



CY 2020 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

MLN Matters Number: MM11570 **Revised**

Related Change Request (CR) Number: 11570

Related CR Release Date: **January 3, 2020**

Effective Date: January 1, 2020

Related CR Transmittal Number: **R4487CP**

Implementation Date: January 6, 2020

Note: We revised this article on January 3, 2020, to reflect an updated Change Request (CR) that corrected the CY 2020 maintenance and servicing fee for certain oxygen equipment to \$73.02 in the CR's business requirement 11570.9. The transmittal number, CR release date and link to the transmittal also changed. All other information remains the same.

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for providers and suppliers submitting claims to Medicare Administrative Contractors (MACs) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) items or services paid under the DMEPOS fee schedule provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 11570 provides the Calendar Year (CY) 2020 annual update for the Medicare DMEPOS fee schedule. The instructions include information on the data files, update factors, and other information related to the update of the fee schedule. Make sure your billing staffs are aware of these updates.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) updates the DMEPOS fee schedule on an annual basis in accordance with statute and regulations. Payment on a fee schedule basis is required for certain Durable Medical Equipment (DME), prosthetic devices, orthotics, prosthetics, and surgical dressings by Section 1834 (a), (h), and (i) of the Social Security Act (the Act). Additionally, payment on a fee schedule basis is a regulatory requirement at 42 Code of Federal Regulations (CFR) Section 414.102 for Parenteral and Enteral Nutrition (PEN), splints, casts, and Intraocular Lenses (IOLs) inserted in a physician's office. The DMEPOS and PEN fee schedule files contain HCPCS codes that are subject to fee schedule adjustments using information on the payment determined for these items under the DMEPOS Competitive Bidding Program (CBP), as well as codes that are not subject to the CBP or fee schedule adjustments.

Fee Schedule Adjustment Methodologies

Section 1834(a)(1)(F)(ii) of the Act mandates adjustments to the fee schedule amounts for DME items included in the CBP for payment of the items in areas that are not competitive bidding areas (CBAs). Section 1842(s)(3)(B) of the Act provides authority for making adjustments to the fee schedule amounts for enteral nutrients, equipment, and supplies (enteral nutrition) based on information from the CBP.

The methodologies for adjusting DMEPOS fee schedule amounts using information from the CBP are in regulations at 42 CFR Section 414.210(g). The DMEPOS and PEN fee schedule files contain HCPCS codes that are subject to the adjusted fee schedule amounts, as well as codes that are not subject to the fee schedule CBP adjustments. Recent program instructions on these fee schedule adjustments are available in Transmittal 4209, [CR 11064](#).

For CY 2020, the following applicable Fee Schedule Adjustment Methodologies and fee schedule amounts reflect the area in which the items and services are furnished.

1. Fee Schedule Amounts for Areas within the Contiguous United States

For claims with dates of service from January 1, 2019, through December 31, 2020, the adjusted fee schedule amounts for items furnished in non-competitively bid rural areas are a blend of 50 percent of the adjusted fee schedule amount and 50 percent of the unadjusted fee schedule amount for the item, which is updated by the covered item updates specified in Sections 1834(a)(14) and 1842(s)(B) of the Act, for DME and enteral nutrition respectively. For claims with dates of service from January 1, 2019, through December 31, 2020, the adjusted fee schedule amounts for items furnished in other non-competitively bid areas are based on 100 percent of the adjusted fee schedule amounts.

To determine the adjusted fee schedule amounts, the average of the Single Payment Amounts (SPAs) from CBAs located in eight different regions of the contiguous United States are used to adjust the fee schedule amounts for the states located in each of the eight regions. These Regional SPAs or RSPAs are also subject to a national ceiling (110 percent of the average of the RSPAs for all contiguous states plus the District of Columbia) and a national floor (90 percent of the average of the RSPAs for all contiguous states plus the District of Columbia). This methodology applies to enteral nutrition and most competitively bid DME items furnished in the contiguous United States, that is, those included in more than 10 CBAs. Fee schedule amounts for competitively bid DME items included in 10 or fewer CBAs adjust so that they are equal to 110 percent of the average of the SPAs for the 10 or fewer CBAs.

