



Related Change Request (CR) #: 3669

MLN Matters Number: MM3669

Related CR Release Date: January 28, 2005

Related CR Transmittal #: 451

Effective Date: April 1, 2005, for new codes added to the HCPCS, and January 1, 2005, for all other HCPCS codes on the fee schedule

Implementation Date: April 4, 2005

Note: This article was updated on February 4, 2013, to reflect current Web addresses. All other information remains unchanged.

April 2005 Quarterly Fee Schedule Update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Provider Types Affected

Physicians, providers, and suppliers billing Durable Medical Equipment Regional Carriers (DMERCs) and/or intermediaries

Provider Action Needed

This article is based on Change Request (CR) 3669, and it provides specific information regarding the April quarterly update for the 2005 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule.

Background

This article provides specific information regarding the April quarterly update for the 2005 DMEPOS fee schedule. The DMEPOS fee schedules are updated on a quarterly basis in order to 1) implement fee schedule amounts for new codes and 2) to 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).

Note: There are no changes to the PEN fee schedule file for April 2005.

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HCPCS code K0670 (addition to lower extremity prosthesis...) is added, effective April 1, 2005 to the list of Healthcare Common Procedural Coding System (HCPCS) accepted by DMERCs and intermediaries.

Also, HCPCS Code K0671 is being added to the HCPCS effective April 1, 2005 as an accepted code by DMERCs and regional home health intermediaries. This code:

- Describes a rental portable oxygen concentrator system and
- Is to be used when billing Medicare for the portable equipment add-on fee for patients using lightweight oxygen concentrators that can function as both the patient's stationary equipment and portable equipment.

The following HCPCS Codes are to be used to describe combination stationary/portable oxygen concentrators for Medicare billing purposes.

- For claims for combination stationary/portable oxygen concentrators with dates of service prior to April 1, 2005, use:
 - HCPCS Code E1390 (stationary oxygen concentrator) **with**
 - HCPCS Code E0431 (portable gaseous oxygen system).
- For claims with dates of service on or after April 1, 2005, use
 - HCPCS Code E1390 (stationary oxygen concentrator) in conjunction **with**
 - HCPCS Code K0671 (portable oxygen concentrator system).

Note: Payment for HCPCS Code K0671 will be based on the current add-on fee schedule amounts for portable oxygen equipment.

Also, the quarterly updates process for the DMEPOS fee schedule is located in the Medicare Claims Processing Manual (Pub 100-04, Chapter 23, Section 60). This manual can be accessed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf> on the CMS website.

Additional Information

For complete details, please see the official instruction issued to your DMERC/intermediary regarding this change. That instruction may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R451CP.pdf> on the CMS website.

If you have any questions, please contact your DMERC/intermediary 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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