

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>6-17-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000393</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Heck, Kost</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

June 12, 2013

Mr. Anthony Keck
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck,

As the contractor for the Jurisdiction C Durable Medical Equipment Medicare Administrative Contract (DME MAC), we are advising you of the fee schedule changes that will be made based on the July Quarterly Update for 2013 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule. These changes will be implemented per Change Request (CR) 8325 from the Centers for Medicare & Medicaid Services (CMS).

As part of this update, CMS established fees for HCPCS codes E2378, L5859 & L7902. The following fees for these codes are effective for dates of service on or after January 1, 2013.

State	E2378NU	E2378RR	E2378UE	L5859	L7902
AL	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
AR	\$553.99	\$55.41	\$415.50	\$13,645.70	\$17.69
CO	\$553.99	\$55.41	\$415.50	\$13,722.23	\$17.77
FL	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
GA	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
LA	\$553.99	\$55.41	\$415.50	\$13,645.70	\$17.69
MS	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
NC	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
NM	\$553.99	\$55.41	\$415.50	\$13,645.70	\$17.69
OK	\$553.99	\$55.41	\$415.50	\$13,645.70	\$17.69
PR	\$664.79	\$66.50	\$498.58	\$14,572.87	\$18.88
SC	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
TN	\$553.99	\$55.41	\$415.50	\$13,646.99	\$17.69
TX	\$553.99	\$55.41	\$415.50	\$13,645.70	\$17.69
VA	\$553.99	\$55.41	\$415.50	\$13,248.06	\$17.19
VI	\$553.99	\$55.41	\$415.50	\$14,572.87	\$18.88
WV	\$553.99	\$55.41	\$415.50	\$13,248.06	\$17.19

Effective for dates of service on or after July 1, 2013, HCPCS code K0009 is changed to the capped rental category. The monthly rental fee schedule amount for the first three months is equal to 10 percent of the purchase price. The monthly payment amount for rental months 4 through 13 is equal to 7.5 percent of the purchase price. As part of this update, CMS established fee schedule amounts in accordance with §1834(a)(8) of the Act using data for all manual wheelchair codes effective in 1986. The following are the rental fees equal to 10 percent of the purchase price for dates of service on or after July 1, 2013.

State	K0009RR
AL	\$80.50
AR	\$80.50
CO	\$80.50
FL	\$77.39
GA	\$80.50
LA	\$80.50
MS	\$80.50
NC	\$79.71
NM	\$80.50
OK	\$80.50
PR	\$92.88
SC	\$80.50
TN	\$80.50
TX	\$77.39
VA	\$80.50
VI	\$80.50
WV	\$80.50

In accordance with section 636(a) of the American Taxpayer Relief Act, effective for claims with dates of service on or after July 1, 2013, the fee schedule amounts for non-mail order diabetic supplies are adjusted so that they are equal to the single payment amounts for mail order diabetic supplies established in implementing the national mail order competitive bidding program under section 1847 of the Act.

The following fee schedule amounts for non-mail order diabetic suppliers are effective for dates of service on or after July 1, 2013.

State	A4233NU	A4234NU	A4235NU	A4236NU	A4253NU	A4256	A4258	A4259
AL	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
AR	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
CO	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
FL	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
GA	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
LA	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
MS	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
NC	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
NM	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
OK	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
PR	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
SC	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
TN	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
TX	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
VA	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
VI	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65
WV	\$0.58	\$2.50	\$1.06	\$1.19	\$10.41	\$4.00	\$2.52	\$1.65

Please let me know if you have any questions regarding these updated fees.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Helton".

Carolyn Helton
Business Analyst III
DME MAC Technical Team

CGS is a Medicare Part A, B, Home Health and Hospice, and DME Medicare Administrative Contractor for the Centers for Medicare & Medicaid Services.



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RECEIVED

JUN 17 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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