

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (DHHS)
Transmittal 295	Date: OCTOBER 15, 2007
	Change Request 5758

SUBJECT: Durable Medical Equipment Medicare Administrative Contractors (DME MACs) - Discontinuance/Cancellation of the Use of a "WL" Modifier on Claims for the DeWall Posture Protector Orthotic Body Jacket HCPCS Code (L0430)

I. SUMMARY OF CHANGES: The purpose of this Change Request is to ensure that DME MACs comply with the settlement agreement in the DeWall Case in the processing of durable medical equipment (DME) claims for the Posture Protector Spinal Orthosis (HCPCS Code L0430). This instruction also notifies contractors to retire all use of the "WL" modifier.

New / Revised Material

Effective Date: July 16, 2007

Implementation Date: November 16, 2007

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.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

SECTION B: 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

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

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
	Protector, without requiring any modifiers, including the "KX" or "WL" modifiers.											
5758.2	DME MACs shall apply all other current applicable Medicare edits to such claims.		X									
5758.3	Within 30 days of the issuance date of this instruction, contractors shall retire all use of the "WL" modifier.		X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B M A C	D M E M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5758.4	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.		X									

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
5758.5	Business Requirement 5758.1 rescinds and replace Business Requirement 1, specified in

X-Ref Requirement Number	Recommendations or other supporting information:
	CR 2711, Transmittal B-03-025, issued on April 11, 2003

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

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Post-Implementation Contact(s): Susan Webster (susan.webster@cms.hhs.gov, 410-786-3384)

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC)

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

B. For Medicare Administrative Contractors (MAC)

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.