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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 129

Date: MARCH 26, 2004

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**CHANGE REQUEST 3143**

**I. SUMMARY OF CHANGES:** This One-Time Notification provides clarifying information regarding HCPCS coding for certain items. This includes the correction of an incorrectly typed code in the policy section of Change Request 3053, Pub. 100-20, Transmittal 45, dated January 23, 2004, the correction of misspelled descriptors for codes L0640 and L0641 that appeared in Change Request 3014, Pub. 100-04, Transmittal 58, dated January 2, 2004, and notification of the descriptor for modifier KF that contractors are required to add to their claims processing systems in accordance with Change Request 3020, Pub. 100-20, Transmittal 35, dated December 24, 2003.

**CLARIFICATION – EFFECTIVE DATE: April 26, 2004**

**IMPLEMENTATION DATE: April 26, 2004**

### **II. CHANGES IN MANUAL INSTRUCTIONS:**

**(R = REVISED, N = NEW, D = DELETED)**

| <b>R/N/D</b> | <b>CHAPTER/SECTION/SUBSECTION/TITLE</b> |
|--------------|---|
|              | N/A                                     |
|              |   |
|              |   |
|              |   |

### **\*III. FUNDING:**

**These instructions shall be implemented within your current operating budget.**

### **IV. ATTACHMENTS:**

|          |                                      |
|----------|--------------------------------------|
|          | <b>Business Requirements</b>         |
|          | <b>Manual Instruction</b>            |
|          | <b>Confidential Requirements</b>     |
| <b>X</b> | <b>One-Time Notification</b>         |
|          | <b>Recurring Update Notification</b> |

**\*Medicare contractors only**

## **Attachment - One-Time Notification**

|                    |                         |                             |                            |
|--------------------|-------------------------|-----------------------------|----------------------------|
| <b>Pub. 100-04</b> | <b>Transmittal: 129</b> | <b>Date: March 26, 2004</b> | <b>Change Request 3143</b> |
|--------------------|-------------------------|-----------------------------|----------------------------|

**SUBJECT: Additional Information and Corrections to Previous Transmittals  
Regarding Healthcare Common Procedure Coding System (HCPCS)  
Codes and Modifiers for Low Osmolar Contrast Material, Orthotics, and  
Durable Medical Equipment**

### **I. GENERAL INFORMATION**

#### **A. Background:**

Change Request 3053, Pub. 100-20, Transmittal 45, dated January 23, 2004, addresses coding for low osmolar contrast material, specifically codes A4644, A4645, A4646, and A9525. Code A4644 is typed incorrectly in the last sentence of the policy section of Transmittal 45 as A6444.

Change Request 3014, Pub. 100-04, Transmittal 58, dated January 2, 2004, addresses payment for orthotic codes K0630 thru K0649. The descriptors for codes K0640 and K0641, as typed in Transmittal 58, include the words “sagittal-coronal control.” The correct wording for these two codes is “sagittal control.”

Change Request 3020, Pub. 100-20, Transmittal 35, dated December 24, 2003, addressed payment for durable medical equipment (DME). Contractors were instructed to add HCPCS modifier KF to their systems for DME identified by the Food and Drug Administration as class III devices. The HCPCS codes for class III DME are identified in Transmittal 35. Additional information regarding modifier KF are provided below.

#### **B. Policy:**

Contractors should take note of the corrections to Transmittals 45 and 58.

Modifier KF is a pricing modifier. The description for modifier KF is as follows:

ITEM DESIGNATED BY FDA AS CLASS III DEVICE

#### **C. Provider Education: None.**

## II. BUSINESS REQUIREMENTS

*"Shall" denotes a mandatory requirement*

*"Should" denotes an optional requirement*

| Requirement # | Requirements   | Responsibility        |
|---------------|--|-----------------------|
| 3143.1        | Contractors shall make the changes as described in Section 1A above to the following: Change Request 3020, Pub. 100-20, Transmittal 35, dated December 24, 2003, Change Request 3053, Pub. 100-20, Transmittal 45, dated January 23, 2004, <i>and</i> Change Request 3014, Pub. 100-04, Transmittal 58, dated January 2, 2004. | Carriers, DMERCs, FIs |

## III. SUPPORTING INFORMATION & POSSIBLE DESIGN CONSIDERATIONS

### A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
|                     |              |

### B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
|                     |   |

### C. Interfaces: N/A

### D. Contractor Financial Reporting /Workload Impact: N/A

### E. Dependencies: N/A

### F. Testing Considerations: N/A

## IV. SCHEDULE, CONTACTS, AND FUNDING

|  |  |
|--|--|
| <b>Effective Date:</b> April 26, 2004<br><b>Implementation Date:</b> April 26, 2004<br><b>Pre-Implementation Contact(s):</b> Joel Kaiser, 410-786-4499<br><b>Post-Implementation Contact(s):</b> Joel Kaiser, 410-786-4499 | <b>These instructions shall be implemented within your current operating budget.</b> |
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