

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1037</b>	<b>Date: AUGUST 25, 2006</b>
	<b>Change Request 5255</b>

**SUBJECT: October Quarterly Update for 2006 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule**

**I. SUMMARY OF CHANGES:** The DMEPOS fee schedules are updated on a quarterly basis in order to implement fee schedule amounts for new codes and to revise any fee schedule amounts for existing codes that were calculated in error. The quarterly update process for the DMEPOS fee schedule is located in the Medicare Claims Processing Manual (Pub. 100-04), Chapter 23, Section 60. This recurring update notification provides specific instructions regarding the October quarterly update for the 2006 DMEPOS fee schedule.

**NEW / REVISED MATERIAL**

**EFFECTIVE DATE: \*October 1, 2006**

**IMPLEMENTATION DATE: October 2, 2006**

*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:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

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

# Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 1037	Date: August 25, 2006	Change Request 5255
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**SUBJECT: October Quarterly Update for 2006 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule**

## I. GENERAL INFORMATION

**A. Background:** The DMEPOS fee schedules are updated on a quarterly basis in order to implement fee schedule amounts for new codes, and to revise any fee schedule amounts for existing codes that were calculated in error. The quarterly updates process for the DMEPOS fee schedule is located in the Medicare Claims Processing Manual, Pub. 100-04, Chapter 23, Section 60.

**B. Policy:** This recurring update notification provides specific instructions regarding the October quarterly update for the 2006 DMEPOS fee schedule. Payment on a fee schedule basis is required for durable medical equipment (DME), prosthetic devices, orthotics, prosthetics, and surgical dressings by Section 1834(a), (h), and (i) of the Social Security Act. Payment on a fee schedule basis is required for parenteral and enteral nutrition (PEN) by regulations contained in 42 CFR 414.102.

Code K0738 (PORTABLE GASEOUS OXYGEN SYTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING) is added to the HCPCS on October 1, 2006, and is effective for claims with dates of service on or after October 1, 2006. This code is to be used for billing and payment for oxygen transfilling equipment used in the beneficiary's home to fill portable gaseous oxygen cylinders. CMS has calculated the fee schedule amounts for K0738 and these amounts are being added to the fee schedule as part of this update. The fee schedule amounts for code K0738 are equal to the current add-on fee schedule amounts for portable oxygen equipment.

The following codes are being added to the HCPCS on October 1, 2006, and are effective for claims with dates of service on or after October 1, 2006:

- K0800 POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0801 POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0802 POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0806 POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0807 POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0808 POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0812 POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
- K0813 POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND

- K0814 BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS  
POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR,  
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0815 POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK,  
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0816 POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT  
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0820 POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID  
SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0821 POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR,  
PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0822 POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT  
WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0823 POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT  
CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0824 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK,  
PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0825 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT  
WEIGHT CAPACTIY 301 TO 450 POUNDS
- K0826 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK,  
PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0827 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT  
WEIGHT CAPACITY 451 TO 600 POUNDS
- K0828 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK,  
PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0829 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR,  
PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0830 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID  
SEAT/BACK, PATIENT WEIGHT CAPACITY 126 TO 300 POUNDS
- K0831 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR,  
PATIENT WEIGHT CAPACITY 126 TO 300 POUNDS
- K0835 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION,  
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING  
300 POUNDS
- K0836 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS  
CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0837 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION,  
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0838 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION,  
CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0839 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION,  
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0840 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION,  
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0841 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION,  
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING

300 POUNDS

- K0842 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0843 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0848 POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0849 POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0850 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0851 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0852 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0853 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0854 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0855 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0856 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0857 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0858 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS
- K0859 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0860 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0861 POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0862 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0863 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0864 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0868 POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0869 POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT

- CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0870 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0871 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0877 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0878 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0879 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0880 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 450 TO 600 POUNDS
- K0884 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0885 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0886 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0890 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
- K0891 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
- K0898 POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
- K0899 POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA

CMS has calculated fee schedule amounts for the above codes, where applicable, and these fee schedule amounts are being added to the fee schedule as part of this update. Suppliers should use the above HCPCS codes for all new power wheelchair claims with dates of service on or after October, 1, 2006. For power wheelchairs furnished on a rental basis with dates of service prior to October 1, 2006, suppliers should continue to use the following codes, as appropriate:

- K0010 STANDARD – WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
- K0011 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL and BRAKING
- K0012 LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
- K0014 OTHER MOTORIZED/POWER WHEELCHAIR BASE

The fee schedule amounts for codes E2620 (Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 inches, Any Height, Including Any Type Mounting Hardware) and E2621 (Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware) are being revised to correct fee schedule assignment errors. The revised fees, effective for dates of service on or after January 1, 2006, are being added to the fee schedule as part of this update.

