

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DME 05-03

MEDICAID BULLETIN

TO: DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS

SUBJECT: 2005 Health Care Procedure Coding System (HCPCS) Additions, Changes, Updates and Deletions

Effective with dates of service beginning January 1, 2005, the South Carolina Department of Health and Human Services/Durable Medical Equipment (DME) has added, changed or deleted national codes in accordance with Medicare 2005 HCPCS code changes. Additionally, updates have been made to current Medicaid codes.

The following codes are effective January 1, 2005, in accordance with the Centers for Medicare and Medicaid Services. Therefore the Medicaid/DME program will implement the following **additions**:

2005 Procedure Code	Effective Date	HCPCS Description	Reimbursement
A4349	01/01/05	Male external catheter, with or without adhesive, disposable, each	PRIOR AUTHORIZATION
A4605	01/01/05	Tracheal suction catheter, closed system, each	00--\$16.40
A7527	01/01/05	Tracheostomy/laryngectomy tube plug/stop, each	PRIOR AUTHORIZATION
B4102	01/01/05	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PRIOR AUTHORIZATION
B4103	01/01/05	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	PRIOR AUTHORIZATION
B4104	01/01/05	Additive for enteral formula (e.g., fiber)	PRIOR AUTHORIZATION
B4149	01/01/05	Enteral formula, blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
B4157	01/01/05	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
B4158	01/01/05	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION

B4159	01/01/05	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
B4160	01/01/05	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
B4161	01/01/05	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
B4162	01/01/05	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	PRIOR AUTHORIZATION
E0463	01/01/05	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	PRIOR AUTHORIZATION
E0464	01/01/05	Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g., mask)	PRIOR AUTHORIZATION
E0639	01/01/05	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	PRIOR AUTHORIZATION
E0640	01/01/05	Patient lift, fixed system, includes all components/accessories	PRIOR AUTHORIZATION
E0849	01/01/05	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	NU-\$463.78, LL-\$46.38, UE-\$347.84
E1039	01/01/05	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater	PRIOR AUTHORIZATION
E1229	01/01/05	Wheelchair, pediatric size, NOS	PRIOR AUTHORIZATION
E1239	01/01/05	Power wheelchair, pediatric size, NOS	PRIOR AUTHORIZATION
E1841	01/01/05	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs	PRIOR AUTHORIZATION
E2205	01/01/05	Manual wheelchair accessory, handrim without projections, any type, replacement only, each	NU-\$29.40, LL-\$2.94,UE-\$22.05
E2206	01/01/05	Manual wheelchair accessory, wheel lock assembly, complete, each	NU-\$36.61, LL-\$3.66, UE-\$27.46
E2291	01/01/05	Back, planar, for pediatric size wheelchair including fixed attaching hardware	PRIOR AUTHORIZATION
E2292	01/01/05	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	PRIOR AUTHORIZATION
E2293	01/01/05	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	PRIOR AUTHORIZATION
E2294	01/01/05	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	PRIOR AUTHORIZATION
E2368	01/01/05	Power wheelchair component, motor, replacement only	PRIOR AUTHORIZATION
E2369	01/01/05	Power wheelchair component, gear box, replacement only	PRIOR AUTHORIZATION
E2370	01/01/05	Power wheelchair component, motor and gear box combination, replacement only	PRIOR AUTHORIZATION
E2601	01/01/05	General use wheelchair seat cushion, width less than 22 in., any depth	PRIOR AUTHORIZATION
E2602	01/01/05	General use wheelchair seat cushion, width 22 in. or greater, any depth	PRIOR AUTHORIZATION
E2603	01/01/05	Skin protection wheelchair seat cushion, width less than 22 in., any depth	PRIOR AUTHORIZATION

