



News Flash – The Centers for Medicare & Medicaid Services (CMS) has posted on its website 11 new frequently asked questions (FAQ) about the ICD-10 Implementation. To access these FAQs, please visit the CMS ICD-10 webpage at <http://www.cms.gov/Medicare/Coding/ICD10/index.html>, select the Medicare Fee-for-Service Provider Resources link on the left side of the page, scroll down the page to the “Related Links Inside CMS” section and select “ICD-10 FAQs”. Please check the ICD-10 FAQ section regularly for newly posted or updated ICD-10 FAQs.

MLN Matters® Number: MM7070

Related Change Request (CR) #: 7070

Related CR Release Date: July 23, 2010

Effective Date: January 1, 2010 for codes in effect then, October 1, 2010 for other changes

Related CR Transmittal #: R2006CP

Implementation Date: October 4, 2010

Note: This article was updated on December 10, 2012, to reflect current Web addresses. All other information remains unchanged.

October Quarterly Update for 2010 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

Provider Types Affected

Providers and suppliers submitting claims to Medicare contractors (carriers, DME Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or Regional Home Health Intermediaries (RHHIs)) for DMEPOS items or services paid under the DMEPOS fee schedule need to be aware of this article.

Provider Action Needed

This article is based on CR 7070, which provides the required quarterly update of the 2010 DMEPOS Fee Schedule. Be sure billing staffs are aware of the update.

Background

The DMEPOS fee schedules are updated on a quarterly basis, when necessary, in order to implement fee schedule amounts for new codes and to revise any fee schedule amounts for existing codes that were calculated in error. The quarterly

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update process for the DMEPOS fee schedule is documented in the Medicare Claims Processing Manual, Chapter 23, Section 60 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

Key Points of CR7070

- Per Transmittal 686 (Change Request 6743), the claims filing jurisdiction for HCPCS code L8509 (*Tracheo-Esophageal Voice Prosthesis, Inserted by a Licensed Health Care Provider, Any Type*) is changing from the DME MACs to the A/B MACs/Part B carriers, **effective October 1, 2010**. To reflect this change, the claims jurisdiction for code L8509 will change in the DMEPOS fee schedule file to local carrier as part of this update.
- As part of this update, the Alaska and Hawaii fee schedule amounts for HCPCS code E0973 (*Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each*) are being revised in order to correct errors made in the calculation of the fee schedule amounts. Medicare contractors **will adjust previously processed claims for code E0973 with dates of service on or after January 1, 2010, if they are resubmitted as adjustments**.

Additional Information

The official instruction, CR 7070, issued to your carrier, FI, RHHI, A/B MAC, and DME/MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2006CP.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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.

An earlier MLN Matters® article, MM6743 on the *Change in Claims Filing Jurisdiction for Tracheo-Esophageal Voice Prosthesis Healthcare Common Procedure Coding System (HCPCS) Code* may be reviewed at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6743.pdf> on the CMS website.

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