

DME MAC Jurisdiction A

LCD and Policy Article Revisions - Summary for June 2009 ([GEN](#))

Posted June 18, 2009

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.

Oxygen and Oxygen Equipment

LCD

Revision Effective Date: 01/01/2009 (June Revision)

INDICATIONS AND LIMITATIONS OF COVERAGE:

Clarified: Conditions for blood gas studies.

Clarified: Testing requirements when exercise test results are used to qualify.

Revised: Certification section to address new payment policy.

Moved: Information on payment of greater than 4 LPM oxygen to the Policy Article, Non-Medical Necessity Coverage and Payment Rules section.

HCPCS CODES AND MODIFIERS:

Added: RA modifier.

DOCUMENTATION REQUIREMENTS:

Moved: CMN instructions to Indications and Limitations of Coverage section.

Added: Instructions for replacement equipment.

Policy Article

Revision Effective Date: 01/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Updated: Entire section to account for new oxygen payment policy.

CODING GUIDELINES:

Revised: Billing instructions for oxygen contents.

Changed: SADMERC reference to PDAC.

BILLING INFORMATION:

Created: New section for billing instructions.

Added: Instructions on billing for oxygen contents.

Moved: Statement about not separately payable items to this section.

Therapeutic Shoes for Persons with Diabetes

LCD

Revision Effective Date: 08/01/2009

CMS NATIONAL COVERAGE POLICY:

Added: Benefit Policy Manual reference.

HCPCS CODES AND MODIFIERS:

Added: GY modifier.

DOCUMENTATION REQUIREMENTS:

Revised: Instructions for certification statement to indicate that it must be completed by the certifying physician.

Revised: Instructions concerning KX modifier to refer to the Policy Article.

Clarified: Information documenting that KX modifier requirements have been met must be in the records of the certifying physician.

Added: Instructions for use of GY modifier.

Policy Article

Revision Effective Date: 08/01/2009

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES:

Clarified: Documentation of qualifying conditions must be in the medical records of the certifying physician. (This requirement has always been included in the national policy. The 08/01/2009 effective date does not apply.)

CODING GUIDELINES:

Clarified: Definitions of A5512 and A5513.

Revised: Billing instructions for the RT and LT modifiers.

Added: Statement that custom fabricated inserts do not require PDAC Coding Verification Review.

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.