

DME MAC Jurisdiction A

LCD and Policy Article Revisions Summary for March 2009 [\(GEN\)](#)

Posted March 5, 2009

Outlined below is a summary of the principal changes to several DME 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.

Ankle-Foot/Knee-Ankle-Foot Orthosis

LCD

Revision Effective Date: 04/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Deleted: L1901 from code range of AFO-KAFO used with ambulation.

HCPCS CODES AND MODIFIERS:

Revised: Code L4360 descriptor.

Deleted: Code L2860.

Policy Article

Revision Effective Date: 04/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage language for elastic support garments.

CODING GUIDELINES:

Deleted: Code L1901 from the prefabricated orthoses list and from the from ankle-foot orthosis worn by ambulatory patients.

Added: Code L2770 is invalid.

Revised: Removed Column I/Column II table in lieu of statement about billing replacement codes at time of initial issue.

Revised: SADMERC to PDAC.

Knee Orthoses

LCD

Revision Effective Date: 04/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: ICD-9 diagnosis codes 844.0 – 844.2 and 996.40 – 996.49 to range of codes for L1830, L1832, L1834, L1843, L1844, L1845 and L1846 in response to request for reconsideration.

Deleted: Codes L1800, L1815, L1825 from prefabricated knee orthoses.

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Eligible for Separate Payment.

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Not Medically Necessary.

HCPCS CODES AND MODIFIERS:

Revised: KX modifier.

ICD-9 CODES THAT SUPPORT MEDICAL NECESSITY:

Added: ICD-9 diagnosis codes 844.0 – 844.2 and 996.40 – 996.49 to range of codes for L1830, L1832, L1834, L1843, L1844, L1845 and L1846.

DOCUMENTATION:

Added: Clarified that use of KX modifier is applicable to both the base and addition codes.

Revised: Changed DMERC to DME MAC.

Policy Article

Revision Effective Date: 04/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Deleted: Codes L1800, L1815, L1825 from the reasonable useful lifetime chart.

Added: Noncoverage language for elastic support garments.

CODING GUIDELINES:

Deleted: Codes L1800, L1815, L1825 from Base code & Addition Codes - Not Separately Payable.

Deleted: Code L2860.

Revised: SADMERC to PDAC.

Spinal Orthoses: TLSO and LSO

LCD

Revision Effective Date: 04/01/2009

HCPCS CODES AND MODIFIERS:

Added: CG, GY

DOCUMENTATION REQUIREMENTS:

Added: Use of CG and GY modifiers with elastic spinal orthoses.

Policy Article

Revision Effective Date: 04/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Statement concerning noncoverage of elastic spinal orthoses.

CODING GUIDELINES:

Changed: SADMERC to PDAC.

Wheelchair Options and Accessories

LCD

Revision Effective Date: 01/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Changed: Terminology from Assistive Technology Supplier/ Practitioner to Assistive Technology Professional.

HCPCS CODES AND MODIFIERS:

Added: E2230, E2295 (to Miscellaneous Accessories section), RB modifier.

Revised: KX modifier.

Deleted: RP modifier.

Policy Article

Revision Effective Date: 01/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Added: Noncoverage statement for E2230.

CODING GUIDELINES:

Replaced: RP with RB modifier and revised instructions.

Revised: Billing instructions for bilateral items.

Changed: References from SADMERC to PDAC.

Changed: Statement concerning E0968, E1228 to indicate that they are invalid for claim submission.

Added: E2373 to instructions for KC modifier.

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 article.*