

MLN Matters Number: MM4194

Related Change Request (CR) #: 4194

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Effective Date: January 1, 2006

Related CR Transmittal #: 770

Implementation Date: January 3, 2006

## Fee Schedule Update for 2006 for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

**Note:** This article was updated on February 25, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers, including durable medical equipment regional carriers (DMERCs) and/or fiscal intermediaries (FIs), including regional home health intermediaries (RHHIs), for services paid under the DMEPOS Fee Schedule

### Provider Action Needed

This article is based on Change Request (CR) 4194, and it provides specific information regarding the annual update for the 2006 DMEPOS Fee Schedule.

### Background

The DMEPOS fee schedules are updated on a quarterly basis in order to:

- Implement fee schedule amounts for new codes; and
- Revise any fee schedule amounts for existing codes that were calculated in error.

Payment on a fee schedule basis is required for:

- Durable Medical Equipment (DME), prosthetic devices, orthotics, prosthetics, and surgical dressings by the Social Security Act (Sections 1834(a)(h)(i)); and
- Parenteral and Enteral Nutrition (PEN) by regulations contained in the Code of Federal Regulations (42 CFR 414.102).

#### Disclaimer

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**Note:** DMERCs will use the 2006 PEN fee schedule payment amounts to pay claims for items furnished from January 1, 2006 through December 31, 2006.

The 2006 DMEPOS Fee Schedule Update factors for Health Care Common Procedure Codes (HCPCS) items furnished from January 1, 2006, through December 31, 2006, and are as follows:

HCPCS Codes	Notes
A5120	Modifier "AV" is added for billing items furnished for facial prosthetics. Modifier "AU" is added for billing items furnished for urological supplies.
L2005	Is being revised effective January 1, 2006, to ensure that the code's allowable amount is representative of a full knee, ankle, foot orthosis (KAFO), including the joint component.
L8609 and L8685 through L8689	Describe items that are subject to the fee schedule for prosthetics and orthotics (PO) and are being added to the HCPCS effective January 1, 2006. These codes fall under the jurisdiction of the local carriers rather than the DMERCs. The Centers for Medicare & Medicaid Services (CMS) will be calculating the fee schedule amounts for these items using the standard gap-filling process. The description for these codes can be obtained from the 2006 HCPCS file as soon as it becomes available at <a href="http://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage">http://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage</a> on the CMS website.

The following codes are being **deleted** from the HCPCS, effective January 1, 2006, and are therefore being removed from the DMEPOS and PEN fee schedule files:

A4254	E0996	K0075	K0670	L8140
A4643 thru A4647	E1000	K0076	K0671	L8150
A5119	E1001	K0078	K0731	L8160
A5509	E1019	K0102	K0732	L8170
A5511	E1021	K0104	L0860	L8180
B4184	E1025 thru E1027	K0106	L1750	L8190
B4186	E1210 thru E1213	K0415	L3963	L8195
E0169	E1239	K0416	L8100	L8200
E0752	K0064	K0452	L8110	L8230
E0754 thru E0759	K0066	K0600	L8120	L8239
E0953	K0067	K0618 thru K0620	L8130	L8620
E0954	K0068	K0628 thru K0649		
E0972	K0074			

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The HCPCS codes listed below are being **added to the HCPCS on January 1, 2006:**

A4218	B4185	E2212 thru E2226	L3961
A4233 thru A4236	E0170 thru E0172	E2371	L3967
A4363	E0485	E2372	L3971
A4411	E0486	L0491	L3973
A4412	E0641	L0492	L3975 thru L3978
A4604	E0642	L0621 thru L0640	L5703
A5120	E0705	L0859	L5858
A5512	E0762	L2034	L5971
A5513	E0764	L2387	L6621
A6457	E0911	L3671 thru L3673	L6677
A6513	E0912	L3702	L6883 thru L6885
A6530	E1392	L3763 thru L3766	L7400 thru L7405
A6531	E1812	L3905	L7600
A6532	E2207 thru E2210	L3913	L8609
A6533 thru A6544	E2211	L3919	L8623
A6549	E2212	L3921	L8624
A9275		L3933	L8680 thru L8689
A9281		L3935	
A9282			

The Medicare DMERCs will gap-fill base fee schedule amounts for each state in their region for the following new HCPCS codes that will be subject to the DMEPOS fee schedules in 2006:

HCPCS Codes	Notes
A4363, A4411, A4412	Ostomy, Tracheostomy, or Urological Supplies (OS)
A4233, A4234, A4235, A4236, A4604, E0485, E0486, E2216, E2217, E2218, E2222, E2223, E2225, E2226, E2371, E2372	Inexpensive or Routinely Purchased DME (IN)
E0170, E0171, E0911, E0912, E1812	Capped Rental DME (CR)
L0624, L0629, L0632, L0634, L2034, L2387, L3671, L3672, L3673, L3702, L3763, L3764, L3765, L3766, L3905, L3913, L3919, L3921, L3933, L3935, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L5703, L5971, L6621, L6677, L6883, L6884, L6885, L7400, L7401, L7402, L7403, L7404, L7405	Prosthetics and Orthotics (PO)
A6513	Surgical Dressings (SD)

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Suppliers should remember to add HCPCS modifier **AV** when billing code A5120 for facial prosthetic items only when furnished in conjunction with a facial prosthesis. Also, add modifier **AU** when billing code A5120 for urological items only when furnished in conjunction with urological supplies.

## Additional Information

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The official instruction issued to your carrier, intermediary, or DMERC regarding this change, can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R770CP.pdf> on the CMS website.

If you have questions regarding this issue, you may also contact your carrier, FI, or DMERC at their toll free number, which may be found at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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