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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 3520 | Date: May 10, 2016 |
| | Change Request 9481 |

Transmittal 3432, dated December 31, 2015, is being rescinded and replaced by Transmittal 3520, dated May 10, 2016, to revise the jurisdiction for HCPCS E0781 to DME MAC only and to omit the local carrier jurisdiction for this code in the Attachment. All other information remains the same.

SUBJECT: 2016 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 MAC) and Part B Medicare Administrative Contractor (B MAC) 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, 2016

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

IMPLEMENTATION DATE: February 1, 2016

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

| | | | |
|-------------|-------------------|--------------------|----------------------|
| Pub. 100-04 | Transmittal: 3520 | Date: May 10, 2016 | Change Request: 9481 |
|-------------|-------------------|--------------------|----------------------|

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EFFECTIVE DATE: January 1, 2016

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IMPLEMENTATION DATE: February 1, 2016

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 (B MAC) 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 B MACs that the list has been updated and is available on the CMS Web site. The jurisdiction list is in 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 | Responsibility | | | | | | | | |
|--------|--|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | | D M E M A C | Shared- System Maintainers | | | | Other |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | |
| 9481.1 | The DME MACs and the B MACs shall download the attached jurisdiction file. | | X | | X | | | | | |
| 9481.2 | The DME MACs and the B MACs shall adjudicate claims in accordance with the designations indicated in the jurisdiction file update. | | X | | X | | | | | |
| 9481.3 | The DME MACs and the B MACs shall publish the attached jurisdiction file as part of this provider education initiative. | | X | | X | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|---|----------------|---|-------------|-------------|------------------|
| | | A/B MAC | | | D M E | C E D I |
| | | A | B | H H H | | |
| 9481.4 | MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. 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. | | 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

**Attachment A:
2016 Jurisdiction List for DMEPOS HCPCS Codes**

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 | DESCRIPTION | JURISDICTION |
|---------------|--|---|
| A0021 - A0999 | Ambulance Services | Local Carrier |
| A4206 - A4209 | Medical, Surgical, and Self-Administered Injection Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4210 | Needle Free Injection Device | DME MAC |
| A4211 | Medical, Surgical, and Self-Administered Injection Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4212 | Non Coring Needle or Stylet with or without Catheter | Local Carrier |
| A4213 - A4215 | Medical , Surgical, and Self-Administered Injection Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4216 - A4218 | Saline | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4220 | Refill Kit for Implantable Pump | Local Carrier |
| A4221 - A4250 | Medical, Surgical, and Self-Administered Injection Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4252 - A4259 | Diabetic Supplies | DME MAC |
| A4261 | Cervical Cap for Contraceptive Use | Local Carrier |
| A4262 - A4263 | Lacrimal Duct Implants | Local Carrier |
| A4264 | Contraceptive Implant | Local Carrier |
| A4265 | Paraffin | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4266 - A4269 | Contraceptives | Local Carrier |
| A4270 | Endoscope Sheath | Local Carrier |
| A4280 | Accessory for Breast Prosthesis | DME MAC |
| A4281 - A4286 | Accessory for Breast Pump | DME MAC |
| A4290 | Sacral Nerve Stimulation Test Lead | Local Carrier |
| A4300 - A4301 | Implantable Catheter | Local Carrier |
| A4305 - A4306 | Disposable Drug Delivery System | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|---|---|
| A4310 - A4358 | Incontinence Supplies/ 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 Local Carrier. 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. |
| 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 Local Carrier. 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. |
| A4450 - A4456 | Tape; Adhesive Remover | Local Carrier if incident to a physician's 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 | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4465 - A4466 | Non-elastic Binder and Elastic Garment | DME MAC |
| A4470 | Gravlee Jet Washer | Local Carrier |
| A4480 | Vabra Aspirator | Local Carrier |
| A4481 | Tracheostomy Supply | Local Carrier 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 | Local Carrier |
| A4554 | Disposable Underpads | DME MAC |
| A4555 - A4558 | Electrodes; Lead Wires; Con- ductive Paste | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4559 | Coupling Gel | Local Carrier if incident to a physician's service |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|---|--|
| | | (not separately payable). If other, DME MAC. |
| A4561 - A4562 | Pessary | Local Carrier |
| A4565 | Sling | Local Carrier |
| A4570 | Splint | Local Carrier |
| A4575 | Topical Hyperbaric Oxygen Chamber, Disposable | DME MAC |
| A4580 - A4590 | Casting Supplies & Material | Local Carrier |
| A4595 | TENS Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4600 | Sleeve for Intermittent Limb Compression Device | DME MAC |
| A4601-A4602 | Lithium Replacement Batteries | DME MAC |
| A4604 | Tubing for Positive Airway Pressure Device | DME MAC |
| 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 Supplies | DME MAC |
| A4614 | Peak Flow Rate Meter | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4615 - A4629 | Oxygen & Tracheostomy Supplies | Local Carrier if incident to a physician's service (not separately payable). If other, DME MAC. |
| A4630 - A4640 | DME Supplies | DME MAC |
| A4641 - A4642 | Imaging Agent; Contrast Material | Local Carrier |
| A4648 | Tissue Marker, Implanted | Local Carrier |
| A4649 | Miscellaneous Surgical Supplies | Local Carrier 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 | Local Carrier |
| 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 |

