| CMS Manual System | Department of Health & Human Services (DHHS) |
|---------------------------------------|---|
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 4200 | Date: January 11, 2019 |
| | Change Request 11085 |

SUBJECT: 2019 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

I. SUMMARY OF CHANGES: A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Part B Medicare Administrative Contractor (A/B MAC Part B) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. This Recurring Update Notification applies to Chapter 23, section 20.3.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: February 12, 2019

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 | 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:

Recurring Update Notification

Attachment - Recurring Update Notification

SUBJECT: 2019 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: February 12, 2019

I. GENERAL INFORMATION

- **A. Background:** A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MAC) and Part B Medicare Administrative Contractor (A/B MAC Part B) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. Changes in Chapter 23, section 20.3 of the Claims Processing Manual are reflected in the Recurring Update Notification.
- **B. Policy:** A Recurring Update Notification will be published annually to notify the DME MACs and the A/B MACs Part B that the list has been updated and is available on the CMS website. The jurisdiction list is an excel file and will be located at: http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html.

II. BUSINESS REQUIREMENTS TABLE

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

| Number | Requirement | Re | espo | nsil | bilit | y | | | | |
|---------|--|-----|------|-------|-------|-------------|------|---|-------|--|
| | | A/B | | D | | Sha | red- | | Other | |
| | | MAC | | MAC M | | I System | | | | |
| | | | | E | | Maintainers | | | ers | |
| | | A | В | Н | | F | M | V | C | |
| | | | | Н | M | I | C | M | W | |
| | | | | Н | A | S | S | S | F | |
| | | | | | C | S | | | | |
| 11085.1 | The DME MACs and the A/B MACs Part B shall | | X | | X | | | | | |
| | download the attached jurisdiction file. | | | | | | | | | |
| 11085.2 | The DME MACs and the A/B MACs Part B shall | | X | | X | | | | | |
| | adjudicate claims in accordance with the designations | | | | | | | | | |
| | indicated in the jurisdiction file update. | | | | | | | | | |
| 11085.3 | The DME MACs and the A/B MACs Part B shall | | X | | X | | | | | |
| | publish the attached jurisdiction file as part of this | | | | | | | | | |
| | provider education initiative. | | | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | | nsib | ility | | |
|---------|---|---------------|------|-------------|-------------|---|
| | | A/B D MAC M E | | C E D | | |
| | | A | В | H H H | M A C | Ι |
| 11085.4 | MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter. | | X | | X | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------------|--|
| | |

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

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr, Wendy.Knarr@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

NOTE: Deleted codes are valid for dates of service on or before the date of deletion.

NOTE: Updated codes are in bold.

NOTE: The jurisdiction list includes codes that are not payable by Medicare. Please consult the Medicare contractor in whose jurisdiction a claim would be filed in order to determine coverage under Medicare.

| NOTE: All Local | Carrier language has been changed | to Part B MAC |
|-----------------|---|---|
| HCPCS | DESCRIPTION | JURISDICTION |
| A0021 - A0999 | Ambulance Services | Part B MAC |
| A4206 - A4209 | Medical, Surgical, and Self- | Part B MAC if incident to a physician's |
| | Administered Injection | service (not separately payable). If other, |
| | Supplies | DME MAC. |
| A4210 | Needle Free Injection Device | DME MAC |
| A4211 | Medical, Surgical, and Self- | Part B MAC if incident to a physician's |
| | Administered Injection | service (not separately payable). If other, |
| | Supplies | DME MAC. |
| A4212 | Non Coring Needle or Stylet | Part B MAC |
| | with or without Catheter | |
| A4213 - A4215 | Medical , Surgical, and Self- | Part B MAC if incident to a physician's |
| | Administered Injection Supplies | service (not separately payable). If other, |
| | | DME MAC. |
| A4216 - A4218 | Saline | Part B MAC if incident to a physician's |
| | | service (not separately payable). If other, |
| | | DME MAC. |
| A4220 | Refill Kit for Implantable Pump | Part B MAC |
| A4221 - A4236 | Self-Administered Injection | DME MAC |
| | and Diabetic Supplies | |
| A4244 - A4250 | Medical, Surgical, and Self- | Part B MAC if incident to a physician's |
| | Administered Injection Supplies | service (not separately payable). If other, |
| | , | DME MAC. |
| A4252 - A4259 | Diabetic Supplies | DME MAC |
| | | |
| A4261 | Cervical Cap for Contraceptive | Part B MAC |
| | Use | |
| A4262 - A4263 | Lacrimal Duct Implants | Part B MAC |
| A4264 | Contraceptive Implant | Part B MAC |
| A4265 | Paraffin | Part B MAC if incident to a physician's |
| | | service (not separately payable). If other, |
| | | DME MAC. |
| A4266 - A4269 | Contraceptives | Part B MAC |
| A4270 | Endoscope Sheath | Part B MAC |
| A4280 | Accessory for Breast Prosthesis | DME MAC |
| A4281 - A4286 | Accessory for Breast Pump | DME MAC |
| A4290 | Sacral Nerve Stimulation Test Lead | |
| A4300 - A4301 | Implantable Catheter | Part B MAC |
| A4305 - A4306 | Disposable Drug Delivery | Part B MAC if incident to a physician's |
| 74300 - 74300 | System | service (not separately payable). If other, |
| | Cystem | DME MAC. |
| A4310 - A4358 | Incontinence Supplies/ | If provided in the physician's office for a |
| A4310 - A4330 | Urinary Supplies | temporary condition, the item is incident to |
| | Officery Supplies | the physician's service & billed to the Part B MAC. |
| | | |
| | | If provided in the physician's office |
| | | or other place of service for a permanent |
| | | condition, the item is a prosthetic device & |
| A 4000 A 440= | <u> </u> | billed to the DME MAC. |
| A4360 - A4435 | Urinary Supplies | If provided in the physician's office for a |
| | | temporary condition, the item is incident to the |
| | | physician's service & billed to the Part B MAC. |
| | | If provided in the physician's office |
| | | or other place of service for a permanent |
| | | condition, the item is a prosthetic device & |
| | - | - |

NOTE: Deleted codes are valid for dates of service on or before the date of deletion.

NOTE: Updated codes are in bold.

NOTE: The jurisdiction list includes codes that are not payable by Medicare. Please consult the Medicare contractor in whose jurisdiction a claim would be filed in order to determine coverage under Medicare.

| HCPCS | Carrier language has been changed DESCRIPTION | JURISDICTION |
|-----------------------|---|--|
| | | billed to the DME MAC. |
| A4450 - A4456 | Tape; Adhesive Remover | Part B MAC if incident to a physician's |
| 74450 | Tape, Adresive Nemover | service (not separately payable), or if supply for |
| | | implanted prosthetic device. If other, |
| | | DME MAC. |
| A4458-A4459 | Enema Bag/System | DME MAC |
| A4461-A4463 | Surgical Dressing Holders | Part B MAC if incident to a physician's |
| | green a vector green and | service (not separately payable). If other, |
| | | DME MAC. |
| | Non-elastic Binder and Garment, | DINE III (O. |
| A4465 - A4467 | Strap, Covering | DME MAC |
| A4470 | Gravlee Jet Washer | Part B MAC |
| A4480 | Vabra Aspirator | Part B MAC |
| A4481 | Tracheostomy Supply | Part B MAC if incident to a physician's |
| | | service (not separately payable). If other, |
| | | DME MAC. |
| A4483 | Moisture Exchanger | DME MAC |
| A4490 - A4510 | Surgical Stockings | DME MAC |
| A4520 | Diapers | DME MAC |
| A4550 | Surgical Trays | Part B MAC |
| A4553 - A4554 | Underpads | DME MAC |
| A4555 - A4558 | Electrodes; Lead Wires; Con- | Part B MAC if incident to a physician's |
| 744000 744000 | ductive Paste | service (not separately payable). If other, |
| | ductive i date | DME MAC. |
| A4559 | Coupling Gel | Part B MAC if incident to a physician's service |
| A4333 | Coupling Ger | (not separately payable). If other, DME MAC. |
| A4561 - A456 3 | Pessary; Vaginal Insert | Part B MAC |
| A4565-A4566 | Sling | Part B MAC |
| A4570 | Splint | Part B MAC |
| A4575 | Topical Hyperbaric Oxygen | DME MAC |
| A4373 | Chamber, Disposable | DIVIE MIAC |
| A4580 - A4590 | | Part B MAC |
| | Casting Supplies & Material | |
| A4595 | TENS Supplies | Part B MAC if incident to a physician's |
| | | service (not separately payable). If other, |
| A 4000 | 0, , , , , , , , , | DME MAC. |
| A4600 | Sleeve for Intermittent Limb | DME MAC |
| A 4004 A 4000 | Compression Device | 545440 |
| A4601-A4602 | Lithium Replacement Batteries | DME MAC |
| A4604 | Tubing for Positive Airway Pressure | DME MAC |
| | Device | |
| A4605 | Tracheal Suction Catheter | DME MAC |
| A4606 | Oxygen Probe for Oximeter | DME MAC |
| A4608 | Transtracheal Oxygen Catheter | DME MAC |
| A4611 - A4613 | Oxygen Equipment Batteries and | DME MAC |
| | Supplies | |
| A4614 | Peak Flow Rate Meter | Part B MAC if incident to a physician's |
| | San Figure Motor | service (not separately payable). If other, |
| | | DME MAC. |
| A4615 - A4629 | Oxygen & Tracheostomy Supplies | Part B MAC if incident to a physician's |
| 74010 - 74029 | Oxygen a Tracheostomy Supplies | · · |
| | | service (not separately payable). If other, |
| A 4 6 2 0 | DME Curalias | DME MAC |
| A4630 - A4640 | DME Supplies | DME MAC |
| A4641 - A4642 | Imaging Agent; Contrast Material | Part B MAC |