Additionally, the fee schedule amounts for areas within the contiguous United States designated as rural areas adjust to equal the national ceiling amounts described above. Regulations at Section 414.202 define a rural area to be a geographical area represented by a postal ZIP code where at least 50 percent of the total geographical area of the ZIP code estimated to be outside any Metropolitan Statistical Area (MSA). A rural area also includes any ZIP Code within an MSA excluded from a CBA established for that MSA.

The CBP and SPAs generated from the CBP that are used to adjust the fee schedule amounts expired on January 1, 2019. Pursuant to 42 CFR Section 414.210(g)(4), the adjusted fee schedule amounts are increased by 1.6 percent on January 1, 2020, based on the percentage

change in the CPI for all Urban Consumers (CPI-U) for the 12-month period ending June 30, 2019.

2. Fee Schedule Amounts for Areas outside the Contiguous United States

Fee schedule amounts for items furnished in areas outside the contiguous United States (that is, noncontiguous areas such as Alaska, Guam, Hawaii) are based on a blend of 50 percent of the adjusted fee schedule amount and 50 percent of the unadjusted fee schedule amounts updated by the covered item updates specified in Sections 1834(a)(14) and 1842(s)(B) of the Act. Areas outside the contiguous United States receive adjusted fee schedule amounts so they are equal to the higher of the average of SPAs for CBAs in areas outside the contiguous United States (currently only applicable to Honolulu, Hawaii) or the national ceiling amounts described above and calculated based on SPAs for areas within the contiguous United States.

For the CY January 1, 2020 fee schedule update, the adjusted fee schedule amounts in non-bid areas will receive a CPI-U update per Section 414.210(g) of 1.6 percent due to the adjustments being based on SPAs from competitive bidding programs that are no longer in effect.

KE Modifier

Because the rural and non-contiguous fee schedule amounts are based partially on unadjusted fee schedule amounts, fees for certain items included in the 2008 Original Round One CBP, denoted with the KE modifier, appear on the fee schedule file only for items furnished in rural and non-contiguous areas. Instructions and a list of the applicable KE HCPCS codes are available in Transmittal 1630, [CR 6270](#). From June 1, 2018, through December 31, 2020, the rural and non-contiguous KE fee schedule amounts will be based on a blend of 50 percent of the adjusted fee schedule amount and 50 percent of the unadjusted KE fee schedule amount updated by the covered item updates specified in Sections 1834(a)(14) and 1842(s)(B) of the Act. The non-rural fees for these KE codes contain zeros on the fee schedule file since KE is not a valid option for areas without blended fees.

For certain accessories used with base equipment included in the CBP in 2008 (for example, power wheelchairs, walkers, and negative pressure wound therapy pumps), the unadjusted fee schedule amounts include a 9.5 percent reduction in accordance with Federal law if these accessories were also included in the 2008 CBP. The 9.5 percent fee reduction only applies to these accessories when furnished for use with the base equipment included in the 2008 CBP. Beginning June 1, 2018, in cases where accessories included in the 2008 CBP are furnished for use with base equipment that was not included in the 2008 CBP (e.g., manual wheelchairs, canes and aspirators), for beneficiaries residing in rural or non-contiguous, non-competitive bid areas, suppliers should append the KE modifier to the HCPCS code for the accessory. Suppliers should not use the KE modifier with accessories that were included in the 2008 CBP and furnished for use with base equipment that was not included in the 2008 CBP when furnishing these accessories to beneficiaries residing in non-rural, non-competitive bid areas. The KE modifier is not billable for items furnished in former competitive bid areas effective January 1, 2019 (see payment methodology below).

