



News Flash - On September 3, 2008, the Centers for Medicare & Medicaid Services (CMS) announced those Durable Medical Equipment Prosthetics/Orthotics, and Supplies (DMEPOS) providers that are exempt from meeting the quality standards for DMEPOS accreditation. CMS, at that time, stated that Orthotists, Prosthetists, and Pedorthotists are included in that exemption. CMS will issue a notice of proposed rulemaking in 2009 that will define quality standards designed specifically for anyone furnishing or providing orthotics and prosthetics in order to be reimbursed for such supplies and services under Medicare Part B. For more information about DMEPOS Accreditation, please visit the web page at <http://www.cms.hhs.gov/medicareprovidersupenroll/> on the CMS website.

MLN Matters Number: MM6062 **Revised**

Related Change Request (CR) #: 6062

Related CR Release Date: December 5, 2008

Effective Date: October 27, 2008, except December 12, 2008 for HCPCS code A4559

Related CR Transmittal #: R1644CP

Implementation Date: October 27, 2008, except December 12, 2008 for HCPCS code A4559

2008 Jurisdiction List for Durable Medical Equipment Prosthetics, Orthotics, and Supply (DMEPOS) Healthcare Common Procedure Coding System (HCPCS) Codes

Note: This article was revised on December 8, 2008, to reflect that CR 6062 was revised by the Centers for Medicare & Medicaid Services on December 5, 2008. CR 6062 was revised to reflect a revised 2008 jurisdiction list to clarify that HCPCS code A4559 (coupling gel) may only be billed to the local carrier. The CR release date, transmittal number (above), and Web address for accessing CR 6062 were also revised. All other information remains the same.

Provider Types Affected

Providers and suppliers submitting claims to Medicare Contractors (carriers, DME Medicare Administrative Contractors (DME MACs), and Part A/B Medicare Administrative Contractors (A/B MACs)) for DMEPOS services provided to Medicare beneficiaries.

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Impact on Providers

This article is informational and is based on Change Request (CR) 6062 that notifies providers that the spreadsheet containing an updated list of the HCPCS codes for DME MAC and Part B local carrier or A/B MAC jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. The spreadsheet is helpful to billing staff by showing the appropriate Medicare contractor to be billed for HCPCS appearing on the spreadsheet. The spreadsheet for the 2008 Jurisdiction List is attached to CR6062 at <http://www.cms.hhs.gov/Transmittals/downloads/R1644CP.pdf> on the CMS website.

Additional Information

To see the official instruction (CR6062) issued to your Medicare DME MAC, carrier, or A/B MAC visit <http://www.cms.hhs.gov/Transmittals/downloads/R1644CP.pdf> on the CMS website.

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

News Flash - Flu Season Is Upon Us! Begin now to take advantage of each office visit as an opportunity to encourage your patients to get a flu shot. It's still their best defense against combating the flu this season. *(Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible or copayment/coinsurance applies.)* And don't forget, health care personnel can spread the highly contagious flu virus to patients. **Protect yourself. Don't Get the Flu. Don't Give the Flu. Get Your Flu Shot. Remember** - Influenza vaccine plus its administration are covered Part B benefits. Note that influenza vaccine is NOT a Part D covered drug. For information about Medicare's coverage of the influenza virus vaccine and its administration as well as related educational resources for health care professionals, please go to http://www.cms.hhs.gov/MLNProducts/Downloads/flu_products.pdf on the CMS website.

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