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|---------------|---|---|
| | | physician's service & billed to the Local Carrier. 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 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 Local Carrier. 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 - A5513 | Therapeutic Shoes | DME MAC |
| A6000 | Non-Contact Wound Warming Cover | DME MAC |
| A6010-A6024 | Surgical Dressing | Local Carrier 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 | Local Carrier 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 | Local Carrier 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 | Local Carrier 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 | Local Carrier if incident to a physician's service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other, DME MAC. |
| A6441 - A6512 | Surgical Dressings | Local Carrier if incident to a physician's service (not separately payable), or if supply for implanted prosthetic device or implanted |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|--|--|
| | | DME. If other, DME MAC. |
| A6513 | Compression Burn Mask | DME MAC |
| A6530 - A6549 | Compression Gradient Stockings | DME MAC |
| A6550 | Supplies for Negative Pressure Wound Therapy Electrical Pump | DME MAC |
| A7000 - A7002 | Accessories for Suction Pumps | DME MAC |
| A7003 - A7039 | Accessories for Nebulizers, Aspirators and Ventilators | DME MAC |
| A7040 - A7041 | Chest Drainage Supplies | Local Carrier |
| A7044 - A7047 | Respiratory Accessories | DME MAC |
| A7048 | Vacuum Drainage Supply | Local Carrier |
| A7501-A7527 | Tracheostomy Supplies | DME MAC |
| A8000-A8004 | Protective Helmets | DME MAC |
| A9150 | Non-Prescription Drugs | Local Carrier |
| A9152 - A9153 | Vitamins | Local Carrier |
| A9155 | Artificial Saliva | Local Carrier |
| A9180 | Lice Infestation Treatment | Local Carrier |
| A9270 | Noncovered Items or Services | DME MAC |
| A9272 | Disposable Wound Suction Pump | DME MAC |
| A9273 | Hot Water Bottles, Ice Caps or Collars, and Heat and/or Cold Wraps | 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 | Non-electric Spirometer | DME MAC |
| A9300 | Exercise Equipment | DME MAC |
| A9500 - A9700 | Supplies for Radiology Procedures | Local Carrier |
| A9900 | Miscellaneous DME Supply or Accessory | Local Carrier if used with implanted DME. If other, DME MAC. |
| A9901 | Delivery | DME MAC |
| A9999 | Miscellaneous DME Supply or Accessory | Local Carrier if used with implanted DME. If other, DME MAC. |
| B4034 - B9999 | Enteral and Parenteral Therapy | DME MAC |
| D0120 - D9999 | Dental Procedures | Local Carrier |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|---|---------------------|
| E0100 - E0105 | Canes | DME MAC |
| E0110 - E0118 | Crutches | DME MAC |
| E0130 - E0159 | Walkers | DME MAC |
| E0160 - E0175 | Commodos | 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 Equipment | DME MAC |
| E0485 - E0486 | Oral Device to Reduce Airway Collapsibility | DME MAC |
| E0487 | Electric Spirometer | DME MAC |
| E0500 | IPPB Machine | DME MAC |
| E0550 - E0585 | Compressors/Nebulizers | DME MAC |
| E0600 | Suction Pump | DME MAC |
| E0601 | CPAP Device | 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 Recorder | Local Carrier |
| 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 Appliances | DME MAC |
| E0691 - E0694 | Ultraviolet Light Therapy Systems | DME MAC |

