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1. The Pricing, Data Analysis and Coding (PDAC) Contractor

Noridian Administrative Services, LLC contracted by the Centers for Medicare & Medicaid Services (CMS) to serve as the PDAC. The PDAC assists suppliers and manufacturers in the proper use of the Healthcare Common Procedure Coding System (HCPCS). The HCPCS is used to identify items of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for purposes of Medicare billing.

The PDAC plays a key role in the regionalization of DMEPOS claim processing. Some of their responsibilities include:

- Provide data analysis support to the Zone Program Integrity Contractors (ZPICs)
- Guide manufacturers and suppliers on the proper use of the Healthcare Common Procedure Coding System (HCPCS) through product reviews and decisions
- Conduct national pricing functions for DMEPOS services
- Assist CMS with DMEPOS fee schedules

The PDAC also operates a help line to provide DMEPOS coding advice. The help line telephone number is 877.735.1326. The hours of operation are Monday through Friday, 8:30 am to 4:00 pm CST.

You can also reach the PDAC at their website: <https://www.dmepdac.com/>

Or by mail:

PDAC
P.O. Box 6757
Fargo, ND 58108-6757

DMECS – Online Coding Assistance from the PDAC

The DMECS (Durable Medical Equipment Coding System) is an online application that will provide Healthcare Common Procedure Coding System (HCPCS) coding assistance and national pricing information 24 hours a day. DMECS is designed to help Medicare providers and suppliers quickly classify durable medical equipment, prosthetics/orthotics, and supplies (DMEPOS) by combining information from a variety of sources to make HCPCS coding determinations for claim submission to the DME MACs easier. Currently, DMECS has four interactive components that work together to provide HCPCS coding information. The four components are Search by HCPCS information, Search for Modifier, Search for Fee Schedule and Search DMEPOS Product Classification List.

DMECS is available on the PDAC website at <https://www.dmepdac.com/dmecs/index.html>.

2. Level II HCPCS Codes

CMS Manual System, Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 23, §20

Level II HCPCS codes are CMS assigned and consist of an alpha followed by four numerics. The Level II HCPCS listed in Appendix A of this manual are provided as a guide for identifying items that are processed by the DME MACs. The appearance of a code in the appendix does not necessarily indicate coverage.

3. Coding Jurisdiction

A spreadsheet containing an updated list of the HCPCS for Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Part B local contractor jurisdictions is maintained by CMS. A recurring update notification is published when CMS updates the list. The list is made available on the CMS website. The jurisdiction list is located in the subcategory of Coding under the Important Links references at <http://www.cms.gov/center/dme.asp>.

4. Modifiers

Modifiers can be alphas, numerics or a combination of both, but will always be two digits for Medicare purposes. Some modifiers cause automated pricing changes, while others are used to convey information only.

Below is a list of modifiers used with procedure codes for DMEPOS:

99	MODIFIER OVERFLOW. (EFFECTIVE DATE 7/1/2003)
A1	DRESSING FOR ONE WOUND. (EFFECTIVE DATE 1/1/2003)
A2	DRESSING FOR TWO WOUNDS. (EFFECTIVE DATE 1/1/2003)
A3	DRESSING FOR THREE WOUNDS. (EFFECTIVE DATE 1/1/2003)
A4	DRESSING FOR FOUR WOUNDS. (EFFECTIVE DATE 1/1/2003)
A5	DRESSING FOR FIVE WOUNDS. (EFFECTIVE DATE 1/1/2003)
A6	DRESSING FOR SIX WOUNDS. (EFFECTIVE DATE 1/1/2003)
A7	DRESSING FOR SEVEN WOUNDS. (EFFECTIVE DATE 1/1/2003)
A8	DRESSING FOR EIGHT WOUNDS. (EFFECTIVE DATE 1/1/2003)
A9	DRESSING FOR NINE OR MORE WOUNDS. (EFFECTIVE DATE 1/1/2003)
AU	ITEM FURNISHED IN CONJUNCTION WITH A UROLOGICAL, OSTOMY, OR TRACHEOSTOMY SUPPLY. (EFFECTIVE DATE 1/1/2003)
AV	ITEM FURNISHED IN CONJUNCTION WITH A PROSTHETIC DEVICE, PROSTHETIC OR ORTHOTIC. (EFFECTIVE DATE 1/1/2003)
AW	ITEM FURNISHED IN CONJUNCTION WITH A SURGICAL DRESSING. (EFFECTIVE DATE 1/1/2003)

AX	ITEM FURNISHED IN CONJUNCTION WITH DIALYSIS SERVICES. (EFFECTIVE DATE 1/1/2003)
BA	ITEM FURNISHED IN CONJUNCTION WITH PARENTERAL ENTERAL NUTRITION (PEN) SERVICES. (EFFECTIVE DATE 1/1/2003)
BO	ORALLY ADMINISTERED NUTRITION, NOT BY FEEDING TUBE. (EFFECTIVE DATE 1/1/2003)
BP	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO PURCHASE THE ITEM.
BR	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND HAS ELECTED TO RENT THE ITEM.
BU	THE BENEFICIARY HAS BEEN INFORMED OF THE PURCHASE AND RENTAL OPTIONS AND AFTER 30 DAYS HAS NOT INFORMED THE SUPPLIER OF HIS/HER DECISION.
CC	PROCEDURE CODE CHANGE (USE 'CC' WHEN THE PROCEDURE CODE SUBMITTED WAS CHANGED EITHER FOR ADMINISTRATIVE REASONS OR BECAUSE AN INCORRECT CODE WAS FILED). (SUPPLIERS SHOULD NOT SUBMIT MODIFIER CC.)
CG	POLICY CRITERIA APPLIED (EFFECTIVE DATE 07/01/2008)
CR	CATASTROPHE/DISASTER RELATED
EA	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER CHEMOTHERAPY (EFFECTIVE DATE 1/1/2008)
EB	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA DUE TO ANTI-CANCER RADIOTHERAPY (EFFECTIVE DATE 1/1/2008)
EC	ERYTHROPOETIC STIMULATING AGENT (ESA) ADMINISTERED TO TREAT ANEMIA NOT DUE TO ANTI-CANCER RADIOTHERAPY OR ANTI-CANCER CHEMOTHERAPY (EFFECTIVE DATE 1/1/2008)
ED	HEMATOCRIT LEVEL HAS EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE (EFFECTIVE DATE 1/1/2008)
EE	HEMATOCRIT LEVEL HAS NOT EXCEEDED 39% (OR HEMOGLOBIN LEVEL HAS NOT EXCEEDED 13.0 G/DL) FOR 3 OR MORE CONSECUTIVE BILLING CYCLES IMMEDIATELY PRIOR TO AND INCLUDING THE CURRENT CYCLE (EFFECTIVE DATE 1/1/2008)
EJ	SUBSEQUENT CLAIMS FOR A DEFINED COURSE OF THERAPY, E.G., EPO, SODIUM HYALURONATE, INFLAXIMAB.
EM	EMERGENCY RESERVE SUPPLY (FOR ESRD BENEFIT ONLY).
EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE. (EFFECTIVE DATE 1/1/2003)
FB	ITEM PROVIDED WITHOUT COST TO PROVIDER, SUPPLIER OR PRACTITIONER, OR FULL CREDIT RECEIVED FOR REPLACED DEVICE (EXAMPLES, BUT NOT LIMITED TO, COVERED UNDER WARRANTY, REPLACED DUE TO DEFECT, FREE SAMPLES) (UPDATED 1/1/2008)
FC	PARTIAL CREDIT RECEIVED FOR REPLACED DEVICE (EFFECTIVE DATE 1/1/2008)

GA	WAIVER OF LIABILITY STATEMENT ON FILE.
GD	UNITS OF SERVICE EXCEEDS MEDICALLY UNLIKELY EDIT VALUE AND REPRESENTS REASONABLE AND NECESSARY SERVICES (EFFECTIVE DATE 1/1/2008)
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH A GA OR GZ MODIFIER (UPDATED 1/1/2008)
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE, NO ADVANCE BENEFICIARY NOTICE (ABN) (UPDATED 1/1/2008)
GW	SERVICE NOT RELATED TO THE HOSPICE PATIENT'S TERMINAL CONDITION. (USED FOR MEDICARE ADVANTAGE PLANS CLAIMS)
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY (EFFECTIVE 4/1/2010)
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT (UPDATED 1/1/2008)
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE OR NECESSARY. (EFFECTIVE 1/1/2002)
J4	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED BY A HOSPITAL UPON DISCHARGE (EFFECTIVE 01/01/2010)
JW	DRUG AMOUNT DISCARDED/NOT ADMINISTERED TO ANY PATIENT (EFFECTIVE 01/01/2003)
K0	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 0 - DOES NOT HAVE THE ABILITY OR POTENTIAL TO AMBULATE OR TRANSFER SAFELY WITH OR WITHOUT ASSISTANCE AND A PROSTHESIS DOES NOT ENHANCE THEIR QUALITY OF LIFE OR MOBILITY.
K1	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 1 - HAS THE ABILITY OR POTENTIAL TO USE A PROSTHESIS FOR TRANSFERS OR AMBULATION ON LEVEL SURFACES AT FIXED CADENCE. TYPICAL OF THE LIMITED AND UNLIMITED HOUSEHOLD AMBULATOR.
K2	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 2 - HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH THE ABILITY TO TRAVERSE LOW LEVEL ENVIRONMENTAL BARRIERS SUCH AS CURBS, STAIRS OR UNEVEN SURFACES. TYPICAL OF THE LIMITED COMMUNITY AMBULATOR.
K3	LOWER EXTREMITY PROSTHESIS FUNCTIONAL LEVEL 3 - HAS THE ABILITY OR POTENTIAL FOR AMBULATION WITH VARIABLE CADENCE. TYPICAL OF THE COMMUNITY AMBULATOR WHO HAS THE ABILITY TO TRANSVERSE MOST ENVIRONMENTAL BARRIERS AND MAY HAVE VOCATIONAL, THERAPEUTIC OR EXERCISE ACTIVITY THAT DEMANDS PROSTHETIC UTILIZATION BEYOND SIMPLE LOCOMOTION.
K4	LOWER PROSTHESIS FUNCTIONAL LEVEL 4 - HAS THE ABILITY OR POTENTIAL FOR PROSTHETIC AMBULATION THAT EXCEEDS THE BASIC AMBULATION SKILLS, EXHIBITING HIGH IMPACT, STRESS, OR ENERGY LEVELS, TYPICAL OF THE PROSTHETIC DEMANDS OF THE CHILD, ACTIVE ADULT, OR ATHLETE.
KB	BENEFICIARY REQUESTED UPGRADE FOR ABN, MORE THAN 4 MODIFIERS IDENTIFIED ON CLAIM. (EFFECTIVE DATE 1/1/2003)
KC	REPLACEMENT OF SPECIAL POWER WHEELCHAIR INTERFACE. (EFFECTIVE DATE

	01/01/05)
KD	DRUG OR BIOLOGICAL INFUSED THROUGH DME. (EFFECTIVE DATE 01/01/04)
KE	BID UNDER ROUND ONE OF THE DMEPOS COMPETITIVE BIDDING PROGRAM FOR USE WITH NON-COMPETITIVE BID BASE EQUIPMENT (EFFECTIVE 01/01/2009)
KF	ITEM DESIGNATED BY FDA AS CLASS III DEVICES. (EFFECTIVE DATE 04/01/04)
KG	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 1 (EFFECTIVE DATE 07/01/2007)
KH	DMEPOS ITEM, INITIAL CLAIM, PURCHASE OR FIRST MONTH RENTAL
KI	DMEPOS ITEM, SECOND OR THIRD MONTH RENTAL
KJ	DMEPOS ITEM, PARENTERAL ENTERAL NUTRITION (PEN) PUMP OR CAPPED RENTAL, MONTHS FOUR TO FIFTEEN
KK	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 2 (EFFECTIVE DATE 07/01/2007)
KL	DMEPOS ITEM DELIVERED VIA MAIL (EFFECTIVE DATE 07/01/2007)
KM	REPLACEMENT OF FACIAL PROSTHESIS INCLUDING NEW IMPRESSION/MOULAGE
KN	REPLACEMENT OF FACIAL PROSTHESIS USING PREVIOUS MASTER MODEL
KO	SINGLE DRUG UNIT DOSE FORMULATION
KP	FIRST DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KQ	SECOND OR SUBSEQUENT DRUG OF A MULTIPLE DRUG UNIT DOSE FORMULATION
KR	RENTAL ITEM, BILLING FOR PARTIAL MONTH.
KS	GLUCOSE MONITOR SUPPLY FOR DIABETIC BENEFICIARY NOT TREATED WITH INSULIN
KT	BENEFICIARY RESIDES IN A COMPETITIVE BIDDING AREA AND TRAVELS OUTSIDE THAT COMPETITIVE BIDDING AREA AND RECEIVES A COMPETITIVE BID ITEM (UPDATED DATE 04/01/2008)
KU	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 3 (EFFECTIVE DATE 07/01/2007)
KV	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM THAT IS FURNISHED AS PART OF A PROFESSIONAL SERVICE (EFFECTIVE DATE 1/1/2008)
KW	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 4 (EFFECTIVE DATE 1/1/2008)
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET (EFFECTIVE DATE 7/1/2002)
KY	DMEPOS ITEM SUBJECT TO DMEPOS COMPETITIVE BIDDING PROGRAM NUMBER 5 (EFFECTIVE DATE 1/1/2008)
LT	LEFT SIDE. (USED TO IDENTIFY ITEM PROVIDED FOR THE LEFT SIDE OF THE BODY.)

MS	SIX MONTH MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS AND LABOR WHICH ARE NOT COVERED UNDER ANY MANUFACTURER OR SUPPLIER WARRANTY
NU	NEW DURABLE MEDICAL EQUIPMENT PURCHASE.
Q0	INVESTIGATIONAL CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY (EFFECTIVE DATE 1/1/2008)
Q1	ROUTINE CLINICAL SERVICE PROVIDED IN A CLINICAL RESEARCH STUDY THAT IS IN AN APPROVED CLINICAL RESEARCH STUDY (EFFECTIVE DATE 1/1/2008)
QA	<i>FDA INVESTIGATIONAL DEVICE EXEMPTION (ENDS 12/31/2007)</i>
QE	PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN 1 LITER PER MINUTE (LPM).
QF	PRESCRIBED AMOUNT OF OXYGEN EXCEEDS 4 LPM AND PORTABLE OXYGEN IS PRESCRIBED.
QG	PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN 4 LITERS PER MINUTE (LPM).
QH	OXYGEN CONSERVING DEVICE IS BEING USED WITH AN OXYGEN DELIVERY SYSTEM.
QJ	SERVICE/ITEMS PROVIDED TO A PRISONER OR PATIENT IN STATE OR LOCAL CUSTODY, HOWEVER THE STATE OR LOCAL GOVERNMENT, AS APPLICABLE, MEETS THE REQUIREMENT IN 42 CFR 411.1(B). (EFFECTIVE DATE 1/1/2003)
QQ	CLAIM SUBMITTED WITH A WRITTEN STATEMENT OF INTENT
QR	<i>ITEM/SERVICE IN MEDICARE STUDY – OXYGEN (ENDS 12/31/2007)</i>
QV	<i>ITEM OR SERVICE PROVIDED AS ROUTINE CARE IN A MEDICARE QUALIFYING CLINICAL TRAIL (ENDS 12/31/2007)</i>
RA	REPLACEMENT OF A DME, ORTHOTIC OR PROSTHETIC ITEM (EFFECTIVE 01/01/2009) (DESCRIPTION CHANGE EFFECTIVE 04/01/2010)
RB	REPLACEMENT OF A PART OF A DME, ORTHOTIC OR PROSTHETIC ITEM FURNISHED AS PART OF A REPAIR (EFFECTIVE 01/01/2009) (DESCRIPTION CHANGE EFFECTIVE 04/01/2010)
RE	FURNISHED IN FULL COMPLIANCE WITH FDA-MANDATED RISK EVALUATION AND MITIGATION STRATEGY (REMS) (EFFECTIVE 01/01/2009)
RP	REPLACEMENT AND REPAIR. RP MAY BE USED TO INDICATE REPLACEMENT OF DME, ORTHOTIC AND PROSTHETIC DEVICES, WHICH HAVE BEEN IN USE FOR SOMETIME. THE CLAIM SHOWS THE CODE FOR THE PART, FOLLOWED BY THE 'RP' MODIFIER AND THE CHARGE FOR THE PART. (DELETED EFFECTIVE 12/31/2008)
RR	RENTAL. (USE THIS 'R' MODIFIER WHEN DME IS TO BE RENTED).
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY).
UE	USED DURABLE MEDICAL EQUIPMENT PURCHASE.