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| | Carrier language has been change | |
|-----------------------|----------------------------------|--|
| HCPCS | DESCRIPTION | JURISDICTION |
| A4648 | Tissue Marker, Implanted | Part B MAC |
| A4649 | Miscellaneous Surgical Supplies | Part B MAC if incident to a physician's |
| | | service (not separately payable), or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other, DME MAC. |
| A4650 | Implantable Radiation Dosimeter | Part B MAC |
| A4651 - A4932 | Supplies for ESRD | DME MAC (not separately payable) |
| A5051 - A5093 | Additional Ostomy Supplies | If provided in the physician's office for a |
| | | temporary condition, the item is incident to the |
| | | physician's service & billed to the Part B MAC. |
| | | If provided in the physician's office |
| | | or other place of service for a permanent |
| | | condition, the item is a prosthetic device & |
| | | billed to the DME MAC. |
| A5102 - A5200 | Additional Incontinence and | If provided in the physician's office for a |
| | Ostomy Supplies | temporary condition, the item is incident to the |
| | | physician's service & billed to the Part B MAC. |
| | | If provided in the physician's office |
| | | or other place of service for a permanent |
| | | condition, the item is a prosthetic device & |
| | | billed to the DME MAC. |
| A5500 - A551 4 | Therapeutic Shoes | DME MAC |
| A6000 | Non-Contact Wound Warming | DME MAC |
| | Cover | |
| A6010-A6024 | Surgical Dressing | Part B MAC if incident to a physician's |
| | | service (not separately payable) or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other, DME MAC. |
| A6025 | Silicone Gel Sheet | Part B MAC if incident to a physician's |
| | | service (not separately payable) or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other, DME MAC. |
| A6154 - A6411 | Surgical Dressing | Part B MAC if incident to a physician's |
| | | service (not separately payable) or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other, DME MAC. |
| A6412 | Eye Patch | Part B MAC if incident to a physician's |
| | | service (not separately payable) or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other, DME MAC. |
| A6413 | Adhesive Bandage | Part B MAC if incident to a physician's service (not |
| | | separately payable) or if supply for implanted |
| | | prosthetic device or implanted DME. If other, DME |
| A 0 4 4 4 4 5 6 4 = = | | MAC. |
| A6441 - A64 57 | Surgical Dressings | Part B MAC if incident to a physician's |
| | | service (not separately payable), or if supply |
| | | for implanted prosthetic device or implanted |
| 10406 1045 | <u> </u> | DME. If other, DME MAC. |
| A6460-A6461 | Surgical Dressing | Part B MAC |
| | | Part B MAC if incident to a physician's service |
| | | (not separately payable) or if supply for implanted |
| 40504 40540 | Constant D | prosthetic device or implanted DME. If other, |
| A6501-A6512 | Surgical Dressing | DME MAC |
| A6513 | Compression Burn Mask | DME MAC |