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| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|--|--|
| E0700 | Safety Equipment | DME MAC |
| E0705 | Transfer Board | DME MAC |
| E0710 | Restraints | DME MAC |
| E0720 - E0745 | Electrical Nerve Stimulators | DME MAC |
| E0746 | EMG Device | Local Carrier |
| E0747 - E0748 | Osteogenic Stimulators | DME MAC |
| E0749 | Implantable Osteogenic Stimulators | Local Carrier |
| 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 | Local Carrier |
| E0784 | Infusion Pumps, Insulin | DME MAC |
| E0785 - E0786 | Implantable Infusion Pump Catheter | Local Carrier |
| 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 Equipment | DME MAC |
| E1399 | Miscellaneous DME | Local Carrier if implanted DME. If other, DME MAC. |
| E1405 - E1406 | Additional Oxygen Equipment | DME MAC |
| E1500 - E1699 | Artificial Kidney Machines and Accessories | DME MAC (not separately payable) |
| 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 |

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| HCPCS | DESCRIPTION | JURISDICTION |
|----------------------|---|---|
| | Special Features | |
| E2120 | Pulse Generator for Tympanic Treatment of Inner Ear | DME MAC |
| E2201 - E2397 | Wheelchair Accessories | DME MAC |
| E2402 | Negative Pressure Wound Therapy Pump | DME MAC |
| E2500 - E2599 | Speech Generating Device | DME MAC |
| E2601 - E2633 | Wheelchair Cushions and Accessories | DME MAC |
| E8000 - E8002 | Gait Trainers | DME MAC |
| G0008 - G0329 | Misc. Professional Services | Local Carrier |
| G0333 | Dispensing Fee | DME MAC |
| G0337 - G0365 | Misc. Professional Services | Local Carrier |
| G0372 | Misc. Professional Services | Local Carrier |
| G0378 - G9677 | Misc. Professional Services | Local Carrier |
| J0120 - J3570 | Injection | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| J3590 | Unclassified Biologicals | Local Carrier |
| J7030 - J7131 | Miscellaneous Drugs and Solutions | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| J7178 | Fibrinogen | Local Carrier |
| J7180 - J7195 | Antihemophilic Factor | Local Carrier |
| J7196 - J7197 | Antithrombin III | Local Carrier |
| J7198 | Anti-inhibitor; per I.U. | Local Carrier |
| J7199 - J7205 | Other Hemophilia Clotting Factors | Local Carrier |
| J7297 - J7307 | Contraceptives | Local Carrier |
| J7308 - J7309 | Aminolevulinic Acid HCL | Local Carrier |
| J7310 | Ganciclovir, Long-Acting Implant | Local Carrier |
| J7311 - J7316 | Ophthalmic Drugs | Local Carrier |
| J7321 - J7328 | Hyaluronan | Local Carrier |
| J7330 | Autologous Cultured Chondrocytes, Implant | Local Carrier |
| J7336 | Capsaicin | Local Carrier |
| J7340 | Carbidopa/Levodopa | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |

