K0020 ,K0037 ,K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050 ,K0051, K0052, K0053, K0098, K0195, K0733, K0734, K0735, K0736, K0737		X								
6270.9.2	The DME MACs shall instruct suppliers to submit claims for PMD accessories, referenced in requirement 6270.9.1, used with competitively bid standard PMD (K0813 thru K0829) or complex rehabilitative PMD base codes (K0835 thru K0864) without the KE modifier.		X								
6270.9.3	Contractors shall reject claims for PMD accessories, referenced in requirement 6270.9.1, used with competitively bid standard (K0813 thru K0829) or complex rehab PMD (K0835 thru K0864) base codes when they are accompanied by the KE modifier.		X						X		
6270.9.4	The DME MACs shall instruct suppliers to submit claims for competitively bid complex rehabilitative only PMD accessory codes used with competitively bid complex rehabilitative PMD base codes (K0835		X								

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	
	thru K0864) without the KE pricing modifier.										
6270.9.5	The PMD accessory codes subject to requirement 6270.9.4 are: E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1029, E1030, E2310, E2311, E2321, E2322 ,E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2351, E2373KC, E2374, E2375, E2376, E2377		X								
6270.9.6	The DME MACs shall instruct suppliers to submit claims for competitively bid complex rehabilitative only PMD accessories, referenced in requirement 6270.9.5, used with non-competitively bid manual or miscellaneous power wheelchairs base codes (for a complete list of base codes, see column III of Attachment B) using the KE pricing modifier, as appropriate.		X								
6270.9.7	Contractors shall reject claims for complex rehabilitative only PMD accessories, referenced in requirement 6270.9.5, used with competitively bid complex rehab PMD base codes (K0835 thru K0864) when they are accompanied by the KE modifier.		X						X		
6270.9.8	The DME MACs shall use the following messages when rejecting a claim per requirements 6270.9.3 or 6270.9.7: M78: Missing/incomplete/invalid HCPCS modifier 125: Submission/billing error (s) MSN 17.11: This item or service cannot be paid as billed MSN 17.11: Este servicio no se puede pagar según facturado.		X								
6270.10	The DME MACs shall instruct suppliers to submit claims for codes A4636, A4637, A7000 and E0776, when used with a competitively bid walker (E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, and E0149), negative pressure wound therapy pump (E2402) and enteral nutrient base codes (B4149, B4150, and B4152 thru B4155), respectively, without using the KE pricing modifier.		X								
6270.10.1	The DME MACs shall instruct suppliers to submit claims for codes A4636, A4637, A7000 and E0776, when used with a non-competitively bid cane or crutch (E0100, E0105, E0110, E0111, E0112, E0114, E0116, E0117, and E0118), respiratory or gastric		X								

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	
	suction pump (E0600, E2000) and parenteral nutrient base codes (B4164, B4168, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, and B5200), respectively, using the KE pricing modifier.										
6270.11	The DME MACs shall instruct suppliers to submit claims for diabetic supply codes A4233, A4234, A4235, A4236, A4253, A4256, A4258, and A4259 with the KL modifier when these items are furnished via mail order.		X								
6270.12	The KL modifier shall be considered a pricing modifier for all diabetic supplies furnished on a mail-order basis, effective January 1, 2009.		X						X		
6270.13	The CWF shall add the CWF category (59), CMN required, to HCPCS code E0760.									X	
6270.13.1	The DME MACs shall update any user-controlled edits so that E0760 requires a CMN.		X								
6270.14	Contractors shall establish local fee schedule amounts to pay claims for HCPCS code E2295, effective January 1, 2009.		X								
6270.15	Contractors shall allow payment for HCPCS code L5940 only when the claim is billed with one of the following endoskeletal system or socket HCPCS codes: L5301, L5311, L5321, L5531, L5341, L5700, L5701, L5702 or L5703.		X						X		
6270.16	Contractors shall not adjust previously processed claims for codes L3905, L3808 and L3806 with dates of service on or after July 1, 2008 through December 31, 2008 if they are resubmitted for adjustments.	X	X	X							
6270.17	In accordance with the schedule noted below, base fees for the following codes must be submitted to DDS/CMS by April 10, 2009 for inclusion in the July DMEPOS fee schedule update: <u>Inexpensive and Routinely Purchased DME (IN)</u> E0656 E0657 <u>Surgical Dressings (SD)</u> A6545 <u>Prosthetics and Orthotics (PO)</u> L0113		X								
6270.18	The DME MACs, A/B MACs, Carriers and FIs shall implement changes to the 2009 DMEPOS fee schedules in accordance with the schedule outlined	X	X	X	X	X					