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NOTE: The jurisdiction list includes codes that are not payable by Medicare. Please consult the Medicare contractor in whose jurisdiction a claim would be filed in order to determine coverage under Medicare.

| NOTE: All Local Carrier language has been changed to Part B MAC | | | | | |
|---|------------------------------------|---|--|--|--|
| HCPCS | DESCRIPTION | JURISDICTION | | | |
| A6530 - A6549 | Compression Gradient Stockings | DME MAC | | | |
| A6550 | Supplies for Negative Pressure | DME MAC | | | |
| | Wound Therapy Electrical Pump | | | | |
| A7000 - A7002 | Accessories for Suction Pumps | DME MAC | | | |
| A7003 - A7039 | Accessories for Nebulizers, | DME MAC | | | |
| | Aspirators and Ventilators | | | | |
| A7040 - A7041 | Chest Drainage Supplies | Part B MAC | | | |
| A7044 - A7047 | Respiratory Accessories | DME MAC | | | |
| A7048 | Vacuum Drainage Supply | Part B MAC | | | |
| A7501-A7527 | Tracheostomy Supplies | DME MAC | | | |
| A8000-A8004 | Protective Helmets | DME MAC | | | |
| | | | | | |
| A9150 | Non-Prescription Drugs | Part B MAC | | | |
| A9152 - A9153 | Vitamins | Part B MAC | | | |
| A9155 | Artificial Saliva | Part B MAC | | | |
| A9180 | Lice Infestation Treatment | Part B MAC | | | |
| A9270 | Noncovered Items or Services | DME MAC | | | |
| A9272 | Disposable Wound Suction Pump | DME MAC | | | |
| | Hot Water Bottles, Ice Caps or | | | | |
| A9273 | Collars, and Heat and/or Cold | DME MAC | | | |
| A9274 - A9278 | Glucose Monitoring | DME MAC | | | |
| A9279 | Monitoring Feature/Device | DME MAC | | | |
| A9280 | Alarm Device | DME MAC | | | |
| A9281 | Reaching/Grabbing Device | DME MAC | | | |
| A9282 | Wig | DME MAC | | | |
| A9283 | Foot Off Loading Device | DME MAC | | | |
| A9284- A9286 | Non-electric Spirometer, Inversion | DME MAC | | | |
| | Devices and Hygienic Items | | | | |
| A9300 | Exercise Equipment | DME MAC | | | |
| A9500 - A9700 | Supplies for Radiology Procedures | Part B MAC | | | |
| A9900 | Miscellaneous DME Supply or | Part B MAC if used with implanted DME. If | | | |
| | Accessory | other, DME MAC. | | | |
| A9901 | Delivery | DME MAC | | | |
| A9999 | Miscellaneous DME Supply or | Part B MAC if used with implanted DME. If | | | |
| | Accessory | other, DME MAC. | | | |
| B4034 - B9999 | Enteral and Parenteral Therapy | DME MAC | | | |
| D0120 - D9999 | Dental Procedures | Part B MAC | | | |
| E0100 - E0105 | Canes | DME MAC | | | |
| E0110 - E0118 | Crutches | DME MAC | | | |
| E0130 - E0159 | Walkers | DME MAC | | | |
| E0160 - E0175 | Commodes | DME MAC | | | |
| E0181 - E0199 | Decubitus Care Equipment | DME MAC | | | |
| E0200 - E0239 | Heat/Cold Applications | DME MAC | | | |
| E0240 - E0248 | Bath and Toilet Aids | DME MAC | | | |
| E0249 | Pad for Heating Unit | DME MAC | | | |
| E0250 - E0304 | Hospital Beds | DME MAC | | | |
| E0305 - E0326 | Hospital Bed Accessories | DME MAC | | | |
| E0328 - E0329 | Pediatric Hospital Beds | DME MAC | | | |
| E0350 - E0352 | Electronic Bowel Irrigation System | DME MAC | | | |
| E0370 | Heel Pad | DME MAC | | | |
| E0371 - E0373 | Decubitus Care Equipment | DME MAC | | | |
| E0424 - E0484 | Oxygen and Related Respiratory | DME MAC | | | |
| | Equipment | | | | |
| E0485 - E0486 | Oral Device to Reduce Airway | DME MAC | | | |
| | | | | | |