3. Fee Schedule Amounts for former Competitive Bidding Areas (CBAs)

The Round 2 Recompete, National Mail-Order Recompete, and Round 1 2017 contract periods

of performance expired December 31, 2018. Due to a delay, contracts will not be in effect January 1, 2019 – December 31, 2020, resulting in a gap in the CBP. During the gap period in the DMEPOS CBP, any Medicare enrolled DMEPOS supplier may furnish any DMEPOS item, including items that were formerly included in the CBP. In addition, payment for all items and services that were included in the CBP are based on the lower of the supplier's charge for the item or fee schedule amounts adjusted in accordance with Sections 1834(a)(1)(F) and 1842(s)(3)(B) of the Social Security Act. The fee schedules for items and services furnished in former CBAs are based on the SPAs in effect in the CBA on the last day before the CBP contract period of performance ended, increased by the projected percentage change in the CPI-U for the 12-month period on the date after the contract periods ended.

The fee schedule amounts increase once every 12 months on the anniversary date of the first day after the contract period ended with the CPI-U. For CY 2019, the fee schedule amounts for items furnished in areas that were CBAs as of December 31, 2018, adjust based on the Single Payment Amounts (SPAs) for each specific CBA, increased by the projected percentage change in the CPI-U of 2.5 percent for the 12-month period ending January 1, 2019. For CY 2020, the adjusted fee schedule amounts increase by the projected percentage change in the CPI-U of 2.4 percent for the 12-month period ending January 1, 2020.

The ZIP code associated with the address used for pricing a DMEPOS claim determines the rural fee schedule payment that applies for codes with rural and non-rural adjusted fee schedule amounts. The DMEPOS Rural ZIP code file contains the ZIP codes designated as rural areas. ZIP codes for non-continental MSA are not included in the DMEPOS Rural ZIP code file. The update to the DMEPOS Rural ZIP code file occurs on a quarterly basis as necessary. Regulations at Section 414.202 define a rural area to be a geographical area represented by a postal ZIP code where at least 50 percent of the total geographical area of the ZIP code is outside any MSA. A rural area also includes any ZIP Code within an MSA excluded from a competitive bidding area established for that MSA.

The ZIP code associated with the permanent address of the beneficiary determines applicability of the adjusted fee schedule amounts in former CBAs. During a gap in the CBP, a former CBA ZIP code file will contain the ZIP codes and the update will occur on a quarterly basis as necessary.

The following CY 2020 DMEPOS fee schedule and ZIP code Public Use Files (PUFs) will be available for State Medicaid Agencies, managed care organizations, and other interested parties shortly after the release of the above files on the CMS website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>.

1. DMEPOS Fee schedule PUF
2. DME PEN Fee schedule PUF
3. DMEPOS Rural ZIP code PUF
4. Former CBA Fee schedule PUF
5. Former CBA National Mail Order diabetic testing supply fee schedule PUF
6. Former CBA ZIP Code PUF

Regulations for Pricing New DMEPOS Items

Effective January 1, 2020, regulations on methodologies for establishing fees for new DMEPOS items are published in the CY 2020 End-Stage Renal Disease (ESRD)/ DMEPOS final rule, CMS-1713-F, which is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/End-Stage-Renal-Disease-ESRD-Payment-Regulations-and-Notices.html>.

CR 11570 KEY POINTS

New Codes Added

New DMEPOS codes added to the HCPCS file are effective January 1, 2020, where applicable. **You can not use the new codes for billing until they are effective on January 1, 2020.**

The HCPCS codes listed below are being added to the HCPCS effective January 1, 2020. The Common Working File (CWF) will add the following categories (in parentheses) and payment categories to its system as follows:

1. A4226 (60)
2. B4187 (09, 60) PEN
3. E0787 (60)
4. E2398 (60)
5. K1001 (60)
6. K1002 (60)
7. K1003 (60)
8. K1004 (67)
9. K1005 (60)
10. L2006 (60)
11. L8033 (03,60) PO

There are no fees added to the DMEPOS fee schedule file for new HCPCS codes effective January 1, 2020. The Medicare coverage and payment determinations for these items are made based on the discretion of the DME MACs and A/B MACs Part B processing claims for these items, until national Medicare coverage and payment guidelines have been established for these codes. The DME MACs and A/B MACs Part B will establish local fee schedule amounts to pay claims for the new codes when applicable, and pay in accordance with the payment rules associated with each payment determination (for example, an item determined to be an expensive item of DME that is reasonable and necessary and not otherwise excluded from coverage by statute, regulations, an National Coverage Determination (NCD) or program instructions, must be paid on a capped rental basis in accordance with regulations at CFR 414.229).

