

Read Me File for the 2010 Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule Public Use File (PUF)

**Disclaimer:**           **Inclusion or exclusion of a fee schedule for an item or service does not imply any health insurance coverage.**

**File Name:**           Because of the DMEPOS fee schedule's semiannual or quarterly (as necessary) update process, the executable you receive will be named for the quarterly release corresponding to that file. The following naming conventions will be used to identify each DMEPOS fee schedule PUF:

DME10\_A.ZIP:           January 2010 release  
DME10\_B.ZIP:           Second Quarter 2010 release  
DME10\_C.ZIP:           Third Quarter 2010 release  
DME10\_D.ZIP:           Fourth Quarter 2010 release

**File Contents:**           You have received a compressed file. When decompressed, this file explodes into eight separate files: DMEBACK which outlines the policy origins of the DMEPOS fee schedule (in Word (.doc) formats); DMEREAD which contains general information about the file's content, background, organization, update schedule, and record layout (in Word (.doc) formats); the DMEPOS fee schedule data available in Excel (.xls) and comma delimited (.csv) formats and in an ASCII text (txt) which contains the fee schedule data in a non-grid format (i.e, one fee schedule per record); and the Parenteral and Enteral Nutrition Items and Services (PEN) fee schedule data available in Excel (.xls), comma delimited (.csv) and ASCII text (.txt) formats.

Additionally, the quarterly release files will contain DMECHNG (in Excel (.xls) and comma delimited (.csv) formats) which identifies those prices which have changed during that quarterly update cycle.

**Background:**           The DMEPOS fee schedule contains fee schedule amounts, floors, and ceilings for each procedure code subject to the DMEPOS fee schedule payment methodology. Although these fee schedule amounts are contained in a single file, their calculations have been mandated by three separate payment methodologies: DME, prosthetic and orthotic, and surgical dressings. For further information on these payment methodologies and their policy histories, please refer to DMEBACK.WPD.

**File**                       This file contains a fee schedule amount, floor, ceiling,

**Organization:** jurisdiction, and category for each unique combination of procedure code, modifier code (where applicable), and state and is sorted in ascending DMEPOS category/procedure code/modifier order.

**Update Schedule:** The DMEPOS fee schedule will be updated on a semiannual or quarterly basis (as necessary) with the January 1 implementation date being the primary update. In addition to the January file, updated PUFs will be available in early July, and possibly April and October. Carriers will implement these updates by mid-month. These PUFs will be complete replacement files for the DMEPOS fee schedule, not only the changes. Please refer to the file name section for the names used to identify each release.

**Record Layout:** See Attachments A-1, A-2, and A-3.  
**ATTACHMENT A-1**

**Record Layout for the 2010 DMEPOS Fee Schedule PUF**  
**EXCEL AND CSV FORMATS**

**COLUMN**  
**NUMBER & NAME**

**COMMENT**

1--HCPCS CODE	All current year active codes subject to DMEPOS floors and ceilings.
2--1ST MODIFIER	NU--Purchased, New RR--Rented UE--Purchased, Used KM—Replacement of Facial Prosthesis including new impression/moulage KN—Replacement of Facial Prosthesis using previous master mold AU--Urological, ostomy or trach item AV--Item with prosthetic/orthotic device AW--Item with a surgical dressing KE—Bid Under Round I of the DMEPOS Competitive Bid Program ForUse With Non-Competitive Bid Base Equipment KF--Class III device KL—DMEPOS Item Delivered Via Mail KC—Replacement of Special Power Wheelchair Interface
3--2ND MODIFIER	Reserved for future use.

- 4--JURISDICTION      D--DMEMAC jurisdiction  
                             L--Local Part B Carrier jurisdiction  
                             J--Joint DMEMAC/Local Carrier jurisdiction
- 5--CATEGORY            IN--Inexpensive and Other Routinely Purchased Items  
                             FS--Frequently Serviced Items  
                             CR--Capped Rental Items  
                             OX--Oxygen and Oxygen Equipment  
                             OS--Ostomy, Tracheostomy & Urological Items  
                             SD--Surgical Dressings  
                             PO--Prosthetics & Orthotics  
                             SU--Supplies  
                             TE--Transcutaneous Electrical Nerve Stimulators  
                             TS—Therapeutic Shoes
- 6--CEILING              Maximum fee schedule amount.  
                             Please note that since E0607 is priced via national Inherent Reasonableness, it is not priced using floors and ceilings. For E0607, this field will be filled with zeros.  
                             Since pricing amounts for E1405 and E1406 were developed by summing pricing amounts from source codes, they are not subject to ceilings and floors.  
                             Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros.
- 7--FLOOR                Minimum fee schedule amount.  
                             Please note that since E0607 is priced via national Inherent Reasonableness, it is not priced using floors and ceilings. For E0607, this field will be filled with zeros.  
                             Since pricing amounts for E1405 and E1406 were developed by summing pricing amounts from source codes, they are not subject to ceilings and floors.  
                             Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros.
- 8--ALABAMA FEE SCHEDULE AMOUNT
- 9--ARKANSAS FEE SCHEDULE AMOUNT
- 10--ARIZONA FEE SCHEDULE AMOUNT
- 11--CALIFORNIA FEE SCHEDULE AMOUNT