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| NOTE: All Local | Carrier language has been changed | |
|-----------------|-------------------------------------|--|
| HCPCS | DESCRIPTION | JURISDICTION |
| | Collansibility | |
| E0487 | Collapsibility Floatric Spirameter | DME MAC |
| E0500 | Electric Spirometer IPPB Machine | DME MAC |
| E0550 - E0585 | | |
| | Compressors/Nebulizers | DME MAC |
| E0600 E0601 | Suction Pump CPAP Device | DME MAC DME MAC |
| | | |
| E0602 - E0604 | Breast Pump | DME MAC |
| E0605 | Vaporizer | DME MAC |
| E0606 | Drainage Board | DME MAC |
| E0607 | Home Blood Glucose Monitor | DME MAC |
| E0610 - E0615 | Pacemaker Monitor | DME MAC |
| E0616 | Implantable Cardiac Event | Part B MAC |
| | Recorder | |
| E0617 | External Defibrillator | DME MAC |
| E0618 - E0619 | Apnea Monitor | DME MAC |
| E0620 | Skin Piercing Device | DME MAC |
| E0621 - E0636 | Patient Lifts | DME MAC |
| E0637 - E0642 | Standing Devices/Lifts | DME MAC |
| E0650 - E0676 | Pneumatic Compressor and | DME MAC |
| | Appliances | |
| E0691 - E0694 | Ultraviolet Light Therapy Systems | DME MAC |
| E0700 | Safety Equipment | DME MAC |
| E0705 | Transfer Board | DME MAC |
| E0710 | Restraints | DME MAC |
| E0720 - E0745 | Electrical Nerve Stimulators | DME MAC |
| E0746 | EMG Device | Part B MAC |
| E0747 - E0748 | Osteogenic Stimulators | DME MAC |
| E0749 | Implantable Osteogenic Stimulators | Part B MAC |
| E0755- E0770 | Stimulation Devices | DME MAC |
| E0776 | IV Pole | DME MAC |
| E0779 - E0780 | External Infusion Pumps | DME MAC |
| E0781 | Ambulatory Infusion Pump | DME MAC |
| E0782 - E0783 | Infusion Pumps, Implantable | Part B MAC |
| E0784 | Infusion Pumps, Insulin | DME MAC |
| E0785 - E0786 | Implantable Infusion Pump | Part B MAC |
| | Catheter | |
| E0791 | Parenteral Infusion Pump | DME MAC |
| E0830 | Ambulatory Traction Device | DME MAC |
| E0840 - E0900 | Traction Equipment | DME MAC |
| E0910 - E0930 | Trapeze/Fracture Frame | DME MAC |
| E0935 - E0936 | Passive Motion Exercise Device | DME MAC |
| E0940 | Trapeze Equipment | DME MAC |
| E0941 | Traction Equipment | DME MAC |
| E0942 - E0945 | Orthopedic Devices | DME MAC |
| E0946 - E0948 | Fracture Frame | DME MAC |
| E0950 - E1298 | Wheelchairs | DME MAC |
| E1300 - E1310 | Whirlpool Equipment | DME MAC |
| E1352 - E1392 | Additional Oxygen Related | DME MAC |
| L 1332 - E 1332 | | DIVIL IVIAC |
| E1399 | Equipment Miscellaneous DME | Dart R MAC if implanted DME If other DME |
| ⊏ 399 | Miscellaneous DME | Part B MAC if implanted DME. If other, DME |
| E1406 E1406 | Additional Owner Faultage | MAC. |
| E1405 - E1406 | Additional Oxygen Equipment | DME MAC (not concretely negative) |
| E1500 - E1699 | Artificial Kidney Machines and | DME MAC (not separately payable) |

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NOTE: Updated codes are in bold.

