CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 179 Date: MAY 14, 2004

CHANGE REQUEST 3289

I. SUMMARY OF CHANGES: Codes E0176, E0177, E0178, E0179, E0192, E0962, E0963, E0964, E0965, E1012, E1013, K0023, K0024 and K0114 will be invalid for submission to Medicare on or after July 1, 2004. A 90-day (September 30, 2004) grace period shall be allowed for these codes.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2004 *IMPLEMENTATION DATE: July 6, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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: (R = REVISED, N = NEW, D = DELETED)

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
	One-Time Notification
\mathbf{X}	Recurring Update Notification

^{*}Medicare contractors only

Recurring Update Notification

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SUBJECT: Clarification to CR 3069 - New "K" Codes for Wheelchair Cushions

I. GENERAL INFORMATION

- **A.** Background: Twenty new "K" codes have been established for wheelchair cushions.
- **B. Policy:** Effective July 1, 2004, the following codes will be added to the system:
- K0650 General use wheelchair seat cushion, width less than 22 inches, any depth Short Descriptor: Gen w/c cushion width < 22"
- K0651 General use wheelchair seat cushion, width 22 inches or greater, any depth Short Descriptor: Gen w/c cushion width > 22"
- K0652 Skin protection wheelchair seat cushion, width less than 22 inches, any depth Short Descriptor: Skin protect w/c cush width < 22"
- K0653 Skin protection wheelchair seat cushion, width 22 inches or greater, any depth Short Descriptor: Skin protect w/c cush width > 22"
- K0654 Positioning wheelchair seat cushion, width less than 22 inches, any depth Short Descriptor: Position w/c cush width < 22"
- K0655 Positioning wheelchair seat cushion, width 22 inches or greater, any depth Short Descriptor: Position w/c cush width > 22"
- K0656 Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
 Short Descriptor: Skin protect w/c cush width < 22"
- K0657 Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
 Short Descriptor: Skin protect w/c cush width > 22"
- K0658 Custom fabricated wheelchair seat cushion, any size Short Descriptor: Custom fabricated w/c cushion
- K0659 Wheelchair seat cushion powered Short Descriptor: Powered w/c cushion
- K0660 General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
 Short Descriptor: Gen use back cushion width < 22"
- K0661 General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware

 Short Descriptor: Gen use back cushion width > 22"
- K0662 Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware

 Short Descriptor: Position back cushion width < 22"
- K0663 Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware Short Descriptor: Position back cushion width > 22"

- K0664 Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
 Short Descriptor: Position back post/lat width < 22"
 K0665 Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater,
- K0665 Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater, any height, including any type mounting hardware Short Descriptor: Position back post/lat width > 22"
- K0666 Custom fabricated wheelchair back cushion, any size, including any type mounting hardware

 Short Descriptor: Custom fab w/c back cushion
- K0667 Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base Short Descriptor: Mount hardware man or light power w/c
- K0668 Replacement cover for wheelchair seat cushion or back cushion, each Short Descriptor: Replacement cover w/c seat cush
- K0669 Wheelchair seat or back cushion, no written coding verification from SADMERC Short Descriptor: W/c seat/back no CVR SADMERC
- **C. Provider Education:** DMERCs shall inform affected providers by posting either a summary or relevant portions of this document on their Web site within 4 weeks. Also, DMERCs shall publish this same information in their next regularly scheduled bulletin. If they have a listsery that targets affected providers, they shall use it to notify subscribers that information about temporary HCPCS is available on their Web site.

II. BUSINESS REQUIREMENTS

[&]quot;Should" denotes an optional requirement

Requirement #	Requirements	Responsibility
3289.1	Codes E0176, E0177, E0178, E0179, E0192,	CWF, DMERCs,
	E0962, E0963, E0964, E0965, E1012, E1013,	VMS
	K0023, K0024 and K0114 will be invalid for	
	submission to Medicare for dates of service on	
	or after July 1, 2004. A 90-day grace period	
	shall be allowed for these codes. (CWF shall	
	make the termination date September 30,	
	2004.)	

III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

[&]quot;Shall" denotes a mandatory requirement

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

Effective Date: July 1, 2004 Implementation Date: July 6, 2004	These instructions should be implemented within your current operating budget.
Pre-Implementation Contact(s): Appropriate Regional Office	
Post-Implementation Contact(s): Appropriate Regional Office	