

Notice Summary

MEMORANDUM

Date: January 12, 2022

Subject: Medicare Program; Updates to Lists Related to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Conditions of Payment [CMS-6081-N]

On January 12, 2022, CMS announced updates to the [Master List of DMEPOS Items Potentially Subject to Face-to-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements](#). This is the first time CMS has updated the Lists since creating the Lists in the DMEPOS final rule that was published in 2019.¹ In this announcement, CMS added 31 items to the Master List, deleted 5 items from the Master List, and added 11 items to the Required Prior Authorization List. In addition, CMS officially published the Face-to-Face Encounter and Written Order Prior to Delivery (F2F and WOPD) Required List which includes power mobility device codes that are statutorily required to have F2F and WOPD and seven new codes that are not statutorily required.

This notice is effective starting April 13, 2022.

Background on Master List

“Master List of DMEPOS Items Potentially Subject to Face-To-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements” (Master List) is a single list of items that combines the items that are eligible for F2F encounters, WOPD, and prior authorization. Before CY 2020, the three different payment conditions had their own separate lists that were established by different rules and legislative mandates.^{2,3,4} The single Master List streamlines these requirements. To be added to the Master List, the following criteria must be met.

- Any DMEPOS item that has either:
 - An average purchase fee schedule of \$500 or more.
 - An average monthly rental fee schedule of \$50 or more.
 - Items that account for at least 1.5% of DMEPOS Medicare expenditures in the recent 12-months that are identified by OIG, GAO, or CERT for potentially having high improper payments/utilization.
- The annual updates need to include items with at least 1,000 claims and \$1 million paid by Medicare in the recent 12-months that has experienced unusual billing patterns. Unusual billing patterns will be identified by the greater of:
 - The claim payments for the item has doubled from the previous 12-month period.

¹ “Medicare Program; End Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule Amounts, DMEPOS Competitive Bidding Program (CBP) Amendments, Standard Elements for a DMEPOS Order, and Master List of DMEPOS Items Potentially Subject to a Face-to-Face Encounter and Written Order Prior to Delivery and/or Prior Authorization Requirements” (84 FR 60648)

² “Medicare Program; Prior Authorization Process for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies” (80 FR 81674)

³ “Medicare Program; Conditions for Payment of Power Mobility Devices, including Power Wheelchairs and Power-Operated Vehicles” (71 FR 17021)

⁴ “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013” (77 FR 68892)

- Payments exceeding 30% increase from the previous 12-month period.
- Any item that is statutorily required to have a F2F encounter, WOPD, or prior authorization.

Updates to the Master List

Starting April 13, 2022, CMS will remove the following codes from the Master List:

Items Removed from the Master List	
HCPCS	Description
A4253	Blood Glucose Test or Reagent Strips for Home Blood Glucose Monitor, Per 50 Strips
A4351	Intermittent Urinary Catheter; Straight Tip, With or Without Coating (Teflon, Silicone, Silicone Elastomer, Or Hydrophilic, Etc.), Each
E2369	Power Wheelchair Component, Drive Wheel Gear Box, Replacement Only
E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics and Mounting Hardware, Upgrade Provided At Initial Issue
L3761	Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf

CMS will be adding the following codes to the Master List:

Additions to the Master List	
HCPCS	Description
A4352	Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each
A5121	Skin Barrier; Solid, 6 X 6 Or Equivalent, Each
A6203	Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing
A6219	Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing
A6242	Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
A7031	Face Mask Interface, Replacement For Full Face Mask, Each
E0467	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any Or All Of The Additional Functions Of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components And Supplies For All Functions
E0565	Compressor, Air Power Source For Equipment Which Is Not Self-Contained Or Cylinder Driven
E0650	Pneumatic Compressor, Non-Segmental Home Model
E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient Pressure
E0652	Pneumatic Compressor, Segmental Home Model With Calibrated Gradient Pressure
E0656	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Trunk
E0657	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Chest

E0670	Segmental Pneumatic Appliance For Use With Pneumatic Compressor, Integrated, 2 Full Legs And Trunk
E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral Or Bilateral System)
E0740	Non-Implanted Pelvic Floor Electrical Stimulator, Complete System
E0744	Neuromuscular Stimulator For Scoliosis
E0745	Neuromuscular Stimulator, Electronic Shock Unit
E0764	Functional Neuromuscular Stimulation, Transcutaneous Stimulation Of Sequential Muscle Groups Of Ambulation With Computer Control, Used For Walking By Spinal Cord Injured, Entire System, After Completion Of Training Program
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories, Any Type
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
L0830	Halo Procedure, Cervical Halo Incorporated Into Milwaukee Type Orthosis
L1005	Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment
L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
L2580	Addition To Lower Extremity, Pelvic Control, Pelvic Sling
L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
L7368	Lithium Ion Battery Charger, Replacement Only

Updates to the Required Prior Authorization List

CMS will be adding 11 items to the Prior Authorization program:

ADDITIONS TO REQUIRED PRIOR AUTHORIZATION LIST	
HCPSCS	Description
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds
K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds
K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds

L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
L1851	Knee Orthosis (Ko), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The- Shelf

Implementation of the six power operated vehicles will be implemented nationwide beginning April 13, 2022. CMS will phase-in the five orthosis codes in 3 stages:

- Phase 1 (April 13, 2022): Implement only in California, Florida, Illinois, and New York
- Phase 2 (July 12, 2022): Implement only in Arizona, Georgia, Kentucky, Maryland, Michigan, Missouri, New Jersey, North Carolina, Ohio, Pennsylvania, Texas, and Washington
- Phase 3 (October 10, 2022): Nation-wide implementation

Required Face-to-Face Encounter and Written Order Prior to Delivery List (F2F and WOPD Required List)

CMS officially published the F2F and WOPD Required List. The list includes 46 power mobility device HCPCS that are statutorily required. CMS also adds six orthosis codes and one osteogenesis stimulator code to the Required List. During the COVID-10 Public Health Emergency, the F2F encounter may be conducted via telehealth.

New Non-Statutorily Required F2F and WOPD Items	
HCPCS	Description
E0748	Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications
L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf

L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
L1851	Knee Orthosis (KO), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
L3960	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment