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# Program Memorandum

## Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal B-00-21

Date: APRIL 2000

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**CHANGE REQUEST 1139**

**SUBJECT: 2000 Jurisdiction List**

The attached spreadsheet contains an updated list of the codes for Durable Medical Equipment Regional Carrier (DMERC) and local carrier jurisdictions. Some HCPCS codes have been added or discontinued (deleted) for this year for this list. Both the DMERCs and the local carriers publish this list to educate providers on which contractor they should be billing for these codes.

**The *effective date* for this Program Memorandum (PM) is July 1, 2000.**

**The *implementation date* for this PM is July, 1, 2000.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after July 1, 2001.**

**Contact person for this PM is Angie Costello (410) 786-1554.**

**Attachment**

| <b>HCPCS</b>  | <b>DESCRIPTION</b>   | <b>JURISDICTION</b>   |
|---------------|--|---|
| 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 REGIONAL Carrier  |
| A4210         | Needle Free Injection Device                                 | DME REGIONAL Carrier  |
| A4211         | Medical, Surgical, and Self-Administered Injection Supplies  | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| 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 REGIONAL Carrier  |
| 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 REGIONAL Carrier  |
| A4253 - A4259 | Blood Glucose Test; Lancets; Calibrator Solution             | DME REGIONAL Carrier  |
| A4260         | Levonorgestrel Implant                                       | Local Carrier   |
| A4261         | Cervical Cap for Contraceptive Use                           | Local Carrier   |
| A4262 - A4263 | Lacrimal Duct Implants                                       | Local Carrier   |
| A4265         | Paraffin   | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4270         | Endoscope Sheath   | Local Carrier   |
| A4280         | Accessory for Breast Prosthesis                              | DME REGIONAL 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 REGIONAL Carrier  |
| A4310 - A4335 | Incontinence Supplies/<br>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 REGIONAL Carrier   |
| A4338         | Indwelling Catheter, Foley Type                              | 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 (not separately payable prior to January 1, 1994). 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 REGIONAL Carrier |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>                  | <b>JURISDICTION</b>   |
|---------------|-------------------------------------|---|
| A4340         | Indwelling Catheter, Specialty Type | 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 REGIONAL Carrier   |
| A4344 - A4346 | Indwelling Catheter, Foley Type     | 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 (not separately payable prior to January 1, 1994). 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 REGIONAL Carrier |
| A4347 - A4359 | Incontinence/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 REGIONAL Carrier   |
| A4361 - A4421 | 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 REGIONAL Carrier   |
| A4454 - A4455 | Tape;Adhesive Remover               | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4460         | Elastic Bandage                     | Local Carrier if incident to a physician's service (not separately payable).<br>If secondary surgical dressing, DME REGIONAL Carrier. (See MCM 2079)  |
| A4462         | Abdominal Dressing                  | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4465         | Non-elastic Binder for Extremity    | DME REGIONAL Carrier  |
| 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 REGIONAL Carrier  |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>                            | <b>JURISDICTION</b>   |
|---------------|---|---|
| A4483         | Moisture Exchanger                            | DME REGIONAL Carrier  |
| A4490 - A4510 | Surgical Stockings                            | DME REGIONAL Carrier  |
| A4550         | Surgical Trays                                | Local Carrier   |
| A4554         | Disposable Underpads                          | DME REGIONAL Carrier  |
| A4556 - A4558 | Electrodes; Lead Wires; Conductive Paste      | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4560 - A4572 | Pessary; Sling; Splint; Rib Belt              | DME REGIONAL Carrier  |
| A4575         | Topical Hyperbaric Oxygen Chamber, Disposable | Local Carrier   |
| 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 REGIONAL Carrier  |
| A4611 - A4613 | Oxygen Equipment Batteries and Supplies       | DME REGIONAL Carrier  |
| A4614         | Peak Flow Rate Meter                          | Local Carrier if incident to a physician's service (not separately payable). If other DME Regional Carrier  |
| A4615 - A4629 | Oxygen & Tracheostomy Supplies                | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4630 - A4640 | DME Supplies                                  | DME REGIONAL Carrier  |
| A4641 - A4646 | Imaging Agent; Contrast Material              | Local Carrier   |
| A4647         | Contrast Material                             | Local Carrier   |
| A4649         | Miscellaneous Surgical Supplies               | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4650 - A4705 | Supplies for ESRD                             | DME REGIONAL Carrier  |
| A4712         | Water, Sterile                                | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier  |
| A4714 - A4927 | Supplies for ESRD                             | DME REGIONAL Carrier  |
| A5051 - A5093 | Additional 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 REGIONAL Carrier |
| 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 REGIONAL Carrier |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>                                      | <b>JURISDICTION</b>  |
|---------------|---|--|
| A5500 - A5508 | Therapeutic Shoes                                       | DME REGIONAL Carrier   |
| A6020         | Surgical Dressing                                       | Local Carrier if incident to a physician's service (not separately payable). If other DME REGIONAL Carrier |
| A6025         | Silicone Gel Sheet                                      | DME REGIONAL Carrier   |
| A6154 - A6406 | Surgical Dressing                                       | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier                         |
| A7000 - A7017 | Accessories for Nebulizers, Aspirators, and Ventilators | DME REGIONAL Carrier   |
| A9150         | Non-Prescription Drugs                                  | Local Carrier  |
| A9160 - A9170 | Administrative, Miscellaneous, and Investigational      | Local Carrier  |
| A9190 - A9270 | Noncovered Items or Services                            | Local Carrier or DME REGIONAL Carrier  |
| A9300         | Exercise Equipment                                      | DME REGIONAL Carrier   |
| A9500 - A9605 | Supplies for Radiology Procedures                       | Local Carrier  |
| A9900         | Miscellaneous DME Supply or Accessory                   | Local Carrier if used with implanted DME. If other, DME REGIONAL Carrier.                                  |
| A9901         | Delivery  | DME REGIONAL Carrier   |
