



Medicare Benefit Policy Manual Update: DMEPOS Benefit Category Determinations

Related CR Release Date: June 13, 2024

MLN Matters Number: MM13651

Effective Date: January 1, 2024 - for 3 orthotic brace determinations; April 1, 2024 - for all other items, equipment and devices

Related Change Request (CR) Number: [CR 13651](#)

Related CR Transmittal Number: R12684BP

Implementation Date: July 15, 2024

Related CR Title: Manual Update Pub. 100-02 Medicare Benefit Policy, Chapter 15, Section 110.8 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Benefit Category Determinations

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

Action Needed

Make sure your billing staff knows about:

- Updates to Section 110.8, Medicare Benefit Policy Manual, [Chapter 15](#)
- Added DMEPOS items and their national benefit category determinations (BCDs)

Background

CR 13651 adds these DMEPOS items to the list of national BCDs in Chapter 15:

Updated DMEPOS Benefit Category Determinations

ITEM	Benefit Category Determination	Effective Date
Addition, Endoskeletal Knee-Shin System, Polycentric, Pneumatic Swing, and Stance Phase Control	Prosthetic (Artificial Leg)-Prosthetic endoskeletal knee-shin system that provides pneumatic swing and stance control.	4-1-24

ITEM	Benefit Category Determination	Effective Date
Addition to Lower Extremity, User Adjustable, Mechanical, Residual Limb Volume Management System	Prosthetic (Artificial Leg)-Added to a lower extremity prosthetic socket.	4-1-24
Adhesive clip applied to the skin to secure external electrical nerve stimulator controller	Prosthetic Supply-Supply used with Prosthetic Device	4-1-24
Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Orthotic (Leg Brace)-Lower body exoskeleton system worn to enable ambulation for user with disorders such as paralysis.	1-1-24
Complex Rehabilitative Power Wheelchair Accessory, Power Seat Elevation System, Any Type	DME--Component of a complex rehabilitative power wheelchair that raises and lowers a user while in a seated position to varying amounts of vertical height.	4-1-24
Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	No DMEPOS Benefit Category— Software applications (apps) are not devices, equipment, or supplies and do not fall under a DMEPOS benefit category.	4-1-24
Home Ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions	DME-- Assists with ventilation and cough stimulation and falls under the multi-function ventilator definition in 42 CFR section 414.222(f)(1).	4-1-24
Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	DME--Supply used with Durable Medical Equipment.	4-1-24
Mechanical Vibration Device for Massage Stimulation	No DMEPOS Benefit Category-- Mechanical vibration devices for massage stimulation are personal comfort items excluded from Medicare coverage by section 1862(a)(6) of the Social Security Act.	4-1-24

ITEM	Benefit Category Determination	Effective Date
Neuromodulation Stimulator System, adjunct to rehabilitation therapy regime	DME--Neuromodulation stimulator device designed to assist with gait deficit.	4-1-24
Neuromodulation Stimulator System, adjunct to rehabilitation therapy regime, mouthpiece	DME--Supply used with Durable Medical Equipment	4-1-24
Pessary, disposable, any type	Prosthetic Device--Pessary for temporary, nonsurgical management of pelvic organ prolapse in females.	4-1-24
Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Orthotic (Arm Brace)-Motorized, microprocessor controlled, elbow-wrist-hand device used for patients experiencing complications of stroke or other neurological/neuromuscular injury and illness.	1-1-24
Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Orthotic (Arm Brace)-Motorized, microprocessor controlled, elbow-wrist-hand-finger device used for patients experiencing complications of stroke or other neurological/neuromuscular injury and illness.	1-1-24
Rehab system with interactive Interface Providing Active Assistance in Rehabilitation Therapy, includes all components and accessories, motors, microprocessors, sensors	DME--Device provides rehabilitation to hand or foot.	4-1-24
Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated	Orthotic (Brace)	4-1-24
Transcutaneous tibial nerve stimulator	DME--Device performs transcutaneous tibial nerve stimulation.	4-1-24

ITEM	Benefit Category Determination	Effective Date
Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, include microprocessor, all components and accessories	DME--Device assists to facilitate muscle re-education.	4-1-24
Walker component for extra power to ambulate harder terrain outside the home, folding, adjustable or fixed height	No DMEPOS benefit category--Item assists with extra power to ambulate harder terrain outside the home (i.e. uphill, grassy field, longer distances). Item does not serve a medical purpose for use in the home.	4-1-24

For claims for items and services billed using HCPCS codes for miscellaneous DMEPOS items and services (For example: A9999, B9999, E1399, K0108, L3999), the MACs will determine if the item or service falls within 1 of the benefit categories for DMEPOS and whether or not the item or service is excluded from coverage per Section 1862 of the [Social Security Act](#) and other Medicare laws, regulations, and program instructions. These determinations are made on an individual, claim-by-claim basis.

More Information

We issued CR 13651 to your MAC as the official instruction for this change.

See the [2023 Second Biannual meeting information](#) for more details on these new DMEPOS BCDs.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
June 13, 2024	Initial article released.

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