NOTE: The jurisdiction list includes codes that are not payable by Medicare. Please consult the Medicare contractor in whose jurisdiction a claim would be filed in order to determine coverage under Medicare.

| | Carrier language has been changed | |
|--|---|---|
| HCPCS | DESCRIPTION | JURISDICTION |
| | Accessories | |
| E1700 - E1702 | TMJ Device and Supplies | DME MAC |
| E1800 - E1841 | Dynamic Flexion Devices | DME MAC |
| E1902 | Communication Board | DME MAC |
| E2000 | Gastric Suction Pump | DME MAC |
| E2100 - E2101 | Blood Glucose Monitors with | DME MAC |
| | Special Features | |
| | Pulse Generator for Tympanic | |
| E2120 | Treatment of Inner Ear | DME MAC |
| E2201 - E2397 | Wheelchair Accessories | DME MAC |
| E2402 | Negative Pressure Wound | DME MAC |
| | Therapy Pump | |
| E2500 - E2599 | Speech Generating Device | DME MAC |
| E2601 - E2633 | Wheelchair Cushions and Accessories | DME MAC |
| | | DME MAC |
| E8000 - E8002 G0008 - G00 67 | Gait Trainers Misc. Professional Services | DME MAC |
| | | Part B MAC |
| G0068-G0070 | Infusion Drug Professional Servic | |
| G0071 - G0329 | Misc. Professional Services | Part B MAC |
| G0333 | Dispensing Fee | DME MAC |
| G0337 - G0365 | Misc. Professional Services | Part B MAC |
| G0372 | Misc. Professional Services | Part B MAC |
| G0378 - G0490 | Misc. Professional Services | Part B MAC |
| G0491-G99 87 | | |
| J0120 - J 1094 | Injection | Part B MAC if incident to a physician's |
| | | service or used in an implanted infusion pump. |
| | | If other, DME MAC. |
| J1095 | Ophthalmic Drug | Part B MAC Part B MAC it incident to a physician's service or |
| | | used in an implanted infusion pump. |
| J1100-J2786 | Injection | If other, DME MAC. |
| J2787 | Ophthalmic Drug | Part B MAC |
| | - Francisco | Part B MAC if incident to a physician's service or |
| | | used in an implanted infusion pump. |
| J2788-J3570 | Injection | If other, DME MAC. |
| J3590 -J3591 | Unclassified Biologicals | Part B MAC |
| J7030 - J7131 | Miscellaneous Drugs and | Part B MAC if incident to a physician's |
| | Solutions | service or used in an implanted infusion pump. |
| | | If other, DME MAC. |
| J717 0- J7179 | Clotting Factors | Part B MAC |
| J7180 - J7195 | Antihemophilic Factor | Part B MAC |
| J7196 - J7197 | Antithrombin III | Part B MAC |
| J7198 | Anti-inhibitor; per I.U. | Part B MAC |
| J7199 - J7211 | Other Hemophilia Clotting Factors | Part B MAC |
| J7296 - J7307 | Contraceptives | Part B MAC |
| J7308 - J7309 | Aminolevulinic Acid HCL | Part B MAC |
| J7310 | Ganciclovir, Long-Acting Implant | Part B MAC |
| J7311 - J7316 | Ophthalmic Drugs | Part B MAC |
| J73 18 - J73 29 | Hyaluronan | Part B MAC |
| J7330 | Autologous Cultured Chondrocytes, | Part B MAC |
| | Implant | |
| J7336 | Capsaicin | Part B MAC |
| | | Part B MAC if incident to a physician's service or used |
| 17240 | Caubidans // dara | in an implanted infusion pump. |
| J7340 | Carbidopa/Levodopa | If other, DME MAC. |