12--COLORADO FEE SCHEDULE AMOUNT  
13--CONNECTICUT FEE SCHEDULE AMOUNT  
14--DISTRICT OF COLUMBIA FEE SCHEDULE AMOUNT  
15--DELAWARE FEE SCHEDULE AMOUNT  
16--FLORIDA FEE SCHEDULE AMOUNT  
17--GEORGIA FEE SCHEDULE AMOUNT  
18--IOWA FEE SCHEDULE AMOUNT  
19--IDAHO FEE SCHEDULE AMOUNT  
20--ILLINOIS FEE SCHEDULE AMOUNT  
21--INDIANA FEE SCHEDULE AMOUNT  
22--KANSAS FEE SCHEDULE AMOUNT  
23--KENTUCKY FEE SCHEDULE AMOUNT  
24--LOUISIANA FEE SCHEDULE AMOUNT  
25--MASSACHUSETTS FEE SCHEDULE AMOUNT  
26--MARYLAND FEE SCHEDULE AMOUNT  
27--MAINE FEE SCHEDULE AMOUNT  
28--MICHIGAN FEE SCHEDULE AMOUNT  
29--MINNESOTA FEE SCHEDULE AMOUNT  
30--MISSOURI FEE SCHEDULE AMOUNT  
31--MISSISSIPPI FEE SCHEDULE AMOUNT  
32--MONTANA FEE SCHEDULE AMOUNT  
33--NORTH CAROLINA FEE SCHEDULE AMOUNT  
34--NORTH DAKOTA FEE SCHEDULE AMOUNT

- 35--NEBRASKA FEE SCHEDULE AMOUNT
- 36--NEW HAMPSHIRE FEE SCHEDULE AMOUNT
- 37--NEW JERSEY FEE SCHEDULE AMOUNT
- 38--NEW MEXICO FEE SCHEDULE AMOUNT
- 39--NEVADA FEE SCHEDULE AMOUNT
- 40--NEW YORK FEE SCHEDULE AMOUNT
- 41--OHIO FEE SCHEDULE AMOUNT
- 42--OKLAHOMA FEE SCHEDULE AMOUNT
- 43--OREGON FEE SCHEDULE AMOUNT
- 44--PENNSYLVANIA FEE SCHEDULE AMOUNT
- 45--RHODE ISLAND FEE SCHEDULE AMOUNT
- 46--SOUTH CAROLINA FEE SCHEDULE AMOUNT
- 47--SOUTH DAKOTA FEE SCHEDULE AMOUNT
- 48--TENNESSEE FEE SCHEDULE AMOUNT
- 49--TEXAS FEE SCHEDULE AMOUNT
- 50--UTAH FEE SCHEDULE AMOUNT
- 51--VIRGINIA FEE SCHEDULE AMOUNT
- 52--VERMONT FEE SCHEDULE AMOUNT
- 53--WASHINGTON FEE SCHEDULE AMOUNT
- 54--WISCONSIN FEE SCHEDULE AMOUNT
- 55--WEST VIRGINIA FEE SCHEDULE AMOUNT
- 56--WYOMING FEE SCHEDULE AMOUNT
- 57 --ALASKA FEE SCHEDULE AMOUNT

Fee schedule amounts for non-continental areas are not subject to the ceilings and floors.

58--HAWAII FEE SCHEDULE AMOUNT

Fee schedule amounts for non-continental areas are not subject to the ceilings and floors.

59--PUERTO RICO FEE SCHEDULE AMT

Fee schedule amounts for non-continental areas are not subject to the ceilings and floors.

60--VIRGIN ISLANDS FEE SCHED AMT

Fee schedule amounts for non-continental areas are not subject to the ceilings and floors.

61--SHORT DESCRIPTION

**ATTACHMENT A-2**

**Record Layout for the 2010 DMEPOS Fee Schedule PUF**  
**TEXT FORMAT**

FIELD NAME	START/ END POSITION	PIC	COMMENT
<b>DATA RECORD</b>			
1--YEAR	1-4	X(04)	Value '2006' =
2--FILLER	5-5	X(01)	Value ','
3--HCPCS CODE	6-10	X(05)	All current year active codes subject to DMEPOS floors and ceilings
4--FILLER	11-11	X(01)	Value ','
5--MODIFIER	12-13	X(02)	NU--Purchased, New RR--Rented UE--Purchased, Used KM--Replacement of Facial Prosthesis including new impression/moulage KN--Replacement of Facial Prosthesis using previous master mold AU-- Urological, ostomy or trach item AV--Item with prosthetic/orthotic device AW--Item with a surgical dressing KE—Bid Under Round I of the DMEPOS Competitive Bid Program For Use With Non-Competitive Bid Base Equipment KF—Class III device KL—DMEPOS Item Delivered Via Mail KC—Replacement of Special Power Wheelchair Interface
6--FILLER	14-14	X(01)	Value ','
7--SECOND MODIFIER	15-16	X(02)	
8--FILLER	17-17	X(01)	Value ','
9--JURISDICTION	18-18	X(01)	D--DMEMAC jurisdiction

			L--Local Part B Carrier jurisdiction J--Joint DMEMAC/Local Carrier jurisdiction
10--FILLER	19-19	X(01)	Value ‘,’
11--CATEGORY	20-21	X(02)	IN--Inexpensive and Other Routinely Purchased Items FS--Frequently Serviced Items CR--Capped Rental Items OX--Oxygen and Oxygen Equipment OS--Ostomy, Tracheostomy & Urological Items SD--Surgical Dressings PO--Prosthetics & Orthotics SU--Supplies TE--Transcutaneous Electrical Nerve Stimulators TS—Therapeutic Shoes
12--FILLER	22-22	X(01)	Value ‘,’
13--STATUS	23-23	X(01) I	Indicates active/delete status in HCPCS file A--Active Code
14--FILLER	24-24	X(01)	Value ‘,’
15--REGION	25-26	X(02)	This amount is not used for pricing claims. It is on file for informational purposes. 00--For all non Prosthetic and Orthotic Services 01-10--For Prosthetic and Orthotic Services Only. This field denotes the applicable regional fee schedule
16--FILLER	27-27	X(01)	Value ‘,’
17--STATE	28-32	X(05)	
18--FILLER	33-33	X(01)	Value ‘,’
19--ORIGINAL BASE YEAR FEE	34-42	999999.99	This amount is not used for pricing claims. It is on file for informational purposes.

For capped rental services this amount represents the base fee after adjustments for rebasing and statewide conversions.

The base year for E0607 and L8603 is 1995.

Since pricing amounts for E1405 and E1406 are developed by summing pricing amounts from source codes, they do not have a true base fee. For these codes, this field will be filled with zeros.

20--FILLER	43-43	X(01)	Value ‘,’
21--CEILING	44-52	999999.99	<p>This amount is not used for pricing claims. It is on file for informational purposes, and could be integrated into other processes (i.e., IR review, validation, inquiries).</p> <p>Please note that since E0607 is priced via national Inherent Reasonableness, it is not priced using floors and ceilings. For E0607, this field will be filled with zeros.</p> <p>Since pricing amounts for E1405 and E1406 are developed by summing pricing amounts from source codes, they are not subject to ceilings and floors. For these codes, this field will be filled with zeros.</p> <p>Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros.</p>
22--FILLER	53-53	X(01)	Value ‘,’
23--FLOOR	54-62	999999.99	<p>This amount is not used for pricing claims. It is on file for informational purposes, and could be integrated into other processes (i.e., IR review, validation, inquiries).</p> <p>Please note that since E0607 is priced via national Inherent Reasonableness,</p>

it is not priced using floors and ceilings. For E0607, this field will be filled with zeros.

Since pricing amounts for E1405 and E1406 are developed by summing pricing amounts from source codes, they are not subject to ceilings and floors. For these codes, this field will be filled with zeros.

Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros.

24--FILLER	63-63	X(01)	Value ','
25--UPDATED FEE SCHEDULE AMOUNT	64-72	999999.99	Amount used for pricing
26--FILLER	73-73	X(01)	Value ','
27--GAP FILL INDICATOR	74-74	X(01)	0--No Gap-filling Required 1--Carrier Needs to Gap-fill Original Base Year Amount
28--FILLER	75-75	X(01)	Value ','
29--PRICING CHANGE INDICATOR	76-76	X(01)	0--No change to Updated Fee Schedule Amount since previous release 1--A change has occurred to the Updated Fee Schedule Amount since the previous release NOTE: In the initial release of the annual update, this field is initialized to >0'
30--FILLER	77-77	X(01)	Value ','
31--SHORT DESCRIPTION	78-105	X(28)	

**ATTACHMENT A-3**

**Record Layout for the  
2010 Parenteral and Enteral Nutrition Items and Services (PEN) Fee Schedule**

**COLUMN  
NUMBER & NAME**

**COMMENT**

1--HCPCS CODE	All current year active and deleted codes subject to DMEPOS floors and ceilings.
2--1ST MODIFIER	NU--Purchased, New RR--Rented UE--Purchased, Used
3--2ND MODIFIER	KE--Bid Under Round I of the DMEPOS Competitive Bid Program For Use With Non-Competitive Bid Base Equipment BA--Item Furnished In Conjunction with Parenteral Enteral (PEN) Services
4--NATIONAL FEE SCHEDULE AMOUNT	
5--SHORT DESCRIPTION	