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| J7500 - J7599 | Immunosuppressive Drugs | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| J7604 - J7699 | Inhalation Solutions | Local Carrier if incident to a physician's service. If other, DME MAC. |
| J7799 - J7999 | NOC Drugs , Other than Inhalation Drugs | Local carrier if incident to a physician's service or used in an implanted infusion pump . If other, DME MAC. |
| J8498 | Anti-emetic Drug | DME MAC |
| J8499 | Prescription Drug, Oral, Non Chemotherapeutic | Local carrier if incident to a physician's service. If other, DME MAC. |
| J8501 - J8999 | Oral Anti-Cancer Drugs | DME MAC |
| J9000 - J9999 | Chemotherapy Drugs | Local Carrier 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 Uninterrupted Administration of Epoprostenal | DME MAC |
| K0462 | Loaner Equipment | DME MAC |
| K0552 | External Infusion Pump Supplies | DME MAC |
| K0601 - K0605 | External Infusion Pump Batteries | DME MAC |
| K0606 - K0609 | Defibrillator Accessories | DME MAC |
| K0669 | Wheelchair Cushion | DME MAC |
| K0672 | Soft Interface for Orthosis | DME MAC |
| K0730 | Inhalation Drug Delivery System | DME MAC |
| K0733 | Power Wheelchair Accessory | DME MAC |
| K0738 | Oxygen Equipment | DME MAC |
| K0739 | Repair or Nonroutine Service for DME | Local Carrier if implanted DME. If other, DME MAC |
| K0740 | Repair or Nonroutine Service for Oxygen Equipment | DME MAC |
| K0743 - K0746 | Suction Pump and Dressings | DME MAC |
| K0800 - K0899 | Power Mobility Devices | DME MAC |
| K0900 | Custom DME, other than Wheelchair | DME MAC |
| K0901-K0902 | Knee Orthoses | DME MAC |
| L0112 - L4631 | Orthotics | DME MAC |

**Attachment A:
2016 Jurisdiction List for DMEPOS HCPCS Codes**

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 | DESCRIPTION | JURISDICTION |
|---------------|---|--|
| L5000 - L5999 | Lower Limb Prosthetics | DME MAC |
| L6000 - L7499 | Upper Limb Prosthetics | DME MAC |
| L7510 - L7520 | Repair of Prosthetic Device | Local Carrier if repair of implanted prosthetic device. If other, DME MAC. |
| L7600 | Prosthetic Donning Sleeve | DME MAC |
| L7900-L7902 | Vacuum Erection System | DME MAC |
| L8000 - L8485 | Prosthetics | DME MAC |
| L8499 | Unlisted Procedure for Miscellaneous Prosthetic Services | Local Carrier if implanted prosthetic device. If other, DME MAC. |
| L8500 - L8501 | Artificial Larynx; Tracheostomy Speaking Valve | DME MAC |
| L8505 | Artificial Larynx Accessory | DME MAC |
| L8507 | Voice Prosthesis, Patient Inserted | DME MAC |
| L8509 | Voice Prosthesis, Inserted by a Licensed Health Care Provider | Local Carrier for dates of service on or after 10/01/2010. DME MAC for dates of service prior to 10/01/2010 |
| L8510 | Voice Prosthesis | DME MAC |
| L8511 - L8515 | Voice Prosthesis | Local Carrier if used with tracheoesophageal voice prostheses inserted by a licensed health care provider. If other, DME MAC |
| L8600 - L8699 | Prosthetic Implants | Local Carrier |
| L9900 | Miscellaneous Orthotic or Prosthetic Component or Accessory | Local Carrier if used with implanted prosthetic device. If other, DME MAC. |
| M0075 - M0301 | Medical Services | Local Carrier |
| P2028 - P9615 | Laboratory Tests | Local Carrier |
| Q0035 | Influenza Vaccine; Cardiomography | Local Carrier |
| Q0081 | Infusion Therapy | Local Carrier |
| Q0083 - Q0085 | Chemotherapy Administration | Local Carrier |
| Q0091 | Smear Preparation | Local Carrier |
| Q0092 | Portable X-ray Setup | Local Carrier |
| Q0111 - Q0115 | Miscellaneous Lab Services | Local Carrier |
| Q0138-Q0139 | Ferumoxylol Injection | Local Carrier |
| Q0144 | Azithromycin Dihydrate | Local Carrier if incident to a physician's service. If other, DME MAC. |
| Q0161 - Q0181 | Anti-emetic | DME MAC |
| Q0478 - Q0509 | Ventricular Assist Devices | Local Carrier |
| Q0510 - Q0514 | Drug Dispensing Fees | DME MAC |