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	
	below.										

Schedule for changes for 2009 DMEPOS Fees (Local Carriers or DME MACs) or PEN Fees (DME MACs)

Changes to DDS*(MaryAnne Stevenson)	DDS Transmit Files	Contractors Implement
April 10	May 6	July 1, 2009
September 16	November 7	January 1, 2010

*DME MACs or local carriers will forward changes to ROs. ROs will forward requests to DDS/MaryAnne Stevenson.

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	
6270.19	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	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:
6270.17	Gap-filled base fees should be submitted using the record format described in section 60.1 of chapter 23 of the Medicare Claims Processing Manual. Base fee schedule amounts submitted to CMS shall not be updated by any update factors other than the 1.7% (1989) update factor for DME and prosthetics and orthotics.
6270.7, 6270.14, 6270.17	Instructions for gap-filling DMEPOS fees are located in section 60.3 of chapter 23 of the Medicare Claims Processing Manual.

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

V. CONTACTS

Pre-Implementation Contact(s): Karen Jacobs (410)786-2173 and Anita Greenberg (410)786-4601 for general issues and Chris Molling (410) 786-6399 for oxygen and update factor issues

Post-Implementation Contact(s): Karen Jacobs (410)786-2173 and Anita Greenberg (410)786-4601 for general issues and Chris Molling (410) 786-6399 for oxygen and update factor issues

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs),* and/or *Carriers,* use only one of the following statements:

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),* include the following statement:

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 A

HCPCS Codes Selected for Competitive Bidding in 2008 Receiving a 9.5% Reduction in 2009

PRODUCT CATEGORY 1	
Oxygen Supplies and Equipment	
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH
A4615	CANNULA, NASAL
A4616	TUBING (OXYGEN), PER FOOT
A4617	MOUTH PIECE
A4620	VARIABLE CONCENTRATION MASK
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER
E1353	REGULATOR
E1355	STAND/RACK
PRODUCT CATEGORY 2	
Standard Power Wheelchairs, Scooters, and Related Accessories	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH

E0952	TOE LOOP/HOLDER, ANY TYPE, EACH
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH

E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH
K0019	ARM PAD, EACH
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH
K0038	LEG STRAP, EACH
K0039	LEG STRAP, H STYLE, EACH
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH
K0041	LARGE SIZE FOOTPLATE, EACH
K0042	STANDARD SIZE FOOTPLATE, EACH
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH
K0044	FOOTREST, UPPER HANGER BRACKET, EACH
K0045	FOOTREST, COMPLETE ASSEMBLY
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH
K0050	RATCHET ASSEMBLY
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH
K0098	DRIVE BELT FOR POWER WHEELCHAIR
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR

K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR
PRODUCT CATEGORY 3	
Complex Rehabilitative Power Wheelchairs and Related Accessories	
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION

E1005	WHEELCHAIR ACCESSORY, POWER SEATNG SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE
E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY

E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH
E2373 KC	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH
K0019	ARM PAD, EACH
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH
K0038	LEG STRAP, EACH
K0039	LEG STRAP, H STYLE, EACH
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH
K0041	LARGE SIZE FOOTPLATE, EACH
K0042	STANDARD SIZE FOOTPLATE, EACH
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH
K0044	FOOTREST, UPPER HANGER BRACKET, EACH
K0045	FOOTREST, COMPLETE ASSEMBLY
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH
K0050	RATCHET ASSEMBLY
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH
K0098	DRIVE BELT FOR POWER WHEELCHAIR
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
K0736	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
K0737	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
PRODUCT CATEGORY 4	
Mail-Order Diabetic Supplies	
A4233 KL	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH
A4234 KL	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH
A4235 KL	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH
A4236 KL	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH
A4253 KL	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS
A4256 KL	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS
A4258 KL	SPRING-POWERED DEVICE FOR LANCET, EACH
A4259 KL	LANCETS, PER BOX OF 100
PRODUCT CATEGORY 5	
Enteral Nutrients, Equipment, and Supplies	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY

B4081	NASOGASTRIC TUBING WITH STYLET
B4082	NASOGASTRIC TUBING WITHOUT STYLET
B4083	STOMACH TUBE - LEVINE TYPE
B4087	GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD), EACH
B4088	GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (LOW PROFILE), EACH
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT NOTE: (SEE J7060, J7070, J7042 FOR SOLUTION CODES FOR OTHER THAN PARENTERAL NUTRITION THERAPY USE)
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM
E0776	IV POLE

PRODUCT CATEGORY 6	
Continuous Positive Airway Pressure Devices, Respiratory Assist Devices, and Related Supplies and Accessories	
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE AIRWAY DEVICES, REPLACEMENT ONLY
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE

E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE
PRODUCT CATEGORY 7	
Hospital Beds and Related Supplies	
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0271	MATTRESS, INNERSPRING
E0272	MATTRESS, FOAM RUBBER
E0280	BED CRADLE, ANY TYPE
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED

E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0305	BED SIDE RAILS, HALF LENGTH
E0310	BED SIDE RAILS, FULL LENGTH
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR
PRODUCT CATEGORY 8	
Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories	
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE
PRODUCT CATEGORY 9	
Walkers and Related Accessories	
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE

E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE
E0154	PLATFORM ATTACHMENT, WALKER, EACH
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR
E0156	SEAT ATTACHMENT, WALKER
E0157	CRUTCH ATTACHMENT, WALKER, EACH
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH
PRODUCT CATEGORY 10	
Support Surfaces	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS

Attachment B

Instructions for the Use of the KE modifier with HCPCS Codes Competitively Bid in 2008

Standard or Complex Rehabilitative Power Mobility Device Accessories

When billing a Column I accessory code for use with a base code in Column II, do not use the KE modifier.
When billing a Column I accessory code for use with a base code in Column III, use the KE modifier.

Column I	Column II (No KE Modifier)	Column III (KE Modifier)
E0950	K0813	K0001
E0951	K0814	K0002
E0952	K0815	K0003
E0955	K0816	K0004
E0956	K0820	K0005
E0957	K0821	K0006
E0960	K0822	K0009
E0973	K0823	K0830
E0978	K0824	K0831
E0981	K0825	K0898
E0982	K0826	E1050
E0990	K0827	E1060
E0995	K0828	E1070
E1016	K0829	E1083
E1020	K0835	E1084
E1028	K0836	E1085
E2208	K0837	E1086
E2209	K0838	E1087
E2210	K0839	E1088
E2361	K0840	E1089
E2363	K0841	E1090
E2365	K0842	E1092
E2366	K0843	E1093
E2367	K0848	E1100
E2368	K0849	E1110
E2369	K0850	E1130
E2370	K0851	E1140
E2371	K0852	E1150
E2381	K0853	E1160
E2382	K0854	E1161
E2383	K0855	E1170
E2384	K0856	E1171
E2385	K0857	E1172
E2386	K0857	E1180
E2387	K0858	E1190
E2388	K0859	E1195
E2389	K0860	E1200
E2390	K0861	E1220
E2391	K0862	E1221
E2392	K0863	E1222
E2394	K0864	E1223
E2395		E1224

E2396
E2601
E2602
E2603
E2604
E2605
E2606
E2607
E2608
E2611
E2612
E2613
E2614
E2615
E2616
E2619
E2620
E2621
K0015
K0017
K0018
K0019
K0020
K0037
K0038
K0039
K0040
K0041
K0042
K0043
K0044
K0045
K0046
K0047
K0050
K0051
K0052
K0053
K0098
K0195
K0733
K0734
K0735
K0736
K0737

E1225
E1226
E1227
E1228
E1229
E1231
E1232
E1233
E1234
E1235
E1236
E1237
E1238
E1239
E1240
E1250
E1260
E1270
E1280
E1285
E1290
E1295

Complex Rehabilitative Power Mobility Device Only Accessories

When billing a Column I accessory code used with a base code in Column II, do not use the KE modifier.
When billing a Column I accessory code used with a base code in Column III, use the KE modifier

Column I	Column II (No KE Modifier)	Column III (KE Modifier)
E1002	K0835	K0001
E1003	K0836	K0002
E1004	K0837	K0003
E1005	K0838	K0004
E1006	K0839	K0005
E1007	K0840	K0006
E1008	K0841	K0009
E1010	K0842	K0830
E1029	K0843	K0831
E1030	K0848	K0898
E2310	K0849	E1050
E2311	K0850	E1060
E2321	K0851	E1070
E2322	K0852	E1083
E2323	K0853	E1084
E2324	K0854	E1085
E2325	K0855	E1086
E2326	K0856	E1087
E2327	K0857	E1088
E2328	K0857	E1089
E2329	K0858	E1090
E2330	K0859	E1092
E2351	K0860	E1093
E2373 KC*	K0861	E1100
E2374	K0862	E1110
E2375	K0863	E1130
E2376	K0864	E1140
E2377		E1150
		E1160
		E1161
		E1170
		E1171
		E1172
		E1180
		E1190
		E1195
		E1200
		E1220
		E1221
		E1222
		E1223
		E1224
		E1225
		E1226
		E1227
		E1228
		E1229
		E1231
		E1232

		E1233
		E1234
		E1235
		E1236
		E1237
		E1238
		E1239
		E1240
		E1250
		E1260
		E1270
		E1280
		E1285
		E1290
		E1295

* When billing E2373 KC for use with a Column III wheelchair, use the KE modifier in place of the KC pricing modifier.

IV Pole

When billing an IV pole for use with an enteral code in Column II, do not use the KE modifier. Continue to use the BA modifier. When billing the IV pole for use with a parenteral code in Column III, use the KE modifier in place of the BA modifier.

Column I	**Column II (No KE, Only BA Modifier)**	**Column III (KE Modifier)**
E0776 BA	B4149	B4164
	B4150	B4168
	B4152	B4176
	B4153	B4178
	B4154	B4180
	B4155	B4185
		B4189
		B4193
		B4197
		B4199
		B4216
		B4220
		B4222
		B4224
		B5000
		B5100
		B5200

Canister used with Negative Pressure Wound Therapy Pumps

When billing A7000 for use with a negative pressure wound therapy pump in Column II, do not use the KE modifier. When billing A7000 for use with a respiratory or gastric suction pump code in Column III, use the KE modifier.

Column I	**Column II (No KE Modifier)**	**Column III (KE Modifier)**

A7000	E2402	E0600
		E2000

Walker Replacement Handgrips and Tips

When billing replacement handgrips and tips for use with a walker code in Column II, do not use the KE modifier. When billing replacement handgrips and tips for use with a cane or crutch code in Column III, use the KE modifier.

Column I	**Column II (No KE Modifier)**	**Column III (KE Modifier)**
A4636	E0130	E0100
A4637	E0135	E0105
	E0140	E0110
	E0141	E0111
	E0143	E0112
	E0144	E0114
	E0147	E0116
	E0148	E0117
	E0149	E0118

60 - Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

(Rev. 1630, Issued: 11-07-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

AB-01-126, AB-02-152, AB-03-071

The CMS issues instructions for implementing and/or updating the DMEPOS fee schedule payment amounts *on a semiannual basis (January and July), with quarterly updates as necessary (April and October)*. The DMEPOS fee schedule is provided to DME *MA*Cs, *the Pricing, Data Analysis and Coding Contractor (PDAC)*, and local carriers via CMS' mainframe telecommunication system.