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| HCPCS | Carrier language has been changed DESCRIPTION | JURISDICTION |
|--------------------------------|--|---|
| 110100 | Ciprofloxacin otic & | |
| J7342-J7345 | Topical Aminolevulinic Acid | Part B MAC |
| J7500 - J7599 | Immunosuppressive Drugs | Part B MAC if incident to a physician's |
| | | service or used in an implanted infusion pump. |
| | | If other, DME MAC. |
| J7604 - J7699 | Inhalation Solutions | Part B MAC if incident to a physician's |
| | | service. If other, DME MAC. |
| J7799 -J7999 | NOC Drugs, Other than | Part B MAC if incident to a physician's service or used in an implanted infusion pump. If |
| | Inhalation Drugs | other, DME MAC. |
| J8498 | Anti-emetic Drug | DME MAC |
| J8499 | Prescription Drug, Oral, Non | Part B MAC if incident to a physician's |
| | Chemotherapeutic | service. If other, DME MAC. |
| J8501 - J8999 | Oral Anti-Cancer Drugs | DME MAC |
| J9000 - J9999 | Chemotherapy Drugs | Part B MAC if incident to a physician's |
| | | service or used in an implanted infusion pump. |
| | | If other, DME MAC. |
| K0001 - K0108 | Wheelchairs | DME MAC |
| K0195 | Elevating Leg Rests | DME MAC |
| K0455 | Infusion Pump used for | DME MAC |
| | Uninterrupted Administration of | |
| | Epoprostenal | |
| K0462 | Loaner Equipment | DME MAC |
| | | |
| KOEES KOEGE | External Infusion Pump Supplies & Continuous Glucose Monitor | DME MAC |
| K0552 - K0605 K0606 - K0609 | | DME MAC |
| | Defibrillator Accessories | |
| K0669 K0672 | Wheelchair Cushion Soft Interface for Orthosis | DME MAC |
| | | DME MAC |
| K0730 | Inhalation Drug Delivery System | DME MAC |
| K0733 | Power Wheelchair Accessory | DME MAC |
| K0738 | Oxygen Equipment Repair or Nonroutine Service for | DME MAC |
| K0739 | DME Repair or Nonroutine Service for | Part B MAC if implanted DME. If other, DME MAC |
| K0740 | Oxygen Equipment | DME MAC |
| K0743 - K0746 | Suction Pump and Dressings | DME MAC |
| K0800 - K0899 | Power Mobility Devices | DME MAC |
| | Custom DME, other than | |
| K0900 | Wheelchair | DME MAC |
| L0112 - L4631 | Orthotics | DME MAC |
| L5000 - L5999 | Lower Limb Prosthetics | DME MAC |
| L6000 - L7499 | Upper Limb Prosthetics | DME MAC |
| L7510 - L7520 | Repair of Prosthetic Device | Part B MAC if repair of implanted prosthetic |
| | | device. If other, DME MAC. |
| L7600 - L8485 | Prosthetics | DME MAC |
| L8499 | Unlisted Procedure for | Part B MAC if implanted prosthetic device. |
| | Miscellaneous Prosthetic Services | If other, DME MAC. |
| L8500 - L8501 | Artificial Larynx; Tracheostomy | DME MAC |
| | Speaking Valve | |
| L8505 | Artificial Larynx Accessory | DME MAC |
| L8507 | Voice Prosthesis, Patient Inserted | DME MAC |
| | Voice Prosthesis, Inserted by a | Part B MAC for dates of service on or after |
| L8509 | Licensed Health Care Provider | 10/01/2010. DME MAC for dates of service prior to |
| L8510 | Voice Prosthesis | DME MAC |

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| 110 TE. All Edda Carrier language has been changed to rait b MAC | | | | |
|--|---------------------------|---|--|--|
| HCPCS | DESCRIPTION | JURISDICTION | | |
| | | Part B MAC if used with tracheoesophageal voice | | |
| | | prostheses inserted by a licensed health care provider. | | |
| L8511 - L8515 | Voice Prosthesis | If other, DME MAC | | |
| L8600 - L8699 | Prosthetic Implants | Part B MAC | | |
| L8701-L8702 | Assist Device | DME MAC | | |
| L9900 | Miscellaneous Orthotic or | Part B MAC if used with implanted prosthetic | | |
| | Prosthetic Component or | device. If other, DME MAC. | | |