Gap-Filled DMEPOS Fees

Fee schedule amounts for new HCPCS codes for items and services without a fee schedule pricing history are established using existing fee schedule amounts for comparable items when items with existing fee schedule amounts are determined to be comparable to the new items

and services. CR 11570 also makes changes to the gap-fill and continuity of pricing instructions in Chapter 23, Sections 60.3 and 60.3.1 of the “Medicare Claims Processing Manual.”

For gap filling pricing purposes, before updating to the current year deflation factors apply. The deflation factors to apply to 2019 price information by payment category are:

- 0.427 for Oxygen
- 0.430 for Capped Rental
- 0.431 for Prosthetics and Orthotics
- 0.547 for Surgical Dressings
- 0.595 for Parental and Enteral Nutrition
- 0.912 for Splints and Casts
- 0.896 for Intraocular Lenses

Codes Deleted

Effective January 1, 2020, there are no deleted HCPCS codes from the DMEPOS fee schedule.

Therapeutic Shoe Modification Codes

CMS is also adjusting the fee schedule amounts for shoe modification codes A5503 through A5507 as part of this update in order to reflect more current allowed service data.

Section 1833(o)(2)(C) of the Act required that the payment amounts for shoe modification codes A5503 through A5507 be established in a manner that prevented a net increase in expenditures when substituting these items for therapeutic shoe insert codes (A5512 or A5513).

The base fees for codes A5512 and A5513 were weighted based on the approximated total allowed services for each code for items furnished during the second quarter of calendar year 2004 to establish the fee schedule amounts for the shoe modification codes.

For 2020, CMS is updating the weighted average insert fees used to establish the fee schedule amounts for the shoe modification codes with more current allowed service data for each insert code. For 2020, CMS weights the base fees for A5512 and A5513 based on the approximated total allowed services for each code for items furnished during the calendar year 2018. The revised fee schedule amounts for shoe modification codes A5503 through A5507 will reflect this change, effective January 1, 2020.

Diabetic Testing Supplies

The fee schedule amounts for non-mail order Diabetic Testing Supplies (DTS) (without KL modifier) for codes A4233, A4234, A4235, A4236, A4253, A4256, A4258, and A4259 are not updated by the annual covered item update. In accordance with Section 1834(a)(1)(H) of the Act, the fee schedule amounts for these codes were adjusted in CY 2013 so that they are equal to the SPAs for mail order DTS established in implementing the national mail order CBP under Section 1847 of the Act. Initial program instructions on these fees are available in Transmittal 2709, [CR 8325](#), dated May 17, 2013 and Transmittal 2661, [CR 8204](#), dated February 22, 2013. The National Mail-Order Recompete DTS SPAs are available at the following website: <https://www.dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home>.

The non-mail order DTS amounts on the fee schedule update each time there is an update to the single payment amounts. This can happen no less often than every time the mail order CBP contracts are recomputed. The National Mail Order Recompete CBP for mail order diabetic supplies was effective July 1, 2016, to December 31, 2018. As of January 1, 2020, payment for non-mail order diabetic supplies at the National Mail Order Recompete SPAs will continue in accordance with Section 1834(a)(1)(H) of the Act and these rates will remain in effect until new SPA rates are established under the national mail order program.

Effective January 1, 2020, there is an adjustment to the fee schedule amounts for mail order DTS (with KL modifier) using the methodology for areas that were formerly CBAs during periods when there is a temporary lapse in the CBP. The National Mail-Order Recompete DTS SPAs of December 31, 2018, are increased by the projected percentage change in the CPI-U for the 12-month period on the date after the contract periods ended.

