



**News Flash** - Now available -- CMS' Newly Redesigned DMEPOS Competitive Bidding Web Page. This dedicated web page provides one-stop shopping for Medicare providers, suppliers and referral agents who want the most current and reliable information on this new program. Features include links to policy information such as the Metropolitan Statistical Areas and Product Categories included in Round One, Federal regulations, notices and manual instructions, provider educational products and resources, Frequently Asked Questions, and more. You can see the latest announcements and communications sent to the Medicare provider community here as well. The web address is: <http://www.cms.hhs.gov/DMEPOSCompetitiveBid>. We encourage you to bookmark this NEW page as we will continue to post new information and resources!

MLN Matters Number: MM6022 **Revised**

Related Change Request (CR) #: 6022

Related CR Release Date: May 23, 2008

Effective Date: January 1, 2008

Related CR Transmittal #: R1516CP

Implementation Date: July 7, 2008

## July Quarterly Update for 2008 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

**Note:** This article was revised on June 2, 2008, to reflect an effective date (see above) of January 1, 2008. All other information remains the same.

### Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs)) for DMEPOS provided to Medicare beneficiaries.

### Provider Action Needed

This article is based on Change Request (CR) 6022, which provides the quarterly update to the July 2008 DMEPOS fee schedules in order to implement fee

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schedule amounts for new codes and to revise any fee schedule amounts for existing codes that were calculated in error. Be sure your billing staffs are aware of these changes.

## Background

This recurring update notification, CR6022, provides specific instructions regarding the July quarterly update for 2008 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 update process for the DMEPOS fee schedule is located in the *Medicare Claims Processing Manual*, Chapter 23, Section 60, which is available at <http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. Other information on the fee schedule, including access to the DMEPOS fee schedules is at [http://www.cms.hhs.gov/DMEPOSFeeSched/01\\_overview.asp](http://www.cms.hhs.gov/DMEPOSFeeSched/01_overview.asp) on the CMS website.

## Key Points

- The following Healthcare Common Procedure Coding System (HCPCS) codes were added to the HCPCS file effective January 1, 2008 and the fee schedule amounts for these HCPCS codes may be established as part of this update and are effective for claims with dates of service on or after January 1, 2008.

Code	Description	Code	Description
A5083	Continent device, stoma absorptive cover for continent stoma.	E0856	Cervical traction device, cervical collar with inflatable air bladder.
E2227	Manual wheelchair accessory, gear reduction drive wheel, each.	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each.
E2397	Power wheelchair accessory, lithium-based battery, each.	L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment.

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Code	Description	Code	Description
L7611	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric.	L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric
L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined.	L7622	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined.

- The above codes were paid on a local fee schedule basis prior to implementation of the fee schedule amounts established in accordance with this update. Claims for these codes with dates of service on or after January 1, 2008 that have already been processed will not be adjusted to reflect the newly established fees if they are resubmitted for adjustment.
- The fee schedule amounts for the following codes are being revised as part of this quarterly update to correct fee schedule calculation errors and the revised fee schedule amounts will be added to the fee schedule file as part of this update.

Code	Description	Code	Description
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands. Turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material straps, custom fabricated, includes fitting and adjustment.
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment.		

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- Your Medicare contractor will adjust previously processed claims for codes L3905, L3806 and L3808 with dates of service on or after January 1, 2008 if they are resubmitted for adjustments.
- HCPCS code K0672 (Addition to Lower Extremity Orthosis, Removable Soft Interface, All Components, Replacement Only, Each) was added to the HCPCS file effective April 1, 2008.
- The fee schedule amounts for HCPCS code E0461 (Volume Control Ventilator, Without Pressure Support Mode, May Include Pressure Control Mode, Used with Non-Invasive Interface (e.g. Mask)) were inadvertently dropped from the January 2008 DMEPOS fee schedule file and the file was subsequently revised to add the fee schedule amounts for code E0461.

### Additional Information

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For complete details regarding this CR please see the official instruction (CR6022) issued to your Medicare contractor. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1516CP.pdf> on the CMS website.

If you have questions, please contact your Medicare contractor at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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