

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Registration is now open to all suppliers interested in participating in the Round 1 Recompete of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. In order to submit a bid for the Round 1 Recompete, you must first register in the Individuals Authorized Access to the CMS Computer Services (IACS) online application. Once you have registered in IACS, you will receive a user ID and password to access the online DMEPOS Bidding System (DBidS). You must register even if you registered during a previous round of competition (Round 1 Rebid, Round 2, or the national mail-order competition). Only suppliers who have a user ID and password will be able to access DBidS; suppliers that do not register will not be able to bid. Registration for the recompete will close on Friday, October 19, 2012, at 9pm prevailing Eastern Time. To register, go to the Competitive Bidding Implementation Contractor (CBIC) website found at <http://www.dmecompetitivebid.com> on the Internet. Click on Round 1 Recompete, and then click on "REGISTRATION IS OPEN" above the Registration clock. If you have any questions about the registration process, please contact the CBIC Customer Service Center at 877-577-5331 between 9am and 9pm, Eastern Time, Monday through Friday.

MLN Matters® Number: MM8051

Related Change Request (CR) #: CR 8051

Related CR Release Date: October 12, 2012

Effective Date: January 1, 2013

Related CR Transmittal #: R2565CP

Implementation Date: January 7, 2013

Reasonable Charge Update for 2013 for Splints, Casts, and Certain Intraocular Lenses

Note: This article was revised on January 3, 2014, to add a reference to MLN Matters® article MM8523 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8523.pdf>) to notify providers of a change from the reasonable charge payment methodology for these items to national fee schedule amounts, effective with dates of service beginning April 1, 2014. All other information is the same.

Disclaimer

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Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers billing Medicare contractors (Fiscal Intermediaries (FIs), carriers, and A/B Medicare Administrative Contractors (MACs)) for splints, casts, and certain intraocular lenses provided to Medicare beneficiaries.

What You Need to Know

This article, based on Change Request (CR) 8051, instructs Medicare contractors regarding the calculation of reasonable charges for payment of claims for splints, casts, and intraocular lenses furnished in Calendar Year (CY) 2013.

Background

Payment continues to be made on a reasonable charge basis for splints and casts, as well as intraocular lenses implanted in a physician's office.

- For splints and casts, the Q-codes are to be used when supplies are indicated for cast and splint purposes. This payment is in addition to the payment made under the physician fee schedule for the procedure for applying the splint or cast.
- For intraocular lenses, payment is only made on a reasonable charge basis for lenses implanted in a physician's office (codes V2630, V2631, and V2632).

The 2013 payment limits for splints and casts will be based on the 2012 limits that were announced in CR7628 last year, increased by 1.7 percent, the percentage change in the CPI-U for the 12-month period ending June 30, 2012. (You may view the article related to CR7628 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7628.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.) The IIC update factor for 2013 is 1.7 percent.

A list of the 2013 payment limits for splints and casts is as follows:

2013 Payment Limits for Splints and Casts							
A4565	\$8.26	Q4013	\$15.13	Q4026	\$113.30	Q4039	\$7.91
Q4001	\$47.00	Q4014	\$25.51	Q4027	\$18.15	Q4040	\$19.77
Q4002	\$177.62	Q4015	\$7.57	Q4028	\$56.67	Q4041	\$19.20
Q4003	\$33.75	Q4016	\$12.75	Q4029	\$27.75	Q4042	\$32.78
Q4004	\$116.86	Q4017	\$8.75	Q4030	\$73.05	Q4043	\$9.61
Q4005	\$12.45	Q4018	\$13.94	Q4031	\$13.87	Q4044	\$16.39
Q4006	\$28.05	Q4019	\$4.38	Q4032	\$36.52	Q4045	\$11.15
Q4007	\$6.23	Q4020	\$6.98	Q4033	\$25.88	Q4046	\$17.93
Q4008	\$14.02	Q4021	\$6.47	Q4034	\$64.38	Q4047	\$5.56
Q4009	\$8.31	Q4022	\$11.68	Q4035	\$12.94	Q4048	\$8.97
Q4010	\$18.70	Q4023	\$3.25	Q4036	\$32.20	Q4049	\$2.03
Q4011	\$4.15	Q4024	\$5.84	Q4037	\$15.79		
Q4012	\$9.36	Q4025	\$36.29	Q4038	\$39.56		

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Medicare contractors will make payments for splints and casts furnished in 2013 based on the lower of the actual charge or the above payment limits.

Additional Information

The official instruction, CR8015, issued to your FI, carrier, and A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2565CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC 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.

News Flash - Vaccination is the Best Protection Against the Flu - Each office visit is an opportunity to check your patients' seasonal influenza (flu) and pneumonia immunization status and to start protecting your patients as soon as your 2012-2013 seasonal flu vaccine arrives. Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people age 65 and older. Seniors also have an increased risk of getting pneumonia, a complication of the flu. Remind your patients that seasonal flu vaccinations and a pneumococcal vaccination are recommended for optimal protection.

Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for these vaccines and their administration with no co-pay or deductible. Also, don't forget to immunize yourself and your staff. Know what to do about the flu!

Remember – The influenza vaccine plus its administration is a covered Part B benefit. The influenza vaccine is NOT a Part D covered drug. CMS will provide information and a link to the 2012-2013 Influenza Vaccine prices when they are available. For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](#) and [CMS Immunizations](#) web pages. While some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. [HealthMap Vaccine Finder](#) is a free, online service where users can search for locations offering flu vaccines.

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