The fee schedule amounts increase once every 12 months on the anniversary date of the first day after the contract period ended with the CPI-U. For dates of service between January 1, 2019, and December 31, 2019, the National Mail-Order Recompete SPAs change by the projected rate of 2.5 percent. For CY 2020, the adjusted CY 2019 mail order DTS updated fees change by the projected percentage change in the CPI-U of 2.4 percent for the 12-month period ending January 1, 2020. The national mail order adjusted fee schedule amounts will be used in paying mail order diabetic testing supply claims in all parts of the United States, including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and the American Samoa.

2020 Fee Schedule Update Factor of 0.9 Percent

For CY 2020, an update factor of 0.9 percent applies to certain DMEPOS fee schedule amounts. Fee schedule amounts that are adjusted using information from CBPs are not subject to the annual DMEPOS covered item update, but updated pursuant to the applicable adjustment methodologies outlined in 42 CFR Section 414.210(g).

In accordance with the statutory Sections 1834(a)(14) of the Act, certain DMEPOS fee schedule amounts change for 2020 by the percentage increase in the CPI for all urban consumers (United States city average). The CPI- U for the 12-month period ending June 30, 2019, adjusts due to the change in the economy-wide productivity equal to the 10-year moving average of changes in annual economy-wide private non-farm business multi-factor productivity (MFP). The MFP adjustment is 0.7 percent and the CPI- U percentage increase is 1.6 percent. Thus, the 1.6 percentage increase in the CPI-U decreases by 0.7 percentage increase in the MFP - a net increase of 0.9 percent for the update factor.

2020 Oxygen and Oxygen Equipment Fee Schedule Amounts

Consistent with the requirements set forth in Section 1834(a)(9)(D)(ii) of the Act, a budget neutrality offset must be applied to all oxygen payment classes and items including:

- Stationary oxygen equipment and oxygen contents (E0424, E0439, E1390, and E1391)
- Portable oxygen equipment add-on (E0431 and E0434)

- OGPE add-on (E0433, E1392, and K0738)
- Stationary contents (E0441 and E0442)
- Portable contents (E0443 and E0444) and
- Portable liquid contents for high flow patients (E0447)

For CY 2020, the offset percentage varies by geographic area and ranges from 7 to 10 percent in areas that are not former CBAs.

2020 Maintenance and Servicing Payment Amount for Certain Oxygen Equipment

Also updated for 2020 is the payment amount for maintenance and servicing for certain oxygen equipment. The payment for claims for maintenance and servicing of oxygen equipment is in Transmittal 635, [CR 6792](#), dated February 5, 2010 and Transmittal 717, [CR 6990](#), dated June 8, 2010.

To summarize, payment for maintenance and servicing of certain oxygen equipment can occur:

- Every 6 months beginning 6 months after the end of the 36th month of continuous use, or
- End of the supplier's or manufacturer's warranty, whichever is later for either HCPCS code E1390, E1391, E0433 or K0738, billed with the "MS" modifier

Payment can occur only once per beneficiary, for any 6-month period, regardless of the combination of oxygen concentrator equipment and/or transfilling equipment used by the beneficiary.

Per 42 CFR Section 414.210(e)(5)(iii), the 2010 maintenance and servicing fee for certain oxygen equipment was based on 10 percent of the average price of an oxygen concentrator. For CY 2011 and subsequent years, the maintenance and servicing fee is adjusted by the covered item update for DME as set forth in Section 1834(a)(14) of the Act. Thus, the 2019 maintenance and servicing fee is adjusted by the 0.9 percent MFP-adjusted covered item update factor to yield a CY 2020 maintenance and servicing fee of \$73.02 for oxygen concentrators and transfilling equipment.