The DMEPOS fee schedules are calculated by CMS. A separate DMEPOS Fee Schedule file is release to the intermediaries, A/B MACs, regional home health intermediaries, Railroad Retirement Board (RRB), Indian Health Service and United Mine Workers. This fee schedule is also available through CMS homepage for interested parties like the State Medicaid agencies and managed care organizations. The fee schedule for parenteral and enteral nutrition (PEN) is released to the *PDAC* and DME *MA*Cs in a separate file. All annual updates to fee schedules are to be implemented on January 1 for claims with dates of service on or after January 1.

As part of the annual or July update, the CMS provides a list of new items that will be subject to the DME, prosthetics and orthotics, surgical dressings, or PEN fee schedules for which carriers/DME *MA*CS must gap-fill base fee schedule amounts. The CMS identifies which codes apply to carrier or DME *MA*C for gap-filling. Carriers submit the base fees for new codes to CMS CO. Once carriers submit base fees for a given code, they do not have to resubmit those base fees. Carriers are notified when and where to submit the base fees.

The *codes to be* gap-filled are contained in the DMEPOS Fee Schedule file and are identifiable by a gap-fill indicator of "1." These codes have associated pricing amounts of 0. For further information see section 60.3.

After receiving the gap-filled base fees, CMS Division of Data Systems (DDS) will develop national fee schedule floors and ceilings and fee schedule amounts for these codes. Local Part B carriers should note that the DDS files will not contain fee schedule amounts for noncontinental areas under local carrier jurisdiction. Local carriers must update their fee schedules using the appropriate covered item updates.

Upon successful receipt of the file(s), contractors send notification of receipt via E-MAIL stating the name of the file received and the entities for which they were received (e.g., contractor name and FI/RHHI number. Address e-mail to Mary Anne Stevenson at CMS at (Mstevenson@cms.hhs.gov).

60.2 – Quarterly Update Schedule for DMEPOS Fee Schedule

(Rev. 1630, Issued: 11-07-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

AB-01-126, AB-02-152, AB-03-071

Following is an approximate schedule for making additions (for new HCPCS codes) and corrections to base-year amounts for the DMEPOS fee schedule.

- The DME *MA*Cs identify instances where base year fees are incorrect and forward requests for revisions to their regional offices. The DME MACs also identify those instances where fee schedule amounts are replaced by inherent reasonableness (IR) limits/payment amounts, should the authority for making IR adjustments be restored. Contractors must use the file layout in §60.1 above to submit all revisions. Regional offices will review those requests and, upon concurrence, forward them to the Division of Data Systems (DDS) in C*MM*, Attention: Mary Anne Stevenson. (Those transmissions must occur within the timeframes established by CMS.
- Requests for revisions must be accompanied by a narrative description. This description must be forwarded via e-mail to Mary Anne Stevenson (*Mary.stevenson*@cms.hhs.gov) in DDS and *Karen Jacobs (Karen. Jacobs*@cms.hhs.gov) in the Division of *DMEPOS Policy (DDP)* in the Center for Medicare Management.
- For inherent reasonableness (IR) changes, the effective date of the revised payment amount must be provided. The format provides a field for those dates.
- DDS will recalculate the current year fee schedule amounts as appropriate.
- DDS will transmit the entire DMEPOS file to the DME *MA*Cs, *PDAC*, *A/B MACs* and local carriers using the file layout described in §60.1 above. An indicator in the record field will identify those instances where pricing amounts have changed. These transmissions must occur within the dates specified each year by CMS. *DDP* (*Karen Jacobs*) must also receive a copy of the corrected fees.
- Concurrently, *DDP* issues instructions for implementing the revised fee schedule amounts.
- DME *MA*Cs and local carriers should give providers 30 days notice before revised payment amounts are implemented. Dates for implementation are provided by CMS.
- Carriers should make adjustments on those claims that were processed incorrectly if brought to their attention. Adjustments may be made retroactively to January 1 unless otherwise specified.
- Separate instructions are issued each year describing the data exchange for fiscal intermediaries (FIs). In summary, FIs will receive the revised payment amounts

two to three weeks after the carriers receive the data from CMS. FIs may not implement the revised payment amounts prior to the carrier implementation date.

