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**Issue Date:** 12/03/2004

**Topic:** Medical Benefits

**Subject:** Provider Letter : DMEPOS code updates for January 1, 2005

**Applies to (check all that apply):**

DHS staff and others on the SPD, CAF, OMHAS and OMAP transmittal lists

**Message:**

OMAP is sending the attached letter to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) service providers. It informs providers of HCPCS coding updates effective January 1, 2005. This includes information on coding changes to services requiring prior authorization.

*If you have any questions about this information, contact:*

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# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services

### Health Services

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December 1, 2004

**To:** DMEPOS Providers

**From:** Joan Kapowich, Manager *Joan M. Kapowich*  
OMAP Program and Policy Section



**Subject:** HCPCS Code Updates (Effective January 1, 2005)

Following are Healthcare Common Procedure Coding System (HCPCS) code updates that will require prior authorization for dates of service on or after January 1, 2005.

OMAP will fully incorporate these updates in the April 1, 2005, revision of the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) rulebook. Until that time, please keep this notice in your DMEPOS rulebook.

### Obsoleted Codes

Effective 12/31/04, the Centers for Medicare and Medicaid Services (CMS) has obsoleted the following HCPCS codes:

A4521	A4530	A4554	K0650	K0660
A4522	A4531	E0454	K0651	K0661
A4523	A4532	E1012	K0652	K0662
A4524	A4533	E1013	K0653	K0663
A4525	A4534	K0023	K0654	K0664
A4526	A4535	K0024	K0655	K0665
A4527	A4536	K0059	K0656	K0666
A4528	A4537	K0060	K0657	K0668
A4529	A4538	K0061	K0658	

For any new prior authorization requests for dates of service on or after January 1, 2005, be sure to use the new HCPCS codes in place of these obsoleted codes (see attached update list for details).

—OVER—

*“Assisting People to Become Independent, Healthy and Safe”  
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## **Active Prior Authorizations Beyond 12/31/04**

If you have active prior authorizations for obsoleted codes that cover dates of service on or after 1/1/05, do not resubmit requests for them using the new codes. OMAP will revise all existing prior authorizations extending past 12/31/04 to include the new codes.

When billing for services dated after 12/31/04, providers must use the new HCPCS code(s), not the old.

## **Web Resources**

CMS periodically assigns new HCPCS codes for some services and deletes others. When CMS releases official updates of HCPCS codes, OMAP updates our fee schedule accordingly, using the same revision effective dates Medicare uses.

Consult the CMS web site to confirm the status of any HCPCS code. Please note that the existence of a code does not necessarily imply coverage.

CMS HCPCS Update Files (updated quarterly):

<http://www.cms.hhs.gov/providers/pufdownload/anhcpcdl.asp>

OMAP Fee Schedule (updated monthly):

[http://www.dhs.state.or.us/healthplan/data\\_pubs/feeschedule/main.html](http://www.dhs.state.or.us/healthplan/data_pubs/feeschedule/main.html)

OMAP DMEPOS Program Rulebook, Guidelines and Updates:

<http://www.dhs.state.or.us/policy/healthplan/guides/dme/main.html>

CMS HCPCS Homepage:

<http://www.cms.hhs.gov/medicare/hcpcs>

CMS HIPAA Administrative Simplification Page:

<http://www.cms.hhs.gov/hipaa/hipaa2/default.asp>

DMEPOS providers, see Cigna Web site for coding updates:

<http://www.cignamedicare.com./dmerc/index.html>

## **Questions?**

If you have questions, call OMAP Provider Relations at 1-800-336-6016.

If you have prior authorization questions, call OMAP's Medical Unit at 1-800-642-8635.

**HCPCS 2005 ADDITIONS EFFECTIVE JANUARY 1, 2005 –  
 REQUIRE PRIOR AUTHORIZATION  
 (this list may not be complete)**

<b>NEW CODE</b>	<b>REPLACES CODE(S)</b>	<b>DESCRIPTION</b>
E0463	E0454	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)
E0464	E0454	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (E.G. MASK)
E0639	N/A	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ ACCESSORIES
E0640	N/A	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ ACCESSORIES
E1229	N/A	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1239	N/A	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E2205	K0059- K0061	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH
E2206	N/A	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH
E2291	N/A	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2292	E1012	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2293	N/A	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2294	E1013	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2368	N/A	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY
E2369	N/A	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY
E2370	N/A	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY
E2601	K0650	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2602	K0651	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2603	K0652	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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<b>NEW CODE</b>	<b>REPLACES CODE(S)</b>	<b>DESCRIPTION</b>
E2604	K0653	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2605	K0654	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2606	K0655	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2607	K0656	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
E2608	K0657	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
E2609	K0658	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE
E2611	K0660	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2612	K0661	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2613	K0662	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2614	K0663	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2615	K0664	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2616	K0665	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E2617	K0666	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE
E2619	K0668	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH
E2620	K0023- K0024	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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<b>NEW CODE</b>	<b>REPLACES CODE(S)</b>	<b>DESCRIPTION</b>
E2621	N/A	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
E8000	N/A	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
E8001	N/A	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
E8002	N/A	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
T4521	A4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, SMALL, EACH
T4522	A4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, MEDIUM, EACH
T4523	A4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, LARGE, EACH
T4524	A4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, EXTRA LARGE, EACH
T4525	A4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH
T4526	A4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH
T4527	A4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH
T4528	A4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH
T4529	A4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, SMALL/MEDIUM SIZE, EACH
T4530	A4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, LARGE SIZE, EACH
T4531	A4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH
T4532	A4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH
T4533	A4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/ DIAPER, EACH
T4534	A4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH

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<b>NEW CODE</b>	<b>REPLACES CODE(S)</b>	<b>DESCRIPTION</b>
T4535	A4535	DISPOSABLE LINER/ SHIELD/ GUARD/ PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH
T4536	A4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH
T4537	A4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH
T4538	A4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER
T4540	A4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH
T4541	A4554	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH
T4542	A4554	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH