

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1677</b>	<b>Date: June 23, 2016</b>
	<b>Change Request 9692</b>

**SUBJECT: Revised Fee Schedules for Healthcare Common Procedure Coding System (HCPCS) Code E1012 in Association with Change Request 9642**

**I. SUMMARY OF CHANGES:** This transmittal provides instructions regarding the revision of the CY 2016 fee schedule amounts for HCPCS Code E1012.

**EFFECTIVE DATE: January 1, 2016**

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

**IMPLEMENTATION DATE: July 5, 2016**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**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**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1677	Date: June 23, 2016	Change Request: 9692
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## I. GENERAL INFORMATION

**A. Background:** The DMEPOS fee schedules are updated on a quarterly basis, when necessary, in order to implement fee schedule amounts for new and existing codes as well as to apply changes in payment policies and fee schedule amounts. The quarterly update process for the DMEPOS fee schedule is located in Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, Section 60.

**B. Policy:** This transmittal provides instructions concerning the fee schedule amounts for HCPCS code E1012 *Wheelchair Accessory, Addition to Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each*. The fee schedule amounts for this code have been revised in order to correct errors made in the calculation of the fee schedule for code E1012. The revised fees for E1012 will be communicated in the fee schedule files associated the 2016 July Quarterly DMEPOS Fee Schedule Update (CR9642). Claims for code E1012 with dates of service or or after January 1, 2016 that have already been processed shall be adjusted if brought to the contractor's attention.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
9692.1	Contractors shall process claims for E1012 with dates of service on or after January 1, 2016 using the revised E1012 fee schedule amounts included in the DMEPOS fee schedule files communicated under the July Quarterly DMEPOS Fee Schedule Update Change Request (CR 9642).			X	X						
9692.2	Contractors shall adjust previously processed claims for code E1012 with dates of service on or after January 1, 2016 if brought to the contractor's attention.			X	X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
9692.3	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> 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 sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's 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: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

### V. CONTACTS

**Pre-Implementation Contact(s):** Karen Jacobs, karen.jacobs@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

### VI. FUNDING

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**