CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10737	Date: May 7, 2021
	Change Request 12134

SUBJECT: 2021 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List

I. SUMMARY OF CHANGES: A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Part B Medicare Administrative Contractor (A/B MAC Part B) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. This recurring update notification applies to chapter 23, section 20.3.

EFFECTIVE DATE: January 1, 2021

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: June 7, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE			
N/A	N/A			

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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EFFECTIVE DATE: January 1, 2021

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IMPLEMENTATION DATE: June 7, 2021

I. GENERAL INFORMATION

A. Background: A spreadsheet containing an updated list of the HCPCS codes for Durable Medical Equipment Medicare Administrative Contractors (DME MAC) and Part B Medicare Administrative Contractor (A/B MAC Part B) jurisdictions is updated annually to reflect codes that have been added or discontinued (deleted) each year. Changes in chapter 23, section 20.3 of the Claims Processing Manual are reflected in the recurring update notification.

B. Policy: A recurring update notification will be published annually to notify the DME MACs and the A/B MACs Part B that the list has been updated and is available on the CMS website. The jurisdiction list is an excel file and will be located at: http://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC					D Shared- M System			tem		Other
					E Maintainers							
		A	В	H H	M	_	M C	V M	_			
				Н	A C	S S	S	S	F			
12134.1	The DME MACs and the A/B MACs Part B shall download the attached jurisdiction file.		X		X							
12134.2	The DME MACs and the A/B MACs Part B shall adjudicate claims in accordance with the designations indicated in the jurisdiction file update.		X		X							
12134.3	The DME MACs and the A/B MACs Part B shall publish the attached jurisdiction file as part of this provider education initiative.		X		X							

III. PROVIDER EDUCATION TABLE

Number	ber Requirement		Responsibility						
			A/B MA(D M E	C E D			
		A	В	H H H	M A C	I			
12134.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.		X		X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

[&]quot;Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
1 (unioci	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wendy Knarr, Wendy.Knarr@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and

immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1