

Read Me File for the 2011 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:

DME11\_A.EXE:       January 2011 release  
DME11\_B.EXE:       Second Quarter 2011 release  
DME11\_C.EXE:       Third Quarter 2011 release  
DME11\_D.EXE:       Fourth Quarter 2011 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 Organization:** This file contains a fee schedule amount, floor, ceiling, 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~~2011 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 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
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	<p>Maximum fee schedule amount.</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 were developed by summing pricing amounts from source codes, they are not subject to ceilings and floors.</p> <p>Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros. Please note that the payment amounts for E0935 represent a daily rather than a monthly payment amount.</p>
7--FLOOR	<p>Minimum fee schedule amount.</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 were developed by summing pricing amounts from source codes, they are not subject to ceilings and floors.</p> <p>Those items which are priced using special payment rules do not have floors and ceilings; these fields will be filled with zeros. Please note that the payment amounts for E0935 represent a daily rather than a monthly payment amount.</p>
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~~2011 DMEPOS Fee Schedule PUF TEXT FORMAT

FIELD NAME	START/ END POSITION	PIC	COMMENT
<b>DATA RECORD</b>			
1--YEAR	1-4	X(04)	Value '2011' =
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  
20102011 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	