

DME MAC Jurisdiction A

LCD and Policy Article Revisions - Summary for January 28 2010

Posted January 28, 2010 ([GEN](#))

Outlined below are the principal changes to several DME MAC Local Coverage Determinations (LCDs) and Policy Articles (PAs) that have been revised and posted. Please review the entire LCD and each related Policy Article for complete information.

Knee Orthoses

LCD

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage criteria for L1810, L1820

Added: Definition for knee instability

Revised: Coverage criteria for L1832

HCPCS CODES AND MODIFIERS:

Deleted: L1800, L1815, L1825

Added: A4466

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Revised: Covered diagnoses for L1832

Policy Article

Revision Effective Date: 01/01/2010

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Reference to code A4466

CODING GUIDELINES:

Deleted: Definitions for L1800, L1815, and L1825

Deleted: Reference to code L2770

Positive Airway Pressure Devices

LCD

Revision Effective Date: 01/01/2010

INDICATIONS AND LIMITATIONS OF COVERAGE:

Revised: PAP device coverage when based on facility-based PSG – coverage based on date of PSG not DOS of device for credentialing requirement.

Power Mobility Devices

LCD

Revision Effective Date: 10/01/2009 (January 2010 Revision)

DOCUMENTATION REQUIREMENTS:

Revised: Wording of one element of the detailed product description

Wheelchair Options and Accessories

LCD

Revision Effective Date: 04/01/2010

HCPCS CODES AND MODIFIERS:

Added: GA, GZ

Deleted: E2223, E2393, E2399 (effective 01/01/2010)

DOCUMENTATION REQUIREMENTS:

Revised: Requirements for the detailed product description

Added: Instructions for use of the GA, GY, and GZ modifiers

Revised: Requirements for use of the KX modifier

Policy Article

Revision Effective Date: 01/01/2010

CODING GUIDELINES:

Revised: Changed references from code E2399 to K0108

Deleted: References to codes E2223, E2393

Wheelchair Seating

LCD

Revision Effective Date: 04/01/2010

HCPCS CODES AND MODIFIERS:

Added: GY

Revised: GA

DOCUMENTATION REQUIREMENTS:

Added: Requirements for use of the GY modifier

Revised: Requirements for detailed product description

Revised: Requirements for use of the KX modifier

Revised: Requirements for use of GA and GZ modifiers

Note: *The information contained in this article is only a summary of revisions to LCDs and Policy Articles. For complete information on any topic, you must review the LCD and/or Policy Article.*