| B4034 - B9999 | Enteral and Parenteral Therapy                          | DME REGIONAL Carrier   |
| D0120 - D9999 | Dental Procedures                                       | Local Carrier  |
| E0100 - E0105 | Canes   | DME REGIONAL Carrier   |
| E0110 - E0116 | Crutches  | DME REGIONAL Carrier   |
| E0130 - E0159 | Walkers   | DME REGIONAL Carrier   |
| E0160 - E0175 | Commodes  | DME REGIONAL Carrier   |
| E0176 - E0199 | Decubitus Care Equipment                                | DME REGIONAL Carrier   |
| E0200 - E0239 | Heat/Cold Applications                                  | DME REGIONAL Carrier   |
| E0241 - E0246 | Bath and Toilet Aids                                    | DME REGIONAL Carrier   |
| E0249         | Pad for Heating Unit                                    | DME REGIONAL Carrier   |
| E0250 - E0297 | Hospital Beds   | DME REGIONAL Carrier   |
| E0305 - E0326 | Hospital Bed Accessories                                | DME REGIONAL Carrier   |
| E0350 - E0352 | Electronic Bowel Irrigation System                      | DME REGIONAL Carrier   |
| E0370         | Heel Pad  | DME REGIONAL Carrier   |
| E0371 - E0373 | Decubitus Care Equipment                                | DME REGIONAL Carrier   |
| E0424 - E0480 | Oxygen and Related Respiratory Equipment                | DME REGIONAL Carrier   |
| E0500         | IPPB Machine  | DME REGIONAL Carrier   |
| E0550 - E0585 | Compressors   | DME REGIONAL Carrier   |
| E0590         | Drug Dispensing Fee                                     | DME REGIONAL Carrier   |
| E0600 - E0606 | Suction Pump/Room Vaporizers                            | DME REGIONAL Carrier   |
| E0607 - E0609 | Monitoring Equipment                                    | DME REGIONAL Carrier   |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>                         | <b>JURISDICTION</b>   |
|---------------|--|---|
| E0610 - E0615 | Pacemaker Monitor                          | DME REGIONAL Carrier  |
| E0616         | Implantable Cardiac Event Recorder         | Local Carrier   |
| E0621 - E0635 | Patient Lifts                              | DME REGIONAL Carrier  |
| E0650 - E0673 | Pneumatic Compressor and Appliances        | DME REGIONAL Carrier  |
| E0690         | Ultraviolet Cabinet                        | DME REGIONAL Carrier  |
| E0700         | Safety Equipment                           | DME REGIONAL Carrier  |
| E0710         | Restraints                                 | DME REGIONAL Carrier  |
| E0720 - E0745 | Electrical Nerve Stimulators               | DME REGIONAL Carrier  |
| E0746         | EMG Device                                 | Local Carrier   |
| E0747 - E0748 | Osteogenic Stimulators                     | DME REGIONAL Carrier  |
| E0749         | Implantable Osteogenic Stimulator          | Local Carrier   |
| E0751 - E0753 | Implantable Nerve Stimulator               | Local Carrier   |
| E0755 - E0776 | Stimulator; Pole                           | DME REGIONAL Carrier  |
| E0779 - E0780 | External Infusion Pumps                    | DME REGIONAL Carrier  |
| E0781         | Ambulatory Infusion Pump                   | Billable to both the local carrier and the DME REGIONAL Carrier. This item may be billed to the DME REGIONAL Carrier whenever the infusion is initiated in the physician's office but the patient does not return during the same business day. |
| E0782 - E0783 | Infusion Pumps, Implantable                | Local Carrier   |
| E0784         | Infusion Pumps, Insulin                    | DME REGIONAL Carrier  |
| E0785         | Implantable Infusion Pump Catheter         | Local Carrier   |
| E0791         | Parenteral Infusion Pump                   | DME REGIONAL Carrier  |
| E0840 - E0900 | Traction Equipment                         | DME REGIONAL Carrier  |
| E0910 - E0948 | Trapeze Equipment                          | DME REGIONAL Carrier  |
| E0950 - E1298 | Wheelchairs                                | DME REGIONAL Carrier  |
| E1300 - E1310 | Whirlpool Equipment                        | DME REGIONAL Carrier  |
| E1340         | Repair or Non-routine Service              | Local Carrier if repair of implanted DME. If other, DME REGIONAL Carrier  |
| E1353 - E1385 | Additional Oxygen Related Equipment        | DME REGIONAL Carrier  |
| E1390         | Oxygen Concentrator                        | DME REGIONAL Carrier  |
| E1399         | Miscellaneous DME                          | Local Carrier if implanted DME. If other, DME REGIONAL Carrier  |
| E1405 - E1406 | Additional Oxygen Equipment                | DME REGIONAL Carrier  |
| E1510 - E1699 | Artificial Kidney Machines and Accessories | DME REGIONAL Carrier  |
| E1700 - E1702 | TMJ Device and Supplies                    | DME REGIONAL Carrier  |
| E1800 - E1830 | Dynamic Flexion Devices                    | DME REGIONAL Carrier  |
| E1900         | Speech Augmentation Communication Devices  | DME REGIONAL Carrier  |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>  | <b>JURISDICTION</b>  |
|---------------|---|--|
| G0001 - G0172 | Misc. Professional Services   | Local Carrier  |
| J0120 - J3570 | Injection   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7030 - J7130 | Miscellaneous Drugs and Solutions                                   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7190 - J7192 | Factor VIII   | Local Carrier  |
| J7194         | Factor IX   | Local Carrier  |
| J7197         | Antithrombin III  | Local Carrier  |
| J7198         | Anti-inhibitor; per I.U.  | Local Carrier  |
| J7199         | Other Hemophilia Clotting Factors                                   | Local Carrier  |
| J7300         | Intrauterine Copper Contraceptive                                   | Local Carrier  |
| J7310         | Ganciclovir   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7315 - J7320 | Injection   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7500 - J7599 | Immunosuppressive Drugs   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7608 - J7699 | Inhalation Solutions  | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| J7799         | NOC, Other than Inhalation Drugs through DME                        | DME REGIONAL Carrier   |
| J8499         | Prescription Drug, Oral, Non Chemotherapeutic                       | DME REGIONAL Carrier   |
| J8510 - J8999 | Oral Anti-Cancer Drugs  | DME REGIONAL Carrier   |
| J9000 - J9999 | Chemotherapy Drugs  | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| K0001 - K0108 | Wheelchairs   | DME REGIONAL Carrier   |
| K0112 - K0116 | Spinal Orthotics  | DME REGIONAL Carrier   |
| K0195         | Elevating Leg Rests   | DME REGIONAL Carrier   |
| K0268         | Humidifier  | DME REGIONAL Carrier   |
| K0269         | Aerosol Compressor  | DME REGIONAL Carrier   |
| K0270         | Ultrasonic Generator  | DME REGIONAL Carrier   |
| K0280 - K0281 | Ostomy & Urological Supplies  | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier |
| K0283         | Saline Solution, Metered Dose                                       | DME REGIONAL Carrier   |
| K0407 - K0411 | Urologicals   | DME REGIONAL Carrier   |
| K0415 - K0416 | Antiemetic Drugs  | DME REGIONAL Carrier   |
| K0440 - K0451 | Maxillofacial Prosthesis  | DME REGIONAL Carrier   |
| K0452         | Wheelchair Bearings   | DME REGIONAL Carrier   |
| K0455         | Infusion Pump used for Uninterrupted Administration of Epoprostenal | DME REGIONAL Carrier   |
| K0456 - K0459 | Heavy Duty Equipment  | DME REGIONAL Carrier   |