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| HCPCS | DESCRIPTION | JURISDICTION |
|----------------------|---|---|
| Q0515 | Sermorelin Acetate | Local Carrier |
| Q1004 - Q1005 | New Technology IOL | Local Carrier |
| Q2004 | Irrigation Solution | Local Carrier |
| Q2009 | Fosphenytoin | Local Carrier |
| Q2017 | Teniposide | Local Carrier |
| Q2026-Q2028 | Injectable Dermal Fillers | Local Carrier |
| Q2034 - Q2039 | Influenza Vaccine | Local Carrier |
| Q2043 | Sipuleucel-T | Local Carrier |
| Q2049-Q2050 | Doxorubicin | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| Q3001 | Supplies for Radiology Procedures | Local Carrier |
| Q3014 | Telehealth Originating Site Facility Fee | Local Carrier |
| Q3027 - Q3028 | Vaccines | Local Carrier |
| Q3031 | Collagen Skin Test | Local Carrier |
| Q4001 - Q4051 | Splints and Casts | Local Carrier |
| Q4074 | Inhalation Drug | Local Carrier if incident to a physician's service. If other, DME MAC. |
| Q4081 | Epoetin | Local Carrier |
| Q4082 | Drug Subject to Competitive Acquisition Program | Local Carrier |
| Q4100 - Q4165 | Skin Substitutes | Local Carrier |
| Q5001 - Q5010 | Hospice Services | Local Carrier |
| Q5101 | Injection | Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, DME MAC. |
| Q9950 - Q9954 | Imaging Agents | Local Carrier |
| Q9955 - Q9957 | Microspheres | Local Carrier |
| Q9958 - Q9969 | Imaging Agents | Local Carrier |
| Q9980 | Hyaluronan | Local Carrier |
| R0070 - R0076 | Diagnostic Radiology Services | Local Carrier |
| V2020 - V2025 | Frames | DME MAC |
| V2100 - V2513 | Lenses | DME MAC |
| V2520 - V2523 | Hydrophilic Contact Lenses | Local Carrier if incident to a physician's |

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|---------------|--|--|
| | | service. If other, DME MAC. |
| V2530 - V2531 | Contact Lenses, Scleral | DME MAC |
| V2599 | Contact Lens, Other Type | Local Carrier 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 | Local Carrier |
| V2700 - V2780 | Miscellaneous Vision Service | DME MAC |
| V2781 | Progressive Lens | DME MAC |
| V2782 - V2784 | Lenses | DME MAC |
| V2785 | Processing--Corneal Tissue | Local Carrier |
| V2786 | Lens | DME MAC |
| V2787 - V2788 | Intraocular Lenses | Local Carrier |
| V2790 | Amniotic Membrane | Local Carrier |
| V2797 | Vision Supply | DME MAC |
| V2799 | Miscellaneous Vision Service | DME MAC |
| V5008 - V5299 | Hearing Services | Local Carrier |
| V5336 | Repair/Modification of Augmentative Communicative System or Device | DME MAC |
| V5362 - V5364 | Speech Screening | Local Carrier |