2020 Update to the Labor Payment Rates

Included in Attachment A are the CY 2020 allowed payment amounts for HCPCS labor payment codes K0739, L4205 and L7520. Since the percentage increase in the CPI for all urban consumers (CPI- U) for the twelve-month period ending with June 30, 2019, is 1.6 percent, this change applies to the 2020 labor payment amounts to update the rates for CY 2020.

The 2020 labor payment amounts in the Table 1 (Attachment A in CR 11570) are effective for claims submitted using HCPCS codes K0739, L4205, and L7520 with dates of service from January 1, 2020 through December 31, 2020.

Table 1: 2020 Labor Payment Amounts

State	HCPCS K0739	HCPCS L4205	HCPCS L7520
AK	\$30.04	\$34.24	\$40.28
AL	\$15.95	\$23.77	\$32.28
AR	\$15.95	\$23.77	\$32.28
AZ	\$19.73	\$23.74	\$39.71
CA	\$24.48	\$39.02	\$45.47
CO	\$15.95	\$23.77	\$32.28
CT	\$26.64	\$24.30	\$32.28
DC	\$15.95	\$23.74	\$32.28
DE	\$29.36	\$23.74	\$32.28
FL	\$15.95	\$23.77	\$32.28
GA	\$15.95	\$23.77	\$32.28
HI	\$19.73	\$34.24	\$40.28
IA	\$15.95	\$23.74	\$38.63
ID	\$15.95	\$23.74	\$32.28
IL	\$15.95	\$23.74	\$32.28
IN	\$15.95	\$23.74	\$32.28
KS	\$15.95	\$23.74	\$40.28
KY	\$15.95	\$30.43	\$41.26
LA	\$15.95	\$23.77	\$32.28
MA	\$26.64	\$23.74	\$32.28
MD	\$15.95	\$23.74	\$32.28
ME	\$26.64	\$23.74	\$32.28
MI	\$15.95	\$23.74	\$32.28
MN	\$15.95	\$23.74	\$32.28
MO	\$15.95	\$23.74	\$32.28

State	HCPCS K0739	HCPCS L4205	HCPCS L7520
MS	\$15.95	\$23.77	\$32.28
MT	\$15.95	\$23.74	\$40.28
NC	\$15.95	\$23.77	\$32.28
ND	\$19.88	\$34.16	\$40.28
NE	\$15.95	\$23.74	\$45.00
NH	\$17.14	\$23.74	\$32.28
NJ	\$21.52	\$23.74	\$32.28
NM	\$15.95	\$23.77	\$32.28
NV	\$25.41	\$23.74	\$43.98
NY	\$29.36	\$23.77	\$32.28
OH	\$15.95	\$23.74	\$32.28
OK	\$15.95	\$23.77	\$32.28
OR	\$15.95	\$23.74	\$46.40
PA	\$17.14	\$24.46	\$32.28
PR	\$15.95	\$23.77	\$32.28
RI	\$19.02	\$24.48	\$32.28
SC	\$15.95	\$23.77	\$32.28
SD	\$17.83	\$23.74	\$43.15
TN	\$15.95	\$23.77	\$32.28
TX	\$15.95	\$23.77	\$32.28
UT	\$15.99	\$23.74	\$50.25
VA	\$15.95	\$23.74	\$32.28
VI	\$15.95	\$23.77	\$32.28
VT	\$17.14	\$23.74	\$32.28
WA	\$25.41	\$34.83	\$41.38
WI	\$15.95	\$23.74	\$32.28
WV	\$15.95	\$23.74	\$32.28

State	HCPCS K0739	HCPCS L4205	HCPCS L7520
WY	\$22.25	\$31.69	\$45.00

ADDITIONAL INFORMATION

The official instruction, CR11570, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r4487cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
April 12, 2021	We replaced article links with links to related CRs.
January 3, 2020	We revised this article to reflect an updated Change request (CR) that corrected the CY 2020 maintenance and servicing fee for certain oxygen equipment to \$73.02 in the CR's business requirement 11570.9. The transmittal number, CR release date and link to the transmittal also changed.
December 9, 2019	Initial article released.

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