CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1210	Date: MARCH 23, 2007
	Change Request 5525

SUBJECT: New "K" Codes for Oral/Mask for Use with Continuous Positive Airway Pressure Device (CPAP)

I. SUMMARY OF CHANGES: Effective July 1, 2007, three new "K" codes will be established for oral/mask for use with continuous positive airway pressure device.

New / Revised Material Effective Date: July 1, 2007

Implementation Date: July 2, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – Recurring Update Notification

SUBJECT: New "K" Codes for Oral/Mask for Use with Continuous Positive Airway Pressure Device (CPAP)

EFFECTIVE DATE: July 1, 2007

IMPLEMENTATION DATE: July 2, 2007

I. GENERAL INFORMATION

A. Background: Effective July 1, 2007, three new "K" codes will be established for oral/mask for use with continuous positive airway pressure device (CPAP).

B. Policy: Effective July 1, 2007, the following codes will be added to the system.

K0553 – Combination oral/nasal mask, used with continuous positive airway pressure device, each

K0554 – Oral cushion for combination oral/nasal mask, replacement only, each

K0555 – Nasal pillows for combination oral/nasal mask, replacement only, pair

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/	D	F	С	D		Sh	arec	1-		OTHE
		В	M	I	Α	M	Н	Sy	sten	n		R
			Е		R	Е	Н	Maintainers				
		M			R	R	I	F	M	V	C	
		A	M		I	C		I	C	M		
		С	A		Е			S	S	S	F	
			C		R			S				
5525.1	K0553, K0554, and K0555 shall be added to the		X			X				X	X	
	systems for processing.											
	K0553 – Combination oral/nasal mask, used with continuous positive airway pressure device, each											
	K0554 – Oral cushion for combination oral/nasal mask, replacement only, each											
	K0555 – Nasal pillows for combination oral/nasal mask, replacement only, pair											

Number	Requirement	Responsibility (place an "X" in each										
		applicable column)										
		A/	D	F	C	D	R	Sh	arec	l -		OTHE
		В	M	I	A	M	Н	Sy	sten	n		R
			Е		R	Е	Н	Ma	ainta	aine	rs	
		M			R	R	I	F	M	V	C	
		Α	M		I	C		I	C	M	W	
		C	A		Е			S	S	S	F	
			C		R			S				
5525.2	The type of service for these codes is "A", "P" and "R".		X			X				X	X	
5525.3	The place of service for these codes are 01, 04, 12, 13, 14, 33, 54, 55, and 56.		X			X				X	X	
5525.4	The pricing category for these codes is 32.		X			X				X	X	
5525.5	The CWF categories for these codes are 4 and 60.										X	

PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/ B	D M E	F I	C A R R	D M E R	R	Sy	arec sten ainta	n aine	OTHE R
		A C	M A C		I E R	С		I S S	C S	M S	
5525.6	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X		X					

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
N/A	

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Angie Costello at angela.costello@cms.hhs.gov or 410 -786-1554.

Post-Implementation Contact(s): Angie Costello at angela.costello@cms.hhs.gov or 410-786-1554.

VI. FUNDING

A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC), use only one of the following statements:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2007 operating budgets.

B. For Medicare Administrative Contractors (MAC), use the following statement:

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.