
CMS Manual System

Pub. 100-20 One-Time Notification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 44

Date: JANUARY 23, 2004

CHANGE REQUEST 3029

I. SUMMARY OF CHANGES: This corrects instructions contained in Change Request 2746.

NEW/REVISED MATERIAL - EFFECTIVE DATE: April 1, 2004

***IMPLEMENTATION DATE:** April 1, 2004

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.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

One-Time Notification

Pub. 100-20	Transmittal: 44	Date: January 23, 2004	Change Request 3029
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SUBJECT: Correction—CWF Edits for Inserts for Therapeutic Shoes

I. GENERAL INFORMATION

This instruction corrects Change Request (CR) 2746, Publication 100-20, Transmittal 7.

A. Background:

Medicare has limits on how many inserts for therapeutic shoes it will pay for in a calendar year. It has come to CMS' attention that the limits are not being applied in the claims processing system to two items represented by the Healthcare Common Procedure Coding System (HCPCS) codes K0628 and K0629.

Previously, CMS issued instructions to apply these limits to HCPCS codes A5509 and A5511 in CR 2746. However, CMS has subsequently learned that K0628 and K0629 will replace A5509 and A5511 effective April 1, 2004. Therefore, we are issuing these instructions to supercede CR 2746.

B. Policy:

For each individual, coverage of the footwear and inserts is limited to one of the following within one calendar year:

- o No more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts; or

- o No more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes).

Nothing in this notification changes existing coverage policy regarding therapeutic shoes and inserts. It simply adds K0628 and K0629 to existing diabetic shoe edits.

C. Provider Education: None.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3029.1	For claims with dates of service on or after April 1, 2004, the Common Working File	CWF

	(CWF) shall add HCPCS code K0628 to existing edits to ensure Medicare payment is not made for more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts per beneficiary per calendar year.	
3029.2	For claims with dates of service on or after April 1, 2004, the Common Working File (CWF) shall add HCPCS code K0628 to existing edits to ensure Medicare payment is not made for more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes) per beneficiary per calendar year.	CWF
3029.3	For claims with dates of service on or after April 1, 2004, the Common Working File (CWF) shall add HCPCS code K0629 to existing edits to ensure that Medicare payment is not made for more than one pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts per beneficiary per calendar year.	CWF
3029.4	For claims with dates of service on or after April 1, 2004, the Common Working File (CWF) shall add HCPCS code K0629 to existing edits to ensure that Medicare payment is not made for more than one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes) per beneficiary per calendar year.	CWF
3029.5	This notification supersedes CR 2746.	CWF/DMERCs

III. SUPPORTING INFORMATION & 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

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: April 1, 2004</p> <p>Implementation Date: April 1, 2004</p> <p>Pre-Implementation Contact(s): appropriate regional office</p> <p>Post-Implementation Contact(s): Appropriate regional office</p>	<p>These instructions should be implemented within your current operating budget.</p>
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