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| | Carrier language has been changed | |
|--------------------------------------|-------------------------------------|--|
| HCPCS | DESCRIPTION | JURISDICTION |
| | Accessory | |
| M0075 - M 1071 | Medical Services | Part B MAC |
| P2028 - P9615 | Laboratory Tests | Part B MAC |
| Q0035 | Cardio-kymography | Part B MAC |
| Q0081 | Infusion Therapy | Part B MAC |
| Q0083 - Q0085 | Chemotherapy Administration | Part B MAC |
| Q0091 | Smear Preparation | Part B MAC |
| Q0092 | Portable X-ray Setup | Part B MAC |
| Q0111 - Q0115 | Miscellaneous Lab Services | Part B MAC |
| Q0138-Q0139 | Ferumoxytol Injection | Part B MAC |
| Q0144 | Azithromycin Dihydrate | Part B MAC if incident to a physician's service. If other, DME MAC. |
| Q0161 - Q0181 | Anti-emetic | DME MAC |
| Q0477 - Q0509 | Ventricular Assist Devices | Part B MAC |
| Q0510 - Q0514 | Drug Dispensing Fees | DME MAC |
| Q0515 | Sermorelin Acetate | Part B MAC |
| Q1004 - Q1005 | New Technology IOL | Part B MAC |
| Q2004 | Irrigation Solution | Part B MAC |
| Q2009 | Fosphenytoin | Part B MAC |
| Q2017 | Teniposide | Part B MAC |
| | | |
| Q2026-Q2028 | Injectable Dermal Fillers | Part B MAC |
| Q2034 - Q2039 | Influenza Vaccine | Part B MAC |
| Q204 1 -Q2043 | Cellular Immunotherapy | Part B MAC |
| Q2049-Q2050 | Doxorubicin | Part B MAC if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| Q2052 | IVIG Demonstration | DME MAC |
| Q3001 | Supplies for Radiology Procedures | Part B MAC |
| Q3014 | Telehealth Originating Site | Part B MAC |
| | Facility Fee | |
| Q3027 - Q3028 | Vaccines | Part B MAC |
| Q3031 | Collagen Skin Test | Part B MAC |
| Q4001 - Q4051 | Splints and Casts | Part B MAC |
| Q4074 | Inhalation Drug | Part B MAC if incident to a physician's |
| | | service. If other, DME MAC. |
| Q4081 | Epoetin | Part B MAC |
| Q4082 | Drug Subject to Competitive | Part B MAC |
| | Acquisition Program | |
| Q4100 - Q4 204 | Skin Substitutes | Part B MAC |
| Q5001 - Q5010 | Hospice Services | Part B MAC |
| Q5101- Q5111 Q9950 - Q9954 | Injection Imaging Agents | Part B MAC if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. Part B MAC |
| Q9955 - Q9957 | Microspheres | Part B MAC |
| Q9958 - Q99 83 | Imaging Agents & Radiology Supplies | Part B MAC |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|--|--|
| Q9991-Q9992 | Injection | Part B MAC if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| R0070 - R0076 | Diagnostic Radiology Services | Part B MAC |
| V2020 - V2025 | Frames | DME MAC |
| V2100 - V2513 | Lenses | DME MAC |
| V2520 - V2523 | Hydrophilic Contact Lenses | Part B MAC if incident to a physician's service. If other, DME MAC. |
| V2530 - V2531 | Contact Lenses, Scleral | DME MAC |
| V2599 | Contact Lens, Other Type | Part B MAC if incident to a physician's service. If other, DME MAC. |
| V2600 - V2615 | Low Vision Aids | DME MAC |
| V2623 - V2629 | Prosthetic Eyes | DME MAC |
| V2630 - V2632 | Intraocular Lenses | Part B MAC |
| V2700 - V2780 | Miscellaneous Vision Service | DME MAC |
| V2781 | Progressive Lens | DME MAC |
| V2782 - V2784 | Lenses | DME MAC |
| V2785 | ProcessingCorneal Tissue | Part B MAC |
| V2786 | Lens | DME MAC |
| V2787 - V2788 | Intraocular Lenses | Part B MAC |
| V2790 | Amniotic Membrane | Part B MAC |
| V2797 | Vision Supply | DME MAC |
| V2799 | Miscellaneous Vision Service | Part B MAC if supply for an implanted prosthetic device. If other, DME MAC |
| V5008 - V5299 | Hearing Services | Part B MAC |
| V5336 | Repair/Modification of Augmentative Communicative System or Device | DME MAC |
| V5362 - V5364 | Speech Screening | Part B MAC |