The fee schedules for HCPCS code L2232 (Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only) are added to the fee schedule file on October 1, 2006, and are effective for new claims with dates of service on or after January 1, 2005.

The fee schedules for HCPCS code E1238 (Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System) are being revised as part of this update to correct errors in calculation and are effective for dates of service on or after January 1, 2006.

The fee schedules for HCPCS code A7043 (Vacuum drainage bottle and tubing for use with implanted catheter) are being revised as part of this update to correct calculation errors and will be effective for dates of service on or after January 1, 2006.

The fee schedules for HCPCS code L8689 (External recharging system for implanted neurostimulator, replacement only) are being revised as part of this update to correct calculation errors and will be effective for dates of service on or after January 1, 2006. This code should only be used for external systems that recharge implanted batteries (i.e., external recharging of batteries that are inside the patient). Claims for replacements for other types of implanted neurostimulator battery charging systems should be submitted using code L8699.

Codes H0049 (ALCOHOL AND/OR DRUG SCREENING) and H0050 (ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES) are being added to the HCPCS on June 30, 2006, and will be available on January 1, 2007, for assignment by insurers in accordance with their programs and policies. The short descriptors and administrative fields for the above codes are as follows:

H0049 Alcohol/drug screening  
H0050 Alcohol/drug service 15 min

TOS = 9  
BETOS = Z2  
PRICING = 00  
COVERAGE = I

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*  
*"Should" denotes an optional requirement*

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)
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		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other (DME MACs)
						F I S S	M C S	V M S	C W F	
5255.1	DMERCs, DME MACs and local carriers shall retrieve the DMEPOS fee schedule file (filename: <a href="mailto:MU00.@BF12393.DMEPOS.T060101.V0830">MU00.@BF12393.DMEPOS.T060101.V0830</a> ) on or after September 6, 2006.			X	X					X
5255.1.1	Notification of successful receipt shall be sent via e-mail to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> stating the name of the file received and the entity for which they were received (e.g. carrier name and number).			X	X					X
5255.2	FIs and RHHIs shall retrieve the DMEPOS fee schedule file (filename: <a href="mailto:MU00.@BF12393.DMEPOS.T060101.V0830.FI">MU00.@BF12393.DMEPOS.T060101.V0830.FI</a> ) on or after September 6, 2006.	X	X							
5255.2.2	Notification of successful receipt shall be sent via e-mail to <a href="mailto:price_file_receipt@cms.hhs.gov">price_file_receipt@cms.hhs.gov</a> stating the name of the file received and the entity for which they were received (e.g. FI name and number).	X	X							
5255.3	Contractors shall use the 2006 DMEPOS fee schedule amounts from the DMEPOS fee schedule to pay claims with dates of service on or after January 1, 2006.	X	X	X	X					X
5255.4	DMERCs and DME MACs shall follow the instructions for submitting base fee schedule amounts located in Section 60, Chapter 23, of the Medicare Claims Processing Manual (Pub. 100-04). The base fees should be submitted as ASCII files to CMS central office by August 28, 2006.  The 2006 deflation factors for gap-filling purposes are: <ul style="list-style-type: none"> <li>.543 for Capped Rental DME (CR);</li> <li>.540 for Oxygen (OX);</li> <li>.545 for Inexpensive of Routinely Purchased DME (IN), Frequently Serviced DME (FS), Ostomy, Tracheostomy, or Urological Supply</li> </ul>				X					X

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other (DME MACs)
						F I S S	M C S	V M S	C W F	
	(OS), and Prosthetics and Orthotics (PO); <ul style="list-style-type: none"> <li>.691 for Surgical Dressings (SD); and</li> <li>.752 for Parenteral and Enteral Nutrition (PE).</li> </ul> These factors should also be used in establishing local fee schedule amounts for items for items for which fee schedule amounts have not yet been added to the DMEPOS or PEN fee schedule files or for items identified on claims submitted with HCPCS codes for miscellaneous items (e.g., E1399).									
5255.5	The HCPCS codes listed below are being added to the HCPCS on October 1, 2006, and shall be added to CWF categories 1 and 60: K0813 through K0816, K0820 through K0831, K0835 through K0843, K0848 through K0864, K0868 through K0871, K0877 through K0880, K0884 through K0886, K0890, K0891, K0898 and K0899								X	
5255.6	The HCPCS codes listed below are being added to the HCPCS on October 1, 2006, and shall be added to CWF categories 4 and 60: K0800 through K0802, K0806 through K0808, and K0812								X	
5255.7	HCPCS code K0738 is being added to the HCPCS on October 1, 2006, and shall be added to CWF categories 6 and 60.								X	
5255.8	Suppliers should be instructed to begin submitting HCPCS codes K0800 through K0802, K0806 through K0808, K0812 through K0816, K0820 through K0831, K0835 through K0843, K0848 through K0864, K0868 through K0871, K0877 through K0880, K0884 through K0886, K0890, K0891, K0898 and K0899, as appropriate, for all Power Mobility Device claims with dates of service on or after October				X				X	X



Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other (DME MACs)
						F I S S	M C S	V M S	C W F	
	1, 2006.									
5255.9	Power wheelchair claims with dates of service prior to October 1, 2006, shall use K0010, K0011, K0012, and K0014 as appropriate.				X				X	X
5255.10	DMERCs and DME MACs shall revise their claims processing systems to reject claims for K0010, K0011, K0012 and K0014 with dates of service on or after October 1, 2006, if the claims are for purchase of initial rental of the item.				X					X
5255.11	The DMERCs and DME MACs shall add K0738 to their claims processing system, effective for claims with dates of service on or after October 1, 2006: TOS=R BETOS=DIC POS=04,12,13,14,33,54,55,56 Coverage=C Pricing=33				X			X		X
5255.12	The DMERCs and DME MACs shall add the following Power Mobility Device HCPCS codes to their claims processing system, effective for claims with dates of service on or after October 1, 2006:  K0813 through K0816, K0820 through K0831, K0835 through K0843, K0848 through K0864, K0868 through K0871, K0877 through K0880, K0884 through K0886, K0890, K0891, K0898 and K0899  TOS= A,P,R BETOS=DID POS=04,12,13,14,33,54,55,56				X			X		X

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other (DME MACs)
						F I S S	M C S	V M S	C W F	
	Coverage=C Pricing=36									
5255.13	The DMERCs and DME MACs shall add the following Power Operated Vehicle HCPCS codes to their claims processing system, effective for claims with dates of service on or after October 1, 2006:  K0800 through K0802, K0806 through K0808, and K0812  TOS= A,P,R BETOS=DIE POS=04,12,13,14,33,54,55,56 Coverage=C Pricing=32				X			X	X	
5255.14	The DMERCs and DME MACs shall gap-fill base fee schedule amounts for each State in their region for HCPCS code L2232.				X				X	
5255.15	The DMERCs and DME MACs shall adjust previously processed claims for codes E2620 and E2621 with dates of service on or after January 1, 2006, if they are resubmitted as adjustments.				X				X	
5255.16	The Carriers shall adjust previously processed claims for code A7043 with dates of service on or after January 1, 2006, if they are resubmitted as adjustments.			X						
5255.17	The DMERCs and DME MACs shall adjust previously processed claims for code E1238 with dates of service on or after January 1, 2006, if they are resubmitted as adjustments.				X				X	

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other (DME MACs)
F I S S	M C S					V M S	C W F			
5255.18	The DMERCs and DME MACs shall coordinate to ensure consistency in products and sources used for gap-filling.				X					X
5255.19	The HCPCS Quarterly Update public use file, containing the long and short descriptors for all new codes, is available for downloading at <a href="http://www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp">www.cms.hhs.gov/HCPCSReleaseCodeSets/02_HCPCS_Quarterly_Update.asp</a> .	X	X	X	X					X
5255.20	The Carriers and FIs shall adjust previously processed claims for code L8689 with dates of service on or after January 1, 2006, if they are resubmitted as adjustments. Code L8689 should only be used for external systems that recharge implanted batteries (i.e., external recharging of batteries that are inside the patient). Claims for replacements for other types of implanted neurostimulator battery charging systems should be submitted using code L8699.	X		X						

### III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
	A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles">www.cms.hhs.gov/MLNMattersArticles</a> shortly after the CR is released. You will receive notification of the article release via the	X	X	X	X					X

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	<p>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 and incorporated into any educational events on this topic. 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.</p>								

**IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS**

**A. Other Instructions: N/A**

X-Ref Requirement #	Instructions

**B. Design Considerations: N/A**

X-Ref Requirement #	Recommendation for Medicare System Requirements

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

**V. SCHEDULE, CONTACTS, AND FUNDING**

<p><b>Effective Date:</b> *October 1, 2006</p> <p><b>Implementation Date:</b> October 2, 2006</p> <p><b>Pre- and Post-Implementation Contact(s):</b> Karen Jacobs (410) 786-2173 Joel Kaiser (410) 786-4499</p>	<p><b>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</b></p>
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