

<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 10019</b>	<b>Date: May 7, 2020</b>
	<b>Change Request 11635</b>

**Transmittal 2432, dated Month February 7, 2020, is being rescinded and replaced by Transmittal 10019, May 7, 2020, Year to revise attachment A, the policy section, business requirements 11635.3 through 11635.6.1, 11635.7.1 and 11635.8. All other information remains the same.**

**NOTE: This Transmittal is no longer sensitive and is being re-communicated May 05, 2020. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**SUBJECT: Payment Change for Wheelchair Accessories and Seat and Back Cushions used with Complex Rehabilitative Manual Wheelchairs and Certain Manual Wheelchairs under Section 106 of the Further Consolidated Appropriations Act, 2020**

**I. SUMMARY OF CHANGES:** This Change Request (CR) implements the usage of the KU modifier when submitted with Group 3 complex rehabilitative manual wheelchair accessories as instructed per Section 106 of the Further Consolidated Appropriations Act, 2020

**EFFECTIVE DATE: January 1, 2020**

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

**IMPLEMENTATION DATE: July 6, 2020**

*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: 10019	Date: May 7, 2020	Change Request: 11635
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## **I. GENERAL INFORMATION**

**A. Background:** Transmittal 4470, Change Request (CR) 11570, provided instructions regarding the 2020 annual update for the DMEPOS fee schedule. Legislation effective January 1, 2020 requires changes to the 2020 fee schedule amounts for certain items. This CR provides additional instructions regarding implementation of the 2020 fee schedule amounts based on changes mandated by Section 106 of the Further Consolidated Appropriations Act, 2020.

The Durable Medical Equipment, Prosthetics, Orthotics and Supplies (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 Section 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. Since January 2016, the adjusted fee schedule amounts for wheelchair accessories and seat and back cushions have appeared on the DMEPOS fee schedule file where applicable.

**B. Policy:** The new law, Section 106 of the Further Consolidated Appropriations Act, 2020, mandates that the adjusted fee schedule amounts are not be applied to wheelchair accessories and seat and back cushions furnished in connection with complex rehabilitative manual wheelchairs (as determined by the Secretary to be HCPCS codes K0005, E1161, E1231, E1232, E1233 and E1234), and certain manual wheelchairs (identified, as of October 1, 2018, by HCPCS codes E1235, E1236, E1237, E1238, and K0008 or any successor to such codes) during the period beginning on January 1, 2020, and ending on June 30, 2021. The codes for wheelchair accessories and seat and back cushions affected by this change are identified in Attachment A. Although this change is effective January 1, 2020, it is not being implemented until July 6, 2020. Until these changes are implemented, payment for these items used with certain manual wheelchairs will be based on the adjusted fee schedule amounts. Suppliers can submit claims for these items with dates of service on or after January 1, 2020, prior to July 6, 2020, but payment will be based on the adjusted fee schedule amounts. On or after July 6, 2020, suppliers can adjust previously paid claims with dates of service on or after January 1, 2020, for the corrected fee payment.

Suppliers shall use the following KU modifier for claims submitted on or after July 6, 2020, with dates of service on or after January 1, 2020, and before July 1, 2021, for any code listed in Attachment A describing a wheelchair accessory or seat or back cushion when furnished in connection with a complex rehabilitative

manual wheelchair and certain manual wheelchairs.

KU DMEPOS Item Subject to DMEPOS Competitive Bidding Program Number 3

The KU modifier must be reported to receive the unadjusted fee schedule amount. The unadjusted fee schedule amounts for the Attachment A wheelchair accessories and seat and back cushions used with a complex rehabilitative manual wheelchair and certain manual wheelchairs will be denoted by the KU modifier and included in the July 2020 DMEPOS fee schedule file.

Information on reprocessing claims with dates of service on or after January 1, 2020 and before July 6, 2020 will be provided on the CMS website as soon as it is available at: <https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center>

**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		
11635.1	Beginning July 6, 2020 through June 30, 2021, 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 2020 and the 2021 Change Requests for the Quarterly DMEPOS Fee Schedule Updates for instructions on downloading the fee schedule file.			X	X						
11635.2	Contractors shall use the current 2020 DMEPOS fee schedule payment amounts for claims submitted prior to the implementation of this instruction when furnished from January 1, 2020 through June 30, 2020.			X	X	X		X			
11635.3	Upon the implementation date of this instruction, for claims with dates of service on or after January 1, 2020 and through June 30, 2021, the contractors shall pay claims for the wheelchair accessory codes used with manual wheel chair base codes K0005, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, and K0008 when submitted with the KU pricing modifier at the fee schedule rate provided with the KU modifier in the 2020 and 2021 Quarterly DMEPOS fee schedule updates as applicable.			X	X	X		X			
11635.4	Upon the implementation date of this instruction, contractors shall adjust any previously submitted paid claims for manual wheelchair accessories, referenced in attachment A, with dates of service on or after			X	X						

Number	Requirement	Responsibility								
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other
		A	B			F I S S	M C S	V M S	C W F	
	January 1, 2020 through June 30, 2020, using the corrected DMEPOS fee schedule payment amount, when brought to their attention by the supplier.									
11635.5	Contractors shall allow the KU modifier to be reported on the claims with Dates of Service from January 1, 2020 through June 30, 2021 for the Attachment A accessories billed for use with the following manual wheelchairs (K0005, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238 and K0008).			X	X	X		X		
11635.6	Contractors shall validate that a manual wheelchair (HCPCS codes K0005, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, and K0008) is in the beneficiary file and return the claim to the provider when the following is true: <ul style="list-style-type: none"> <li>an accessory is billed with the KU modifier; AND</li> <li>the manual wheelchair is NOT on file.</li> </ul>			X	X	X		X		
11635.6.1	Contractors shall use the following messages when returning as unprocessable (for FISS RTP), or denying a claim that is billed with the KU modifier and the manual wheelchair is not on file: <p>Claim Adjustment Reason Code (CARC) 16: Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</p> <p>Remittance Advice Remark Code (RARC) M124: Missing indication of whether the patient owns the equipment that requires the part or supply.</p>			X	X					

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	<p>Claim Adjustment Group Code (CAGC) CO: Contractual Obligation</p> <p><b>NOTE:</b> apply the following MSN only when denying the claim:</p> <p>Medicare Summary Notice (MSN) MSN 8.24 - The claim doesn't show that you own the equipment requiring these parts or supplies.</p> <p>Medicare Summary Notice (MSN) MSN 8.24: La reclamación no demuestra que usted es dueño del equipo que necesita estas piezas o suministros.</p>										
11635.7	Contractors shall return the claim as unprocessable or deny to the provider when billed with the KU and KE modifier for dates of service beginning January 1, 2020 through June 30, 2021.			X	X	X		X			
11635.7.1	<p>Contractors shall use the following messages when returning the claims as unprocessable (for FISS RTP), or denying a claim billed with the KU and KE modifier for dates of service beginning January 1, 2020 through June 30, 2021:</p> <p>Claim Adjustment Reason Code (CARC) 4: The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Effective 03/01/2020.</p> <p>Remittance Advice Remark Code (RARC) N519: Invalid combination of HCPCS modifiers.</p> <p>Claim Adjustment Group Code (CAGC) CO: Contractual Obligation</p> <p><b>NOTE:</b> Apply the following MSN only when denying the claim:</p> <p>Medicare Summary Notice (MSN) MSN 9.4: This item or service was denied because information required to make payment was incorrect.</p> <p>Medicare Summary Notice (MSN) MSN 9.4: Este servicio fue denegado debido a que la información</p>			X	X						

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	requerida para hacer el pago fue incorrecta.										
11635.8	Contractors shall apply the KU fee schedules for Attachment A codes provided in separate 2020 DMEPOS fee schedule files.			X	X	X		X			

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	C E D I	I		
		A	B	H H H					
	None								

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Karen Jacobs, 410-786-2173 or karen.jacobs@cms.hhs.gov (For Policy Questions) , Bobbett Plummer, 410-786-3321 or bobbett.plummer@cms.hhs.gov (For Claims Processing Questions)

**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

HCPCS	Descriptor
E0705	Transfer Device
E0950	Tray
E0951	Loop heel
E0952	Toe loop/holder, each
E0953	W/c lateral thigh/knee sup
E0954	Foot box, any type each foot
E0955	Cushioned headrest
E0956	W/c lateral trunk/hip suppor
E0957	W/c medial thigh support
E0958	Whlchr att- conv 1 arm drive
E0959	Amputee adapter
E0960	W/c shoulder harness/straps
E0961	Wheelchair brake extension
E0966	Wheelchair head rest extensi
E0967	Manual wc hand rim w project
E0971	Wheelchair anti-tipping devi
E0973	W/Ch access det adj armrest
E0974	W/Ch access anti-rollback
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
E0992	Wheelchair solid seat insert
E0995	Wc calf rest, pad replacemnt
E1015	Shock absorber for man w/c
E1020	Residual limb support system
E1028	W/c manual swingaway
E1029	W/c vent tray fixed
E1030	W/c vent tray gimbaled
E1225	Manual semi-reclining back
E1226	Manual fully reclining back
E2201	Man w/ch acc seat w>=20"<24"
E2202	Seat width 24-27 in
E2203	Frame depth less than 22 in
E2204	Frame depth 22 to 25 in
E2205	Manual wc accessory, handrim
E2206	Man wc whl lock comp repl ea
E2207	Crutch and cane holder
E2208	Cylinder tank carrier
E2209	Arm trough each
E2210	Wheelchair bearings
E2211	Pneumatic propulsion tire
E2212	Pneumatic prop tire tube
E2213	Pneumatic prop tire insert
E2214	Pneumatic caster tire each

E2215	Pneumatic caster tire tube
E2216	Foam filled propulsion tire
E2217	Foam filled caster tire each
E2218	Foam propulsion tire each
E2219	Foam caster tire any size ea
E2220	Solid propuls tire, repl, ea
E2221	Solid caster tire repl, each
E2222	Solid caster integ whl, repl
E2224	Propulsion whl excl tire rep
E2225	Caster wheel excludes tire
E2226	Caster fork replacement only
E2228	Mwc acc, wheelchair brake
E2231	Solid seat support base
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
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	Hi mount flip-up footrest ea
K0038	Leg strap each

K0039	Leg strap h style each
K0040	Adjustable angle footplate
K0041	Large size footplate each
K0042	Standard size ftplate rep ea
K0043	Ftrst lowr exten tube rep ea
K0044	Ftrst upper hanger bracket
K0045	Ftrst upr hanger brac rep ea
K0046	Elev lgrst lwr exten repl ea
K0047	Elev legrst upr hangr rep ea
K0050	Ratchet assembly replacement
K0051	Cam rel asm ft/legrst rep ea
K0052	Swingaway detach ftrest repl
K0053	Elevate footrest articulate
K0056	Seat ht <17 or >=21 ltwc
K0065	Spoke protectors
K0069	Rr whl compl sol tire rep ea
K0070	Rr whl compl pne tire rep ea
K0071	Fr cstr comp pne tire rep ea
K0072	Fr cstr semi-pne tire rep ea
K0073	Caster pin lock each
K0077	Fr cstr asmb sol tire rep ea
K0105	Iv hanger
K0195	Elevating whlchair leg rests