| <b>HCPCS</b>  | <b>DESCRIPTION</b>  | <b>JURISDICTION</b>  |
|---------------|---|--|
| K0460 - K0461 | Power Add-on Converters for Wheelchairs                     | DME REGIONAL Carrier   |
| K0462         | Loaner Equipment  | DME REGIONAL Carrier   |
| K0501         | Aerosol Compressor  | DME REGIONAL Carrier   |
| K0529         | Nebulizer Supply - Water/Solution                           | DME REGIONAL Carrier   |
| K0531         | Accessory for Respiratory Assist Device                     | DME REGIONAL Carrier   |
| K0532 - K0534 | Respiratory Assist Device                                   | DME REGIONAL Carrier   |
| L0100 - L4398 | Orthotics   | DME REGIONAL Carrier   |
| L5000 - L5999 | Lower Limb Prosthetics                                      | DME REGIONAL Carrier   |
| L6000 - L7499 | Upper Limb Prosthetics                                      | DME REGIONAL Carrier   |
| L7500 - L7520 | Repair of Prosthetic Device                                 | Local Carrier if repair of implanted prosthetic device. If other, DME REGIONAL Carrier |
| L7900         | Vacuum Erection System                                      | DME REGIONAL Carrier   |
| L8000 - L8490 | Prosthetics   | DME REGIONAL Carrier   |
| L8499         | Unlisted Procedure for Miscellaneous Prosthetic Services    | Local Carrier if implanted prosthetic device. If other, DME REGIONAL Carrier           |
| L8500 - L8501 | Artificial Larynx; Tracheostomy Speaking Valve              | DME REGIONAL Carrier   |
| L8600 - L8699 | Prosthetic Implants   | Local Carrier  |
| L9900         | Miscellaneous Orthotic or Prosthetic Component or Accessory | Local Carrier if used with implanted DME. If other, DME REGIONAL Carrier               |
| M0064 - M0302 | Medical Services  | Local Carrier  |
| P2028 - P9615 | Laboratory Tests  | Local Carrier  |
| Q0034 - Q0035 | Influenza Vaccine; Cardiomography                           | Local Carrier  |
| Q0081         | Infusion Therapy  | Local Carrier  |
| Q0082         | Activity Therapy  | Local Carrier  |
| Q0083 - Q0085 | Chemotherapy  | Local Carrier  |
| Q0086         | Physical Therapy Evaluation/Treatment                       | Local Carrier  |
| Q0091         | Smear Preparation   | Local Carrier  |
| Q0092         | Portable X-ray Setup  | Local Carrier  |
| Q0111 - Q0115 | Miscellaneous Lab Services                                  | Local Carrier  |
| Q0136         | Injection, Epoetin Alpha                                    | Local Carrier  |
| Q0144         | Arithromycin Dihydrate                                      | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier     |
| Q0156 - Q0157 | Albumin   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier     |
| Q0160 - Q0161 | Factor IX, Antihemophilic factor                            | Local Carrier  |
| Q0163 - Q0181 | Anti-emetic   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier     |
| Q0183 - Q0185 | Artificial Skin   | Local Carrier  |



| <b>HCPCS</b>  | <b>DESCRIPTION</b>   | <b>JURISDICTION</b>   |
|---------------|--|---|
| Q0186         | Paramedic Intercept  | Local Carrier   |
| Q0187         | Factor VIIA  | Local Carrier   |
| Q1001 - Q1005 | New Technology IOL   | Local Carrier   |
| Q9920 - Q9940 | Injection of EPO   | DME REGIONAL Carrier when self-administered or for Method II beneficiaries, otherwise Local Carrier |
| R0070 - R0076 | Diagnostic Radiology Services                                      | Local Carrier   |
| V2020 - V2025 | Frames   | DME REGIONAL Carrier  |
| V2100 - V2513 | Lenses   | DME REGIONAL Carrier  |
| V2520 - V2523 | Hydrophilic Contact Lenses   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier                  |
| V2530 - V2531 | Contact Lenses, Scleral  | DME REGIONAL Carrier  |
| V2599         | Contact Lens, Other Type   | Local Carrier if incident to a physician's service. If other, DME REGIONAL Carrier                  |
| V2600 - V2615 | Low Vision Aids  | DME REGIONAL Carrier  |
| V2623 - V2629 | Prosthetic Eyes  | DME REGIONAL Carrier  |
| V2630 - V2632 | Intraocular Lenses   | Local Carrier   |
| V2700 - V2780 | Miscellaneous Vision Service                                       | DME REGIONAL Carrier  |
| V2781         | Progressive Lens   | DME REGIONAL Carrier  |
| V2785         | Processing--Corneal Tissue   | Local Carrier   |
| V2799         | Miscellaneous Vision Service                                       | DME REGIONAL Carrier  |
| V5008 - V5299 | Hearing Services   | Local Carrier   |
| V5336         | Repair/Modification of Augmentative Communicative System or Device | DME REGIONAL Carrier  |
| V5362 - V5364 | Speech Screening   | Local Carrier   |

Revised: February 2000