

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1671</b>	<b>Date: June 2, 2016</b>
	<b>Change Request 9586</b>

**Transmittal 1647, dated April 28, 2016, is being rescinded and replaced by Transmittal 1671 to add code E1012 to Attachment A. All other information remains the same.**

**SUBJECT: Payment Change for Group 3 Complex Rehabilitative Power Wheelchairs Accessories and Seat and Back Cushions under Section 2 of the Patient Access and Medicare Protection Act (PAMPA) for Home Health Claims**

**I. SUMMARY OF CHANGES:** This Change Request (CR) implements the usage of the KU modifier when submitted with Group 3 complex rehabilitative power wheelchair accessories as instructed per Patient Access and Medicare Protection Act (PAMPA) legislation.

**EFFECTIVE DATE: October 1, 2016**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 3, 2016**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

## Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1671	Date: June 2, 2016	Change Request: 9586
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### I. GENERAL INFORMATION

**A. Background:** Transmittal 3416, dated November 23, 2015, provided instructions regarding the 2016 annual update for the DMEPOS fee schedule. Legislation effective January 1, 2016, requires changes to the 2016 fee schedule amounts for certain items. This change request (CR) provides additional instructions regarding implementation of the 2016 fee schedule amounts based on changes mandated by section 2 of the Patient Access and Medicare Protection Act (PAMPA).

The DMEPOS fee schedules are updated on an annual basis in accordance with the statute and regulations. The update process for the DMEPOS fee schedule is located in Pub.100-04, Medicare Claims Processing Manual, chapter 23, section 60. Payment on a fee schedule basis is required for certain durable medical equipment (DME) by §1834(a) of the Social Security Act. Section 1834(a)(1)(F)(ii) of the Act mandates adjustments to the fee schedule amounts for certain DME items furnished on or after January 1, 2016, including wheelchair accessories and seat and back cushions, in areas that are not competitive bid areas, based on information from competitive bidding programs (CBPs) for DME. The adjusted fee schedule amounts were issued to contractors in late 2015 for use in paying claims with dates of service on or after January 1, 2016, in accordance with transmittal 3416.

**B. Policy:** Section 2 of PAMPA mandates that the adjusted fee schedule amounts for 2016 described above are not to be applied to wheelchair accessories and seat and back cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs described by codes K0848 through K0864 of the Healthcare Common Procedure Coding System (HCPCS). The codes for wheelchair accessories and seat and back cushions affected by this change are listed in Attachment A. Although this change is effective January 1, 2016, it is not being implemented until July 5, 2016 for DME supplier claims or October 3, 2016 for home health agency (HHA) claims. These items are rarely billed by HHAs.

Until these changes are implemented, payment for these items will be based on the adjusted fee schedule amounts. HHAs can submit claims for these items with dates of service on or after January 1, 2016, prior to October 3, 2016, but payment will be based on the adjusted fee schedule amounts. On or after October 3, 2016, HHAs can adjust previously paid claims with dates of service on or after January 1, 2016, for the corrected fee payment.

The following modifier was added to the HCPCS in 2007 as a placeholder modifier:

KU DMEPOS Item Subject to DMEPOS Competitive Bidding Program Number 3

HHAs must use this modifier for claims submitted on or after October 3, 2016, with dates of service on or after January 1, 2016, and before January 1, 2017, for any code listed in Attachment A describing a wheelchair accessory or seat or back cushion when furnished in connection with a Group 3 complex rehabilitative power wheelchair. The KU modifier is to be implemented as an informational modifier and must be reported to receive the unadjusted fee schedule amount. The KU modifier and fee schedule amounts mandated for use in paying 2016 claims for these items are being added to the DMEPOS fee schedule file for the codes listed in Attachment A.

The unadjusted fee schedule amounts for the Attachment A wheelchair accessories and seat and back cushions used with Group 3 complex rehabilitative power wheelchairs will be denoted by the KU modifier and included in the July 2016 DMEPOS Fee Schedule file. Instructions for the July 2016 quarterly update for the DMEPOS fee schedule will be provided in the July 2016 Recurring Update Notification Change Request.

**II. BUSINESS REQUIREMENTS TABLE**

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC		D M E M A C S	Shared- System Maintainers				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
9586.1	Beginning October 3, 2016 through December 31, 2016, the unadjusted fee schedule amounts for the codes listed in Attachment A and associated with the KU modifier will be included in the DMEPOS fee schedule file. Contractors shall consult the 2016 Change Request for the Quarterly DMEPOS Fee Schedule Update for instructions on downloading the fee schedule file.			X							
9586.2	Contractors shall use the current 2016 DMEPOS fee schedule payment amounts for claims submitted prior to October 1, 2016 when furnished from January 1, 2016 through September 30, 2016.			X		X					
9586.3	Effective October 1, 2016, for claims with dates of service on or after January 1, 2016 and before January 1, 2017, the contractors shall pay claims for wheelchair accessory codes used with Group 3 complex rehabilitative power wheelchair base codes K0848 through K0864 when submitted with the KU pricing modifier at the fee schedule rate provided with the KU modifier in the July 2016 Quarterly DMEPOS fee schedule update.			X		X					



#### IV. SUPPORTING INFORMATION

##### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
9520.3	Attachment A is a draft and may be subject to change.

##### Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** Bobbett Plummer, 410-786-3321 or [bobbett.plummer@cms.hhs.gov](mailto:bobbett.plummer@cms.hhs.gov) , Karen Jacobs, 410-786-2173 or [karen.jacobs@cms.hhs.gov](mailto:karen.jacobs@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

#### VI. FUNDING

##### Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

##### ATTACHMENTS: 1

## Attachment A

E0705	Transfer device
E0950	Tray
E0951	Loop heel
E0952	Toe loop/holder, each
E0955	Cushioned headrest
E0956	W/c lateral trunk/hip suppor
E0957	W/c medial thigh support
E0960	W/c shoulder harness/straps
E0973	W/Ch access det adj armrest
E0978	W/C acc,saf belt pelv strap
E0981	Seat upholstery, replacement
E0982	Back upholstery, replacement
E0985	W/c seat lift mechanism
E0990	Wheelchair elevating leg res
E0995	Wheelchair calf rest
E1002	Pwr seat tilt
E1003	Pwr seat recline
E1004	Pwr seat recline mech
E1005	Pwr seat recline pwr
E1006	Pwr seat combo w/o shear
E1007	Pwr seat combo w/shear
E1008	Pwr seat combo pwr shear
E1010	Add pwr leg elevation
E1012	Ctr mount powr elev leg rest
E1016	Shock absorber for power w/c
E1020	Residual limb support system
E1028	W/c manual swingaway
E1029	W/c vent tray fixed
E1030	W/c vent tray gimbaled
E2207	Crutch and cane holder
E2208	Cylinder tank carrier
E2209	Arm trough each
E2210	Wheelchair bearings
E2310	Electro connect btw control
E2311	Electro connect btw 2 sys
E2321	Hand interface joystick
E2322	Mult mech switches
E2323	Special joystick handle
E2324	Chin cup interface
E2325	Sip and puff interface
E2326	Breath tube kit
E2327	Head control interface mech
E2328	Head/extremity control inter
E2329	Head control nonproportional
E2330	Head control proximity switc
E2351	Electronic SGD interface
E2359	Gr34 sealed leadacid battery

## Attachment A

E2360	22nf nonsealed leadacid
E2361	22nf sealed leadacid battery
E2362	Gr24 nonsealed leadacid
E2363	Gr24 sealed leadacid battery
E2364	U1nonsealed leadacid battery
E2365	U1 sealed leadacid battery
E2366	Battery charger, single mode
E2367	Battery charger, dual mode
E2368	Power wc motor replacement
E2369	Pwr wc drivewheel gear repl
E2370	Pwr wc motor/gear box combo
E2371	Gr27 sealed leadacid battery
E2373	Hand/chin ctrl spec joystick
E2374	Hand/chin ctrl std joystick
E2375	Non-expandable controller
E2376	Expandable controller, repl
E2377	Expandable controller, initl
E2381	Pneum drive wheel tire
E2382	Tube, pneum wheel drive tire
E2383	Insert, pneum wheel drive
E2384	Pneumatic caster tire
E2385	Tube, pneumatic caster tire
E2386	Foam filled drive wheel tire
E2387	Foam filled caster tire
E2388	Foam drive wheel tire
E2389	Foam caster tire
E2390	Solid drive wheel tire
E2391	Solid caster tire
E2392	Solid caster tire, integrate
E2394	Drive wheel excludes tire
E2395	Caster wheel excludes tire
E2396	Caster fork
E2397	Pwc acc, lith-based battery
E2601	Gen w/c cushion wdth < 22 in
E2602	Gen w/c cushion wdth >=22 in
E2603	Skin protect wc cus wd <22in
E2604	Skin protect wc cus wd>=22in
E2605	Position wc cush wdth <22 in
E2606	Position wc cush wdth>=22 in
E2607	Skin pro/pos wc cus wd <22in
E2608	Skin pro/pos wc cus wd>=22in
E2611	Gen use back cush wdth <22in
E2612	Gen use back cush wdth>=22in
E2613	Position back cush wd <22in
E2614	Position back cush wd>=22in
E2615	Pos back post/lat wdth <22in
E2616	Pos back post/lat wdth>=22in

## Attachment A

E2619	Replace cover w/c seat cush
E2620	WC planar back cush wd <22in
E2621	WC planar back cush wd>=22in
E2622	Adj skin pro w/c cus wd<22in
E2623	Adj skin pro wc cus wd>=22in
E2624	Adj skin pro/pos cus<22in
E2625	Adj skin pro/pos wc cus>=22
E2626	Seo mobile arm sup att to wc
E2627	Arm supp att to wc rancho ty
E2628	Mobile arm supports reclinin
E2629	Friction dampening arm supp
E2630	Monosuspension arm/hand supp
E2631	Elevat proximal arm support
E2632	Offset/lat rocker arm w/ela
E2633	Mobile arm support supinator
K0015	Detach non-adjus hght armrst
K0017	Detach adjust armrest base
K0018	Detach adjust armrst upper
K0019	Arm pad each
K0020	Fixed adjust armrest pair
K0037	High mount flip-up footrest
K0038	Leg strap each
K0039	Leg strap h style each
K0040	Adjustable angle footplate
K0041	Large size footplate each
K0042	Standard size footplate each
K0043	Ftrst lower extension tube
K0044	Ftrst upper hanger bracket
K0045	Footrest complete assembly
K0046	Elevat legrst low extension
K0047	Elevat legrst up hangr brack
K0051	Cam relese assem ftrst/lgrst
K0052	Swingaway detach footrest
K0053	Elevate footrest articulate
K0056	Seat ht <17 or >=21 ltwt wc
K0065	Spoke protectors
K0069	Rear whl complete solid tire
K0070	Rear whl compl pneum tire
K0071	Front castr compl pneum tire
K0072	Frnt cstr cml sem-pneum tir
K0073	Caster pin lock each
K0077	Front caster assem complete
K0098	Drive belt power wheelchair
K0105	Iv hanger
K0733	12-24hr sealed lead acid