E2604	01/01/05	Skin protection wheelchair seat cushion, width 22 in. or greater, any depth	PRIOR AUTHORIZATION
E2605	01/01/05	Positioning wheelchair seat cushion, width less than 22 in., any depth	PRIOR AUTHORIZATION
E2606	01/01/05	Positioning wheelchair seat cushion, width 22 in. or greater, any depth	PRIOR AUTHORIZATION
E2607	01/01/05	Skin protection and positioning wheelchair seat cushion, width less than 22 in., any depth	PRIOR AUTHORIZATION
E2608	01/01/05	Skin protection and positioning wheelchair seat cushion, width 22 in. or greater, any depth	PRIOR AUTHORIZATION
E2609	01/01/05	Custom fabricated wheelchair seat cushion, any size	PRIOR AUTHORIZATION
E2610	01/01/05	Wheelchair seat cushion, powered	PRIOR AUTHORIZATION
E2611	01/01/05	General use wheelchair back cushion, width less than 22 in., any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2612	01/01/05	General use wheelchair back cushion, width 22 in. or greater, any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2613	01/01/05	Positioning wheelchair back cushion, posterior, width less than 22 in., any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2614	01/01/05	Positioning wheelchair back cushion, posterior, width 22 in. or greater, any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2615	01/01/05	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in., any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2616	01/01/05	Positioning wheelchair back cushion, posterior-lateral, width 22 in. or greater, any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2617	01/01/05	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PRIOR AUTHORIZATION
E2618	01/01/05	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	PRIOR AUTHORIZATION
E2619	01/01/05	Replacement cover for wheelchair seat cushion or back cushion, each	PRIOR AUTHORIZATION
E2620	01/01/05	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in., any height, including any type mounting hardware	PRIOR AUTHORIZATION
E2621	01/01/05	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in. or greater, any height, including any type mounting hardware	PRIOR AUTHORIZATION
E8000	01/01/05	Gait trainer, pediatric size, posterior support, includes all accessories and components	\$1,097.00
E8001	01/01/05	Gait trainer, pediatric size, upright support, includes all accessories and components	\$1,097.00
E8002	01/01/05	Gait trainer, pediatric size, anterior support, includes all accessories and components	\$1,097.00
K0108	11/12/04	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	NU--\$350.59 LL--\$35.06 UE--\$262.94 PRIOR AUTHORIZATION
K0108	11/12/04	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	NU--\$297.73 LL--\$29.77 UE--\$223.30 PRIOR AUTHORIZATION
K0108	11/12/04	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater	NU--\$392.00 LL--\$39.20 UE--\$294.00 PRIOR AUTHORIZATION
K0108	11/12/04	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	NU--\$340.81 LL--\$34.08 UE--\$255.61 PRIOR AUTHORIZATION

L1932	01/01/05	AFO, rigid anterior tibial section, total Carbon fiber or equal material, prefabricated, includes fitting and adjustment	PRIOR AUTHORIZATION
L2005	01/01/05	KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	PRIOR AUTHORIZATION
L2232	01/01/05	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	PRIOR AUTHORIZATION
L4002	01/01/05	Replacement strap, any orthosis, includes all components, any length, any type	PRIOR AUTHORIZATION
L4030	01/01/05	Replace quadrilateral socket brim, custom fitted	NU--\$1013.29
L5685	01/01/05	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	PRIOR AUTHORIZATION
L5856	01/01/05	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	PRIOR AUTHORIZATION
L5857	01/01/05	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	PRIOR AUTHORIZATION
L6694	01/01/05	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	PRIOR AUTHORIZATION
L6695	01/01/05	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	PRIOR AUTHORIZATION
L6696	01/01/05	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	PRIOR AUTHORIZATION
L6697	01/01/05	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	PRIOR AUTHORIZATION
L6698	01/01/05	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	PRIOR AUTHORIZATION
L7181	01/01/05	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	PRIOR AUTHORIZATION
T4521	01/01/05	Adult sized disposable incontinence product, brief/diaper, small, each	\$.75
T4522	01/01/05	Adult sized disposable incontinence product, brief/diaper, medium, each	\$.75
T4523	01/01/05	Adult sized disposable incontinence product, brief/diaper, large, each	\$1.00
T4524	01/01/05	Adult sized disposable incontinence product, brief/diaper, extra large, each	\$1.30
T4530	01/01/05	Pediatric sized disposable incontinence product, brief/diaper, large size, each	\$.75
T4533	01/01/05	Youth sized disposable incontinence product, brief/diaper, each	\$.75

E8000 – E8002: Providers will no longer need to bill the walker codes listed in the current (12/01/04) manual when billing for the gait trainer. Continue to use the walker codes listed in the current manual when billing for the pommel walker.

K0108: Code used for the adjustable seat cushions for dates of services 11/12/04. We will update our information once Medicare releases the updated adjustable seat cushion codes. When billing for the adjustable cushion, clearly state “cushion” and include the name of the manufacturer, product name, the model number, the width of the cushion.

T4521 – T4533: New code(s) that will need to be used for billing diapers for Medicaid Home and Community Based Waiver clients effective January 1, 2005. Diaper quantities will continue to be billed individually. An updated service authorization form that provides the updated waiver codes should be provided by either the Medicaid waiver recipient’s case manager or service coordinator.