- CMS will furnish the revised payment amounts to RRB, Indian Health Service and United Mine Workers. DME *MA*Cs and local Part B carriers must provide the data to the State Medicaid Agencies.
- Fee Schedule Disclaimer: Whenever the carriers publish the DMEPOS fee schedule in their bulletins/notices, a disclaimer must be added. The disclaimer is, "Inclusion or exclusion of a fee schedule amount for an item or service does not imply any health insurance coverage."
- CMS will release specific timeframes for quarterly changes for DMEPOS Fees.

60.3 - Gap-filling DMEPOS Fees

(Rev. 1630, Issued: 11-07-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

B3-5102.2, AB-01-126, AB-02-152, AB-03-071

The DME *MA*Cs and local carriers must gap-fill the DMEPOS fee schedule for items for which charge data were unavailable during the previous database period using the fee schedule amounts for comparable equipment, using properly calculated fee schedule amounts from a neighboring carrier, or using supplier price lists with prices in effect during the database year. Mail order catalogs are particularly suitable sources of price information for items such as urological and ostomy supplies which require constant replacement. DME *MA*Cs will gap-fill based on current instructions released each year for implementing and updating the new year's payment amounts.

If the only available price information is from a period other than the base period, apply the deflation factors that are included in the current year implementation instructions against current pricing in order to approximate the base year price for gap-filling purposes.

The deflation factors for gap-filling purposes are:

*Year**	*OX*	*CR*	*PO*	*SD*	*PE*
1987	*0.965*	*0.971*	*0.974*	*n/a*	*n/a*
1988	*0.928*	*0.934*	*0.936*	*n/a*	*n/a*
1989	*0.882*	*0.888*	*0.890*	*n/a*	*n/a*
1990	*0.843*	*0.848*	*0.851*	*n/a*	*n/a*
1991	*0.805*	*0.810*	*0.813*	*n/a*	*n/a*
1992	*0.781*	*0.786*	*0.788*	*n/a*	*n/a*
1993	*0.758*	*0.763*	*0.765*	*0.971*	*n/a*
1994	*0.740*	*0.745*	*0.747*	*0.947*	*n/a*
1995	*0.718*	*0.723*	*0.725*	*0.919*	*n/a*
1996	*0.699*	*0.703*	*0.705*	*0.895*	*0.973*
1997	*0.683*	*0.687*	*0.689*	*0.875*	*0.951*
1998	*0.672*	*0.676*	*0.678*	*0.860*	*0.936*
1999	*0.659*	*0.663*	*0.665*	*0.844*	*0.918*

2000	*0.635*	*0.639*	*0.641*	*0.813*	*0.885*
2001	*0.615*	*0.619*	*0.621*	*0.788*	*0.857*
2002	*0.609*	*0.613*	*0.614*	*0.779*	*0.848*
2003	*0.596*	*0.600*	*0.602*	*0.763*	*0.830*
2004	*0.577*	*0.581*	*0.582*	*0.739*	*0.804*
2005	*0.563*	*0.567*	*0.568*	*0.721*	*0.784*
2006	*0.540*	*0.543*	*0.545*	*0.691*	*0.752*
2007	*0.525*	*0.529*	*0.530*	*0.673*	*0.732*
2008	*0.500*	*0.504*	*0.505*	*0.641*	*0.697*

** Year price in effect*

Payment Category Key:

OX Oxygen & oxygen equipment (DME)
CR Capped rental (DME)
IN Inexpensive/routinely purchased (DME)
FS Frequently serviced (DME)
SU DME supplies
PO Prosthetics & orthotics
SD Surgical dressings
OS Ostomy, tracheostomy, and urological supplies
PE Parental and enteral nutrition

After deflation, the result must be increased by 1.7 percent and by the cumulative covered item update to complete the gap-filling (e.g., an additional .6 percent for a 2002 DME fee).

