CMS Manual System

Pub. 100-04 Medicare Claims Processing

Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)

Department of Health &

Transmittal 127 Date: MARCH 26, 2004

CHANGE REQUEST 3139

I. SUMMARY OF CHANGES: A spreadsheet containing an updated list of the HCPCS for durable medical equipment regional carrier (DMERC) and Part B local carrier jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) during each year.

NEW/REVISED MATERIAL - EFFECTIVE DATE: May 26, 2004 *IMPLEMENTATION DATE: May 26, 2004

Disclaimer for manual changes only: The revision date and transmittal number apply only to the red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will only receive the new/revised information, 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 |
|-------|---|
| R | 23/20.3/Use and Acceptance of HCPCS Codes and Modifiers |
| | |
| | |
| | |

*III. FUNDING:

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

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

^{*}Medicare contractors only

Attachment – Recurring Update Notification

Pub. 100-04 | Transmittal: 127 | Date: March 26, 2004 | Change Request 3139

SUBJECT: 2004 Jurisdiction List

I. GENERAL INFORMATION

- **A. Background:** A spreadsheet containing an updated list of the HCPCS for durable medical equipment regional carrier (DMERC) and local carrier jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) during each year.
- **B. Policy:** A recurring update notification will be published annually to notify DMERCs and Part B carriers that the list has been updated and is available on the CMS Web site. The jurisdiction list is an excel file and will be located at http://www.cms.gov/suppliers/dmepos.
- C. Provider Education: A provider education article related to this instruction will be available at http://www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article to their Web site, and include it in a listserv message if applicable, within 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

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

| Requirement # | Requirements | Responsibility |
|---------------|---|----------------|
| 3139.1 | Carriers shall download and publish the | Carrier, DMERC |
| | jurisdiction file. | |

III. 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

IV. SCHEDULE, CONTACTS, AND FUNDING

| Effective Date: May 26, 2004 | These instructions shall be implemented within your |
|--|---|
| Implementation Date: May 26, 2004 | current operating budget. |
| Pre-Implementation Contact(s): Appropriate regional office | |
| Post-Implementation Contact(s): Appropriate | |
| regional office | |

Attachment

| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|------------------------------------|--|
| A0021 - A0999 | Ambulance Services | Local Carrier |
| A4206 - A4209 | Medical, Surgical, and Self- | Local Carrier if incident to a physician's |
| | Administered Injection | service (not separately payable). If other |
| | Supplies | DME REGIONAL Carrier. |
| A4210 | Needle Free Injection Device | DME REGIONAL Carrier |
| A4211 | Medical, Surgical, and Self- | Local Carrier if incident to a physician's |
| | Administered Injection | service (not separately payable). If other |
| | Supplies | DME REGIONAL Carrier. |
| A4212 | Non Coring Needle or Stylet | Local Carrier |
| | with or without Catheter | |
| A4213 - A4215 | Medical , Surgical, and Self- | Local Carrier if incident to a physician's |
| | Administered Injection Supplies | service (not separately payable). If other DME REGIONAL Carrier. |
| A4216 - A4217 | Saline | 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- | Local Carrier if incident to a physician's |
| | Administered Injection Supplies | service (not separately payable). If other |
| | | DME REGIONAL Carrier. |
| A4253 - A4259 | Diabetic Supplies | DME REGIONAL Carrier |
| A4260 | Levonorgestrel Implant | Local Carrier |
| A4261 | Cervical Cap for Contraceptive | Local Carrier |
| | Use | |
| 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. |
| A4266 - A4269 | Contraceptives | Local Carrier |
| A4270 | Endoscope Sheath | Local Carrier |
| A4280 | Accessory for Breast Prosthesis | DME REGIONAL Carrier |
| A4281 - A4286 | Accessory for Breast Pump | DME REGIONAL Carrier |
| A4290 | Sacral Nerve Stimulation Test Lead | Local Carrier |
| A4300 - A4301 | Implantable Catheter | Local Carrier |
| A4305 - A4306 | Disposable Drug Delivery | Local Carrier if incident to a physician's |
| | System | service (not separately payable). If other |
| | | DME REGIONAL Carrier. |
| A4310 - A4359 | Incontinence Supplies/ | If provided in the physician's office for a |
| | Urinary Supplies | 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 - A4434 | 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. |
| A4450 - A4455 | Tape;Adhesive Remover | Local Carrier if incident to a physician's |
| | | service (not separately payable). If other DME REGIONAL Carrier. |

| HCPCS | DESCRIPTION | JURISDICTION |
|--------------------------------|---|--|
| A4458 | Enema Bag | DME REGIONAL Carrier |
| 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. |
| A4483 | Moisture Exchanger | DME REGIONAL Carrier |
| A4490 - A4510 | Surgical Stockings | DME REGIONAL Carrier |
| A4521 - A4538 | Diapers | DME REGIONAL Carrier |
| A4550 | Surgical Trays | Local Carrier |
| A4554 | Disposable Underpads | DME REGIONAL Carrier |
| A4556 - A4558 | Electrodes; Lead Wires; Con- | Local Carrier if incident to a physician's |
| 711000 711000 | ductive Paste | service (not separately payable). If other |
| | addive i doto | DME REGIONAL Carrier. |
| A4561 - A4562 | Pessary | Local Carrier |
| A4565 | Sling | Local Carrier |
| A4505 A4570 | Splint | Local Carrier |
| A4575 | • | DME REGIONAL Carrier |
| A4070 | Topical Hyperbaric Oxygen Chamber, Disposable | DIVIL REGIONAL CAITEI |
| A4580 - A4590 | Casting Supplies & Material | Local Carrier |
| A4595 | TENS Supplies | |
| A4595 | TENS Supplies | Local Carrier if incident to a physician's |
| | | service (not separately payable). If other |
| A 4000 | Our and Dark a few Outer stan | DME REGIONAL Carrier. |
| A4606 | Oxygen Probe for Oximeter | DME REGIONAL Carrier |
| A4608 | Transtracheal Oxygen Catheter | DME REGIONAL Carrier |
| A4609 - A4610 | Tracheal Suction Catheter | 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 |
| 711010 711020 | Saygon a magneodismy supplied | service (not separately payable). If other |
| | | DME REGIONAL Carrier. |
| A4630 - A4640 | DME Supplies | DME REGIONAL Carrier |
| A4630 - A4646 A4641 - A4646 | · | Local Carrier |
| | Imaging Agent; Contrast Material | |
| A4647 | Contrast Material | Local Carrier if incident to a physician's |
| A4649 | Miscellaneous Surgical Supplies | Local Carrier if incident to a physician's |
| | | service (not separately payable). If other |
| A 4054 A 1005 | Overline for EODD | DME REGIONAL Carrier. |
| A4651 - A4932 | 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 | If provided in the physician's office for a |
| | Ostomy Supplies | 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. |
| A5500 - A5511 | Therapeutic Shoes | DME REGIONAL Carrier |
| A6000 | Non-Contact Wound Warming | DME REGIONAL Carrier |
| | Cover | |
| | | |

| Service (not separately payable) or if supply for implanted prosthetic device or implanted DME. If other DME REGIONAL Carrier. 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 REGIONAL Carrier. 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 REGIONAL Carrier. 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 REGIONAL Carrier. 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 DME. If other DME REGIONAL Carrier. A6550 - A6551 Supplies for Negative Pressure Wound Therapy Electrical Pump Prostreamy Prostrea | HCPCS | DESCRIPTION | JURISDICTION |
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| A9280 Alarm Device DME REGIONAL Carrier A9300 Exercise Equipment DME REGIONAL Carrier A9500 A9700 Supplies for Radiology Procedures Local Carrier if used with implanted DME. If Accessory DME Supply or Accessory DME Supply or Accessory DME REGIONAL Carrier A9991 Delivery DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier A9999 Letral and Parenteral Therapy DME REGIONAL Carrier DME REGIONAL Ca | A9150 | Non-Prescription Drugs | Local Carrier |
| A9300 Exercise Equipment DME REGIONAL Carrier A9500 - A9700 Supplies for Radiology Procedures Local Carrier A9900 Miscellaneous DME Supply or Accessory Delivery DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier DME REGION | A9270 | Noncovered Items or Services | DME REGIONAL Carrier |
| A9500 - A9700 Supplies for Radiology Procedures A9900 Miscellaneous DME Supply or Accessory Other, DME REGIONAL Carrier A9901 Delivery DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory Other, DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory Other, DME REGIONAL Carrier A9999 Miscellaneous DME Supply or Accessory Other, DME REGIONAL Carrier A9999 Enteral and Parenteral Therapy DME REGIONAL Carrier B4034 - B9999 Enteral and Parenteral Therapy DME REGIONAL Carrier B0100 - E0105 Canes DME REGIONAL Carrier E01100 - E0118 Crutches DME REGIONAL Carrier E01101 - E0118 Crutches DME REGIONAL Carrier E01106 - E0175 Commodes DME REGIONAL Carrier E011076 - E0199 Decubitus Care Equipment DME REGIONAL Carrier E01200 - E0239 Heat/Cold Applications DME REGIONAL Carrier E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0250 - E0304 Hoopital Beds DME REGIONAL Carrier E0305 - E0364 Hoopital Beds DME REGIONAL Carrier E0305 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0370 Heel Pad DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0530 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0550 - E0565 Compressors/Nebulizers DME REGIONAL Carrier E0550 - E0565 Compressors/Nebulizers DME REGIONAL Carrier E05600 Suction Pump DME REGIONAL Carrier E05601 - CPAP Device DME REGIONAL Carrier E06601 - CPAP Device DME REGIONAL Carrier E06605 Vaporizer DME REGIONAL Carrier E06606 Drainage Board DME REGIONAL Carrier E06610 - E0615 Pacemaker Monitor DME REGIONAL Carrier | A9280 | Alarm Device | DME REGIONAL Carrier |
| A9900 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier Other, DME REGIONAL Carrier DME REGIONAL Carrier A9990 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier Other, DME REGIONAL Carrier DME DME DME DME DME DME DME DME DME REGIONAL Carrier DME REGI | A9300 | Exercise Equipment | DME REGIONAL Carrier |
| Accessory other, DME REGIONAL Carrier. A9991 Delivery DME REGIONAL Carrier A9999 Miscellaneous DME Supply or other, DME REGIONAL Carrier Accessory other, DME REGIONAL Carrier 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 - E0118 Crutches DME REGIONAL Carrier E0110 - E0118 Crutches DME REGIONAL Carrier E0130 - E0159 Walkers DME REGIONAL Carrier E0160 - E0175 Commodes DME REGIONAL Carrier E0160 - E0175 Commodes DME REGIONAL Carrier E0176 - E0199 Decubitus Care Equipment DME REGIONAL Carrier E0240 - E0239 Heat/Cold Applications DME REGIONAL Carrier E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0240 - E0349 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0600 Frainage Board DME REGIONAL Carrier E0600 DME REGIONAL Carrier E0601 DME REGIONAL Carrier E0601 DME REGIONAL Carrier | A9500 - A9700 | Supplies for Radiology Procedures | Local Carrier |
| A9901 Delivery A9999 Miscellaneous DME Supply or Accessory B4034 - B9999 Enteral and Parenteral Therapy B4034 - B9999 Dental Procedures Enteral Supply or Canes B4034 - B9999 Dental Procedures E0100 - E0105 Canes E0110 - E0118 Crutches E0130 - E0159 Walkers E0160 - E0175 Commodes E0160 - E0175 Commodes E0160 - E0175 Commodes E0160 - E0176 Decubitus Care Equipment E0200 - E0239 Decubitus Care Equipment E0240 - E0248 Bath and Toliet Aids E0249 Pad for Heating Unit E0250 - E0304 Hospital Beds E0350 - E0352 Electronic Bowel Irrigation System E0370 Heel Pad E0371 - E0373 Decubitus Care Equipment E0424 - E0484 Decubitus Care Equipment E0500 DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment E0500 DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0600 DME REGIONAL Carrier E0601 DME REGIONAL Carrier E0600 DME REGIONAL Carrier E0601 DME REGIONAL Carrier E0601 DME REGIONAL Carrier | A9900 | Miscellaneous DME Supply or | Local Carrier if used with implanted DME. If |
| Ag999 Miscellaneous DME Supply or Accessory DME REGIONAL Carrier 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 - E0115 Crutches DME REGIONAL Carrier E0110 - E0115 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 Hospital Beds DME REGIONAL Carrier E0350 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0350 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0560 Drug Dispensing Fee DME REGIONAL Carrier E0660 Suction Pump DME REGIONAL Carrier E0660 Suction Pump DME REGIONAL Carrier E0660 Prainage Board DME REGIONAL Carrier E0660 Drainage Board DME REGIONAL Carrier E06610 - E0615 Pacemaker Monitor DME REGIONAL Carrier | | Accessory | other, DME REGIONAL Carrier. |
| Accessory other, 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 - E0118 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 Hospital Bed SDME REGIONAL Carrier E0305 - E0326 Hospital Bed Accessories DME REGIONAL Carrier E0330 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0550 E0585 Compressors/Nebulizers DME REGIONAL Carrier E0550 Drug Dispensing Fee DME REGIONAL Carrier E0660 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local 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 - E0118 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0250 - E0304 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 E0360 IPPB Machine DME REGIONAL Carrier E0550 E0585 Compressors/Nebulizers DME REGIONAL Carrier E06600 Suction Pump DME REGIONAL Carrier E06001 CPAP Device DME REGIONAL Carrier E06005 Vaporizer DME REGIONAL Carrier E06007 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | A9999 | Miscellaneous DME Supply or | Local Carrier if used with implanted DME. If |
| D0120 - D9999 Dental Procedures Local Carrier E0100 - E0105 Canes DME REGIONAL Carrier E0110 - E0118 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 Hospital Beds DME REGIONAL Carrier E0305 - E0326 Hospital Bed Accessories DME REGIONAL Carrier E0370 Heel Pad DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0560 Suction Pump DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | | Accessory | other, DME REGIONAL Carrier. |
| DME REGIONAL Carrier | B4034 - B9999 | Enteral and Parenteral Therapy | DME REGIONAL Carrier |
| E0110 - E0118 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0550 IPPB Machine DME REGIONAL Carrier E0550 Drug Dispensing Fee DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | D0120 - D9999 | Dental Procedures | |
| 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0550 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0100 - E0105 | Canes | 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 E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0550 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0110 - E0118 | Crutches | |
| E0176 - E0199 Decubitus Care Equipment DME REGIONAL Carrier E0200 - E0239 Heat/Cold Applications DME REGIONAL Carrier E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0130 - E0159 | Walkers | DME REGIONAL Carrier |
| E0200 - E0239 Heat/Cold Applications DME REGIONAL Carrier E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0160 - E0175 | | |
| E0240 - E0248 Bath and Toliet Aids DME REGIONAL Carrier E0249 Pad for Heating Unit DME REGIONAL Carrier E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0176 - E0199 | Decubitus Care Equipment | DME REGIONAL Carrier |
| Pad for Heating Unit DME REGIONAL Carrier | E0200 - E0239 | | |
| E0250 - E0304 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 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0240 - E0248 | | 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 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0249 | <u> </u> | |
| E0350 - E0352 Electronic Bowel Irrigation System DME REGIONAL Carrier E0370 Heel Pad DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0250 - E0304 | | DME REGIONAL Carrier |
| E0370 Heel Pad DME REGIONAL Carrier E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0305 - E0326 | • | |
| E0371 - E0373 Decubitus Care Equipment DME REGIONAL Carrier E0424 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0350 - E0352 | Electronic Bowel Irrigation System | DME REGIONAL Carrier |
| E0424 - E0484 Oxygen and Related Respiratory Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0370 | | |
| Equipment Equipment E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0371 - E0373 | | |
| E0500 IPPB Machine DME REGIONAL Carrier E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0424 - E0484 | | DME REGIONAL Carrier |
| E0550 - E0585 Compressors/Nebulizers DME REGIONAL Carrier E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | | | |
| E0590 Drug Dispensing Fee DME REGIONAL Carrier E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0500 | | |
| E0600 Suction Pump DME REGIONAL Carrier E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0550 - E0585 | • | |
| E0601 CPAP Device DME REGIONAL Carrier E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0590 | | |
| E0602 - E0604 Breast Pump DME REGIONAL Carrier E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0600 | • | |
| E0605 Vaporizer DME REGIONAL Carrier E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0601 | | |
| E0606 Drainage Board DME REGIONAL Carrier E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0602 - E0604 | | |
| E0607 Home Blood Glucose Monitor DME REGIONAL Carrier E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0605 | ' | |
| E0610 - E0615 Pacemaker Monitor DME REGIONAL Carrier E0616 Implantable Cardiac Event Local Carrier | E0606 | - | |
| E0616 Implantable Cardiac Event Local Carrier | E0607 | | |
| · · | E0610 - E0615 | | |
| Recorder | E0616 | ' | Local Carrier |
| | | Recorder | |

| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|--|---|
| E0617 | External Defibrillator | DME REGIONAL Carrier |
| E0618 - E0619 | Apnea Monitor | DME REGIONAL Carrier |
| E0620 | Skin Piercing Device | DME REGIONAL Carrier |
| E0621 - E0636 | Patient Lifts | DME REGIONAL Carrier |
| E0637 - E0638 | Standing Devices | DME REGIONAL Carrier |
| E0650 - E0675 | Pneumatic Compressor and | DME REGIONAL Carrier |
| | Appliances | |
| E0691 - E0694 | Ultraviolet Light Therapy Systems | DME REGIONAL Carrier |
| E0700 | Safety Equipment | DME REGIONAL Carrier |
| E0701 | Helmet | 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 |
| E0752 | Implantable Nerve Stimulator | Local Carrier |
| | Electrodes | |
| E0754 | Patient Programmer for use with IPG | Local Carrier |
| E0755 | Reflex Stimulator | DME REGIONAL Carrier |
| E0756 - E0759 | Implantable Nerve Stimulator | Local Carrier |
| E0760 | Ultrasonic Osteogenic Stimulator | DME REGIONAL Carrier |
| E0761 | Electromagnetic Treatment Device | DME REGIONAL Carrier |
| E0765 | Nerve Stimulator | DME REGIONAL Carrier |
| E0776 | IV 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 t |
| | | the DME REGIONAL Carrier whenever the |
| | | infusion is initiated in the physician's office |
| | | but the patient does not return during the sam |
| | | business day. |
| E0782 - E0783 | Infusion Pumps, Implantable | Local Carrier |
| E0784 | Infusion Pumps, Insulin | DME REGIONAL Carrier |
| E0785 - E0786 | Implantable Infusion Pump Catheter | Local Carrier |
| E0791 | Parenteral Infusion Pump | DME REGIONAL Carrier |
| E0830 | Ambulatory Traction Device | DME REGIONAL Carrier |
| E0840 - E0900 | Traction Equipment | DME REGIONAL Carrier |
| E0910 - E0930 | Trapeze/Fracture Frame | DME REGIONAL Carrier |
| E0935 | Passive Motion Exercise Device | DME REGIONAL Carrier |
| E0940 | Trapeze Equipment | DME REGIONAL Carrier |
| E0941 | Traction Equipment | DME REGIONAL Carrier |
| E0942 - E0945 | Orthopedic Devices | DME REGIONAL Carrier |
| E0946 - E0948 | Fracture Frame | 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 - E1391 | Additional Oxygen Related Equipment | DME REGIONAL Carrier |
| E1399 | Miscellaneous DME | Local Carrier if implanted DME. If other, DME REGIONAL Carrier. |
| E1405 - E1406 | Additional Oxygen Equipment | DME REGIONAL Carrier |
| E1500 - E1699 | Artificial Kidney Machines and | DME REGIONAL Carrier |
| | Accessories | Sine Region te danio |
| E1700 - E1702 | TMJ Device and Supplies | DME REGIONAL Carrier |
| E1800 - E1840 | Dynamic Flexion Devices | DME REGIONAL Carrier |
| E1902 | Communication Board | DME REGIONAL Carrier |
| E2000 | Gastric Suction Pump | DME REGIONAL Carrier |
| E2100 - E2101 | Blood Glucose Monitors with | DME REGIONAL Carrier |
| | Special Features | DINE REGIONAL OUTIGE |
| L | opoliar roataros | |

| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|-----------------------------------|---|
| E2120 | Pulse Generator for Tympanic | DME REGIONAL Carrier |
| | Treatment of Inner Ear | |
| E2201 - E2399 | Wheelchair Accessories | DME REGIONAL Carrier |
| E2402 | Negative Pressure Wound | DME REGIONAL Carrier |
| | Therapy Pump | |
| E2500 - E2599 | Speech Generating Device | DME REGIONAL Carrier |
| G0001 - G9016 | Misc. Professional Services | Local Carrier |
| J0120 - J0850 | Injection | Local Carrier if incident to a physician's |
| | | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| J0880 | Injection | Local Carrier |
| J0895 - J3570 | Injection | Local Carrier if incident to a physician's |
| | | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| J3590 | Unclassified Biologics | Local Carrier |
| J7030 - J7130 | Miscellaneous Drugs and | Local Carrier if incident to a physician's |
| | Solutions | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| J7190 - J7192 | Factor VIII | Local Carrier |
| J7193 - J7195 | 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 - J7303 | Intrauterine Copper Contraceptive | Local Carrier |
| J7308 | Aminolevulinic Acid HCL | Local Carrier |
| J7310 | Ganciclovir | Local Carrier if incident to a physician's |
| | | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| J7317 - J7320 | Injection | Local Carrier |
| J7330 | Autologous Cultured Chondrocytes | Local Carrier |
| | Implant | |
| J7340 - J7350 | Dermal and Epidermal - Tissue | Local Carriers |
| | of Human Origin | |
| J7500 - J7599 | Immunosuppressive Drugs | Local Carrier if incident to a physician's |
| | | service or used in an implanted infusion pump |
| | | 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 | DME REGIONAL Carrier |
| | through DME | |
| J8499 | Prescription Drug, Oral, Non | DME REGIONAL Carrier |
| | Chemotherapeutic | |
| J8510 - J8999 | Oral Anti-Cancer Drugs | DME REGIONAL Carrier |
| J9000 - J9999 | Chemotherapy Drugs | Local Carrier if incident to a physician's |
| | | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |

| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|----------------------------------|---|
| K0001 - K0108 | Wheelchairs | DME REGIONAL Carrier |
| K0114 - K0116 | Spinal Orthotics | DME REGIONAL Carrier |
| K0195 | Elevating Leg Rests | DME REGIONAL Carrier |
| K0415 - K0416 | Antiemetic Drugs | DME REGIONAL Carrier |
| K0452 | Wheelchair Bearings | DME REGIONAL Carrier |
| K0455 | Infusion Pump used for | DME REGIONAL Carrier |
| | Uninterrupted Administration of | |
| | Epoprostenal | |
| K0462 | Loaner Equipment | DME REGIONAL Carrier |
| K0552 | External Infusion Pump Supplies | DME REGIONAL Carrier |
| K0601 - K0605 | External Infusion Pump Batteries | DME REGIONAL Carrier |
| K0606 - K0609 | Defibrilator Accessories | DME REGIONAL Carrier |
| K0618 - K0619 | TLSOs | DME REGIONAL Carrier |
| K0620 | Surgical Dressing | Local Carrier if incident to a physician's |
| | 3 3 3 3 3 3 | service (not separately payable) or if supply |
| | | for implanted prosthetic device or implanted |
| | | DME. If other DME REGIONAL Carrier. |
| L0100 - L2090 | Orthotics | DME REGIONAL Carrier |
| L2106 - L2116 | Orthotics | DME REGIONAL Carrier |
| L2126 - 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 |
| L7000 L7020 | Trepair of Frostretic Bevice | device. If other, DME REGIONAL Carrier. |
| L7900 | Vacuum Erection System | DME REGIONAL Carrier |
| L8000 - L8490 | Prosthetics | DME REGIONAL Carrier |
| L8499 | Unlisted Procedure for | Local Carrier if implanted prosthetic device. |
| L0499 | | l · · · · · · · · · · · · · · · · · · · |
| L8500 - L8501 | Artificial Larynx; Tracheostomy | DME REGIONAL Carrier |
| L0300 - L0301 | Speaking Valve | DIVIL REGIONAL CAINE |
| L8505 | Artificial Larynx Accessory | DME REGIONAL Carrier |
| L8507 - L8514 | Voice Prosthesis | DME REGIONAL Carrier |
| L8600 - L8699 | Prosthetic Implants | Local Carrier |
| L9900 | Miscellaneous Orthotic or | Local Carrier if used with implanted prosthetic |
| L3300 | Prosthetic Component or | device. If other, DME REGIONAL Carrier. |
| | Accessory | device. Il other, Divic REGIONAL Camer. |
| M0064 - M0301 | Medical Services | Local Carrier |
| P2028 - P9615 | Laboratory Tests | Local Carrier |
| Q0035 | Influenza Vaccine; Cardio- | Local Carrier |
| Q0035 | kymography | Local Carrier |
| Q0081 | Infusion Therapy | Local Carrier if incident to a physicians |
| Q0081 | Initiasion Therapy | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| Q0083 - Q0085 | Chamatharany Administration | Local Carrier if incident to a physicians |
| Q0063 - Q0065 | Chemotherapy Administration | service or used in an implanted infusion pump |
| | | If other, DME REGIONAL Carrier. |
| 00001 | Cmaar Dranaration | |
| 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 if incident to a physician's |
| 00407 | Inication Dash and 10 | service. If other, DME REGIONAL Carrier. |
| Q0137 | Injection Darbepoetin | Local Carrier if incident to a physician's |
| 00111 | | service. If other, DME REGIONAL Carrier. |
| Q0144 | azithromycin dihydrate | Local Carrier if incident to a physician's |
| 20100 2211 | . | service. If other, DME REGIONAL Carrier. |
| Q0163 - Q0181 | Anti-emetic | DME REGIONAL Carrier |

| HCPCS | DESCRIPTION | JURISDICTION |
|---------------|-------------------------------|--|
| Q0182 - Q0183 | Artificial Skin | Local Carrier |
| Q0187 | Factor VIIA | Local Carrier |
| Q1001 - Q1005 | New Technology IOL | Local Carrier |
| Q2022 | Von Willebrand Factor | Local Carrier |
| Q3014 | Telehealth Originating Site | Local Carrier |
| | Facility Fee | |
| Q3019 - Q3020 | ALS Transport | Local Carrier |
| Q3025 - Q3026 | Vaccines | Local Carrier |
| Q3031 | Collagen Skin Test | Local Carrier |
| Q4001 - Q4051 | Splints and Casts | Local Carrier |
| Q4054 - Q4055 | Injection | DME REGIONAL Carrier when for Method II |
| | | ESRD beneficiaries. If other, Local Carrier. |
| Q4075 - Q4077 | Injection | Local Carrier if incident to a physicians |
| | | service or used in an implanted infusion pum |
| | | If other, DME REGIONAL 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 |
| V2782 - V2784 | Lenses | DME REGIONAL Carrier |
| V2785 | ProcessingCorneal Tissue | Local Carrier |
| V2786 | Lense | DME REGIONAL Carrier |
| V2790 | Amniotic Membrane | Local Carrier |
| V2797 | Vision Supply | DME REGIONAL Carrier |
| V2799 | Miscellaneous Vision Service | DME REGIONAL Carrier |
| V5008 - V5299 | Hearing Services | Local Carrier |
| V5336 | Repair/Modification of | DME REGIONAL Carrier |
| | Augmentative Communicative | |
| | System or Device | |
| V5362 - V5364 | Speech Screening | Local Carrier |

Revised: February 2004

20.3 - Use and Acceptance of HCPCS Codes and Modifiers

(Rev. 127, 03-26-04)

B3-4508, A3-3627.3, SNF-530.2, HO-442.3

The HCPCS is updated annually to reflect changes in the practice of medicine and provision of health care. The CMS provides a file containing the updated HCPCS codes to contractors and Medicaid State agencies 60 to 90 days in advance of the implementation of the annual update. Distribution consists of an electronic file of the updated HCPCS codes, file characteristics, record layout, and a listing of changed and deleted codes. Contractors are required to update their HCPCS codes file and map all new or deleted codes to appropriate payment information no later than three months after receipt of the update.

A spreadsheet containing an updated list of the HCPCS for durable medical equipment regional carrier (DMERC) and Part B local carrier jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) during each year. A recurring update notification will be published annually to notify DMERCs and Part B carriers that the list has been updated and is available on the CMS Web site. Both the DMERCs and the local carriers publish this list to educate providers on which contractor they should bill for codes provided on this list.

In addition to the major annual update, CMS also updates HCPCS codes quarterly to reflect additional changes or corrections that are emergency in nature. Quarterly changes are issued by letter or memorandum for local implementation.

Physicians and suppliers must use HCPCS codes on the Form CMS-1500 or its electronic equivalent and providers must use HCPCS codes on the Form CMS-1450 or its electronic equivalent for most outpatient services. The service or procedure can be further described by using 2-position modifiers contained in HCPCS.

Modifiers to HCPCS Level I codes for medicine, anesthesia, surgery, radiology, and pathology are on the HCPCS codes file from CMS. Modifiers for Level II alpha-numeric codes are with the Level II codes published by CMS. Alpha-numeric and CPT-4 modifiers may be used with either alpha-numeric or CPT-4 codes. Carriers and DMERCs are required to accept at least 2-position numeric or alpha modifiers and process both modifiers completely through the claims processing system (including any manual portion) as far as payment history. Intermediaries must be able to accept at least five modifiers and process them completely through the system. It is not acceptable merely to be able to accept multiple modifiers and then drop one before complete systems processing. Dropping of a modifier leads to incomplete and inaccurate pricing profiles.

Series "Q," "K," and "G" in the Level II coding are reserved for CMS assignment. "Q," "K," and "G" codes are **temporary** national codes for items or services requiring uniform national coding between one year's update and the next. Sometimes "temporary" codes remain for more than one update. If "Q," "K," or "G" codes are not converted to

permanent codes in the Level I or Level II series in the following update, they will remain active until converted in following years or until CMS notifies contractors to delete them. All active "Q," "K," and "G" codes at the time of update will be included on the update file for contractors. In addition, deleted codes are retained on the file for informational purposes, with a deleted indicator, for four years.

Series "S" and Series "I" Level II codes are reserved for use by the BCBSA and the HIAA, respectively. These codes provide for reporting needs unique to those organizations.

Each State defines its own Medicaid coverage, payment, and utilization levels. The CMS does not impose Medicare requirements on Medicaid programs. The HCPCS simply provides a system for identifying services that can be expanded to meet everyone's needs.

If Level I and Level II codes/modifiers do not exist for services or items common to Medicare and Medicaid, a local HCPCS code/modifier in the W, X, Y, or Z series may be requested. Local code/modifier requests for services common to both Medicare and Medicaid should be coordinated between the Medicare carrier and the Medicaid State agency and submitted to CMS CO for approval through the RO. See the procedure outlined in §20.2 to request CMS CO approval for such codes.