The following code description changes are effective January 1, 2005, in accordance with CMS HCPCS coding:

2005 Procedure Code	Effective Date	HCPCS Description
A4222	01/01/05	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A5119	01/01/05	Skin barrier, wipes or swabs, per box 50
B4150	01/01/05	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4153	01/01/05	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fates, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4154	01/01/05	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
B4155	01/01/05	Enteral formula nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
E0450	01/01/05	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0461	01/01/05	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g., mask)
E0625	01/01/05	Patient lift, bathroom or toilet, not otherwise classified
E0951	01/01/05	Heel loop/holder, any type, with or without ankle strap, each
E0952	01/01/05	Toe loop/holder, any type, each
E0955	01/01/05	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	01/01/05	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	01/01/05	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0967	01/01/05	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0978	01/01/05	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each

E1010	01/01/05	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	01/01/05	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	01/01/05	Reclining back, addition to pediatric size wheelchair
E1038	01/01/05	Transport chair, adult size, patient weight capacity less than 250 pounds
E1225	01/01/05	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	01/01/05	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
L1820	01/01/05	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment
L2036	01/01/05	KAFO, full plastic, double upright, free knee, with or without free motion ankle, custom fabricated
L2037	01/01/05	KAFO, full plastic, single upright, free knee, with or without free motion ankle, custom fabricated
L2038	01/01/05	KAFO, full plastic, without knee joint, multi-axis ankle, custom fabricated
L2320	01/01/05	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only
L2330	01/01/05	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
L2800	01/01/05	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only
L4040	01/01/05	Replace molded thigh lacer, for custom fabricated orthosis only
L4045	01/01/05	Replace non-molded thigh lacer, for custom fabricated orthosis only
L4055	01/01/05	Replace non-molded calf lacer, for custom fabricated orthosis only
L6890	01/01/05	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment
L6895	01/01/05	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated
L7180	01/01/05	Electronic elbow, microprocessor sequential control of elbow and terminal device

The following codes are deleted effective January 1, 2005, in accordance with CMS HCPCS coding:

2005 Procedure Code	Effective Date	HCPCS Description
A4324	01/01/05	Male external catheter, with adhesive coating, each
A4325	01/01/05	Male external catheter, with adhesive strip, each
A4347	01/01/05	Male external catheter with or without adhesive, with or without anti reflux device, per dozen
A4521	01/01/05	Adult sized incontinence product, diaper, small size, each
A4522	01/01/05	Adult sized incontinence product, diaper, medium size, each
A4523	01/01/05	Adult sized incontinence product, diaper, large size, each
A4524	01/01/05	Adult sized incontinence product, diaper, extra large size, each
A4529	01/01/05	Child sized incontinence product, diaper, small/medium size, each
A4530	01/01/05	Child sized incontinence product, diaper, large size, each
A4606	12/01/04	Oxygen probe for use with oximeter device, replacement
A4609	01/01/05	Tracheal suction catheter, closed system, for less than 72 hours of use, each
A4610	01/01/05	Tracheal suction catheter, closed system, for 72 or more hours of use, each
B4151	01/01/05	Enteral formulae; category I; natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit
B4156	01/01/05	Enteral formulae; category VI; standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit
E0178	01/01/05	Gel or gel-like pressure pad or cushion, nonpositioning
E0454	01/01/05	Pressure ventilator with pressure control, pressure support and flow triggering features

E1025	01/01/05	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)
K0023	01/01/05	Solid back insert, planar back, single density foam, attached with straps
K0024	01/01/05	Solid back insert, planar back, single density foam, with adjustable hook on hardware
K0059	01/01/05	Plastic coated handrim, each
K0060	01/01/05	Steel handrim, each
K0061	01/01/05	Aluminum handrim, each
K0081	01/01/05	Wheel lock assembly, complete, each
K0115	01/01/05	Seating system, back module, posterior lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base
K0116	01/01/05	Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base
K0627	01/01/05	Traction equipment, cervical, free standing, pneumatic, applying traction force to other than mandible
K0667	01/01/05	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base
K0669	01/01/05	Wheelchair seat or back cushion, no written coding verification from SADMERC
L0478	01/01/05	TLSO, sagittal coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated
L0500	01/01/05	Lumbar sacral orthosis (LSO), flexible, (lumbo sacral support)
L0510	01/01/05	LSO, flexible (lumbo sacral support), custom fabricated
L0515	01/01/05	LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated
L0520	01/01/05	LSO, anterior-posterior lateral control (knight, wilcox types), with apron front
L0530	01/01/05	LSO, anterior-posterior control (macausland type), with apron front
L0540	01/01/05	LSO, lumbar flexion (williams flexion type)
L0550	01/01/05	LSO, anterior posterior lateral control, molded to patient model
L0560	01/01/05	LSO, anterior posterior lateral control, molded to patient model, with interface material
L0565	01/01/05	LSO, anterior-posterior-lateral control, custom fitted
L0600	01/01/05	Sacroiliac, flexible (sacroiliac surgical support)
L0610	01/01/05	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated
L0620	01/01/05	Sacroiliac, semi-rigid (goldthwaite, osgood types), with apron front
L2435	01/01/05	Addition to knee joint, polycentric joint, each joint
L5674	01/01/05	Addition to lower extremity, below knee, suspension sleeve, any material, each
L5675	01/01/05	Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each
L8490	01/01/05	Addition to prosthetic sheath/sock, air seal suction retention system

Effective December 1, 2004, the following updates and corrections have been made to the current fee schedule:

Procedure Code	Current Data	Correct/Updated Data
E0992	NU modifier and reimbursement listed in fee schedule	LL modifier should be added with a reimbursement of \$7.43 and the UE modifier should be added with a reimbursement of \$55.72
E2101	NU modifier and reimbursement listed in fee schedule	LL modifier should be added with a reimbursement of \$16.97 and the UE modifier should be added with a reimbursement of \$127.28
L2000	Reimbursement listed in fee schedule as \$387.16	Reimbursement corrected to \$687.16
L2112	Reimbursement listed in fee schedule as \$343.707	Reimbursement corrected to \$343.70
E0445	Modifiers RR and 52 listed in fee schedule as requiring prior authorization	Modifiers RR and 52 do not require prior authorization, however, support documentation is required.
E0601	Modifiers NU, LL, and UE listed in fee schedule as requiring prior authorization	Modifiers NU, LL, and UE do not require prior authorization, however, providers must keep a copy of the sleep study and MCMN on file in the place of business
E0471	Modifier RR listed in fee schedule as requiring prior authorization	Modifier RR does not require prior authorization, however, providers must keep a copy of the sleep study on file in the place of business
E1031	NU price listed as \$104.87	NU price should be \$348.10
E1031	LL price listed as \$786.56	LL price should be \$34.81
A7525	Listed in fee schedule as 20 per year	Should be 20 per month
A7526	Listed in fee schedule as 20 per year	Should be 20 per month

The following code price updates are effective January 1, 2005, in accordance with CMS HCPCS coding.

2005 Procedure Code	Effective Date	Current Reimbursement	Updated Reimbursement
A4253	01/01/05	\$38.52	\$36.94
A4259	01/01/05	\$12.18	\$12.09
E0570	01/01/05	NU--\$177.57 LL--\$17.76 UE--\$133.18	NU--\$144.00 LL--\$14.40 UE--\$108.00
A5503	01/01/05	\$26.80	\$26.40
A5504	01/01/05	\$26.80	\$26.40
A5505	01/01/05	\$26.80	\$26.40
A5506	01/01/05	\$26.80	\$26.40
A5507	01/01/05	\$26.80	\$26.40
K0628	01/01/05	\$26.80	\$21.80
K0652	01/01/05	NU--\$259.40 LL--\$25.94	NU--\$200.74 LL--\$20.07
K0653	01/01/05	NU--\$405.36 LL--\$40.53	NU--\$284.18 LL--\$28.41
K0654	01/01/05	NU--\$262.24 LL--\$26.22	NU--\$211.60 LL--\$21.16
K0656	01/01/05	NU--\$291.36 LL--\$29.13	NU--\$272.08 LL--\$27.21
K0657	01/01/05	NU--\$395.05 LL--\$39.50	NU--\$328.78 LL--\$32.88

K0661	01/01/05	NU--\$449.92 LL--\$44.99	NU--\$380.29 LL--\$38.03
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Providers must continue to follow all policy requirements as defined in the current DME Provider Manual effective December 1, 2004, and any subsequent Medicaid Bulletins. Revisions to the policy Manual will be made and posted on the website at www.dhhs.state.sc.us.

The most current version of the provider manual is maintained on the DHHS Web site at www.dhhs.state.sc.us. [From the DHHS home page, scroll down and click on the link for Resource Library; next, click on the link for Manuals, and scroll down to the listings located beneath the heading Service Providers.]

Should you wish to order a hard copy replacement section for your provider manual, or a replacement compact disc containing a copy of the manual in Portable Document Format (PDF), please call South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing.

Thank you for your participation in the South Carolina Medicaid Program. Please direct any questions regarding this bulletin to your Durable Medical Equipment Program Coordinator at (803) 898-2880.

/s/

Robert M. Kerr
Director

RMK/bgahv

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>