Note that when gap-filling for capped rental items, it is necessary to first gap-fill the purchase price then compute the base period fee schedule at 10 percent of the base period purchase price.

For used equipment, establish fee schedule amounts at 75 percent of the fee schedule amount for new equipment.

When gap-filling, for those carrier areas where a sales tax was imposed in the base period, add the applicable sales tax, e.g., five percent, to the gap-filled amount where the gap-filled amount does not take into account the sales tax, e.g., where the gap-filled amount is computed from pre-tax price lists or from another carrier area without a sales tax. Likewise, if the gap-filled amount is calculated from another carrier's fees where a sales tax is imposed, adjust the gap-filled amount to reflect the applicable local sales tax circumstances.

DME *MA*Cs and local carriers send their gap-fill information to CMS. After receiving the gap-filled base fees each year, CMS develops national fee schedule floors and ceilings and new fee schedule amounts for these codes and releases *them as part of the July update file each year and during the quarterly updates.*

60.4 - Process for Submitting Revisions to DMEPOS Fee Schedule to CMS

(Rev. 1630, Issued: 11-07-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

AB-02-152

The DME *MA*Cs identifies instances where revisions to DMEPOS fees are needed and forwards requests for revisions to their regional offices (RO). The RO will review requests and upon concurrence, forward them to CMS Division of Data Systems (DDS). The revisions must be contained in an ASCII file. The requests for revisions must be accompanied by a narrative description. This narrative description must be forwarded via e-mail to Mary Anne Stevenson (*Mary*.stevenson@cms.hhs.gov) and *Karen Jacobs* (*Karen.Jacobs*@cms.hhs.gov). If the files are mailed, they must be mailed to the following address:

Centers for Medicare & Medicaid Management
Mary Anne Stevenson
Division *of Data Systems*/*CMM*
7500 Security Blvd.
C4-14-21
Baltimore, MD 21244-1850

The following file specifications are 2003 examples, the actual file names may change each year:

Data Set Name	DMEREV1A.TXT	First Quarter Submission
	DMEREV1B.TXT	Second Quarter Submission
	DMEREV1C.TXT	Third Quarter Submission
	DMEREV1D.TXT	Fourth Quarter Submission

Record Format

Field Name	**PIC**	**Position**	**Comment**
HCPCS Code	X(5)	1 – 5	
Filler	X(1)	6 – 6	Set to Spaces
First Modifier	X(2)	7 – 8	
Filler	X(1)	9	Set to Spaces
Second Modifier	X(2)	10 - 11	
Filler	X(2)	12 - 13	Set to Spaces

Field Name	PIC	Position	Comment
State	X(3)	14 - 16	
Filler	X(1)	17	Set to Spaces
Revised Base Fee	S9(5)V99	18 - 26	1992 level for surgical dressings; 1989 for all other categories
Filler	X(1)	27	Set to Spaces
Capped Rental Inherent Reasonableness (IR) Indicator	X(1)	28	For Capped Rental Services Only: 0 - IR not applied to original base fee, base fee is subject to rebasing adjustment 1 - IR applied to original base fee, base fee is exempted from rebasing adjustment
Filler	X(1)	29	Set to Spaces
Nature of Fee Revision	X(1)	30	0 = Correction 1 = IR Revision 2 = Other - Please submit supporting documentation.
Filler	X(1)	31	Set to Spaces
IR - Effective Date	9(8)	32 - 39	Field is applicable only to those records where the fee has changed due to an inherent reasonableness decision and the previous field contains a value of "1." Format is YYYYMMDD

The CMS will recalculate current year fee schedule amounts as appropriate and release the entire file in the record layout described in §60.1. An indicator in the record field (Pricing Change Indicator) will identify those instances where pricing amounts have changed. The CMS will also issue instructions for implementing the revised fee schedule amounts with the fee schedule.