Frequently Asked Questions

What is the Pricing, Data Analysis and Coding (PDAC) contract?

PDAC is a Centers for Medicare & Medicaid Services (CMS) national contract that is administered by Palmetto GBA. The function of PDAC is to provide coding assistance to any stakeholder needing information regarding Healthcare Common Procedure Coding System (HCPCS) Level II codes for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS); conduct statistical analysis of DMEPOS claims data for the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) jurisdictions; and assist them and CMS in their efforts to combat fraud and abuse by ensuring correct HCPCS coding. PDAC also assists CMS in pricing DMEPOS products as needed.

The PDAC does not provide coverage or billing information for DMEPOS claims. These types of inquiries are referred to the appropriate DME MAC for the state in which the Medicare patient legally resides. PDAC does not have information or expertise in coverage or billing for other Medicare lines of business, insurance carriers, or third-party payers.

How do I navigate the PDAC website?

The PDAC website homepage has a toolbar across the top of the page that contains a **PDAC** tab and a **Topics** tab. The **PDAC** tab represents the homepage and appears on each website page. When the **PDAC** tab is clicked it will return users to the homepage. Clicking on **Topics** allows access to advisory articles, PDAC applications and forms, code verification review guidelines, reports, related websites and more.

On the home page are shortcuts to the most frequently used areas of our website: **DMECS**; **REVIEW STATUS**; **CONTACT**; **EMAIL UPDATES**.

DMECS

What is DMECS?

The Durable Medical Equipment Coding System (DMECS) was developed by Palmetto GBA in 2005 as an online search engine for self-service HCPCS coding of DMEPOS, and to give public viewing of HCPCS coding determinations of products that have been formally reviewed by the PDAC. DMECS is a guide for DMEPOS manufacturers, distributors, and suppliers providing HCPCS Level II coding information applicable to claim submissions to the DME MACs.

DMECS is not a substitute for official Centers for Medicare and Medicaid Services Healthcare Common Procedure Coding System (CMS HCPCS) releases found on the CMS HCPCS – General Information webpage. HCPCS codes are considered valid or invalid for submission to the DME MACs based on either CMS or DME MAC instructions.

DMECS is available 24 hours a day, seven days a week (except for required maintenance).

How do I use DMECS?

Click on the **DMECS** tab from the PDAC home page and you will advance to the DMECS page. A tool bar will display with multiple search options:

- **HCPCS Details and Fees** provides HCPCS code information including long and short descriptors and the from and to dates that the code is or was valid for submission to the DME MACs. Click the HCPCS code hyperlink to find the code and crosswalk history, as well as options to search available fee schedules for the code and view reviewed products on the Product Classification List (PCL) for the code.
- **Modifier Details** allows you to search by the HCPCS modifier or a keyword to obtain the modifier and complete modifier long description.
- **Product Classification List** allows you to search for products that have been reviewed for coding verification. You can search by manufacturer/distributor, HCPCS code, product name, model, or classification.
- **Fee Schedule Lookup** allows you to view current fee schedules and fee schedules for the previous years by code, state, and date of service. The fee schedule is available for download as a .csv or .pdf file.
- **Export Quarterly Fee Schedule** allows you to download the fee schedule as a .csv file or to view it on the CMS website.
- **Rural ZIP Code** allows you to verify which ZIP codes CMS has designated as rural ZIP codes.

REVIEW STATUS

Click **REVIEW STATUS** and follow the instructions to obtain the status of a requested product review. You may enter up to five document control numbers (DCNs). DCNs are unique to each review and are only visible to you. Your product review documentation is secure and not for public view.

CONTACT

Click **CONTACT** to view our contact center hours, phone number, fax number, mailing address, email form and holiday closure schedule. You may also click the **Chat Now** icon.

EMAIL UPDATES

Click **EMAIL UPDATES** and subscribe to receive PDAC updates.

What information do I need when contacting the PDAC?

- If you are a supplier/provider, you will need to have your National Provider Identifier (NPI), provider transaction access number (PTAN) or supplier number.
- For HCPCS coding guidance, please have the complete product information:
    - Manufacturer and model name, model number (if applicable)
    - A description of the product (e.g. material made of, how it fits on the patient, custom made or off the shelf)
    - The function of the product
    - Date of service
- For fee schedule information, you will need to provide the HCPCS code, state in which the patient resides, and date of service.

What is the definition of a HCPCS Code?

The Healthcare Common Procedure Coding System is a series of national codes that describe a product, service or medical application in shorthand. The codes for HCPCS Levels I and II are maintained by the American Medical Association (AMA) and CMS respectively. Only those entities are authorized to create new codes.

The HCPCS Level II codes consist of a letter designator and four digits. The code describes a complete device, system or procedure as delivered to the patient for the base item. If a base item requires accessories and supplies to function properly, the accessories may be coded and billed separately. Contact the PDAC for HCPCS coding guidance.

What are modifiers? Which modifiers are provided by the PDAC?

For Medicare claims processing purposes, some DMEPOS claims require a two-digit modifier to be added to the HCPCS code. Some modifiers effect a change in pricing, and some modifiers are for informational purposes only. Modifiers can be a combination of alphabet letters, or they can be an alpha/numeric combination. In some instances, multiple modifiers may be required.

The PDAC provides modifiers that are considered a part of the HCPCS code itself, and if the modifier is not added to the HCPCS code, the claim will be denied for incorrect coding. The correct use of this type of modifier(s) is discussed under the **Coding Guidelines** found in each local coverage determination (LCD)-related local coverage article.

The PDAC does not provide modifier information related to the beneficiary's medical condition or responsibility; coverage criteria being met; certain documentation on file with the supplier; or unused drug amounts discarded/not administered to any patient. These types of modifiers are discussed in the LCDs. Refer to the DME MACs for clarification on the correct use of these modifiers.

How do I file an application for code review?

From the PDAC website homepage, click on the **Topics** tab, then **Applications and Forms.** After reviewing the **Code Verification Request Application Instructions**, click the link for the **Application for Code Verification Review Form.**

How do I know when to submit a product sample?

To review product sample requirements, please review the Product Sample Requirements webpage. From the PDAC website homepage, click on **Code Verification** from the **Topics** tab. Scroll down the page, and under **Articles** click on **Product Sample Requirements.**

What happens to the product sample I submit?

The products or supplies submitted to the PDAC for review are disposed of based on CMS' mandated schedule for disposal.

- Liquids, gels, products removed from a sterile environment or that may disintegrate over a period of time (e.g. batteries)—immediately after completion of the coding review
- All DMEPOS products and supplies—60 days after completion of the coding review (Note: A request for reconsideration of a coding decision resets the disposal time frame until 60 days after the reconsideration process.)
- DMEPOS products and supplies submitted to the PDAC for purposes other than a code verification review--timeframe at the PDAC's discretion

If you wish to have the product returned after the required 60-day minimum retention period, you must include a pre-paid return shipping label.

How do I submit a modification to an application?

If you find an error, missing information or other reason to modify an application during the review process, contact the PDAC Call Center and alert us to the problem. The review staff will contact you for corrections and additional information. You may be asked to provide an **Additional Verification Information Form**.

From the PDAC website homepage, click on **Topics**, then **Applications and Forms**, and finally click **Additional Verification Information Form.**

You may submit a reconsideration form if:

- After receiving a code assignment, you discover an error was made regarding the documentation submitted for the review that may change the code determination,
- You disagree with the PDAC code determination.

You have 45 days after the review is completed to file for reconsideration. After 45 days, a new application is required.

If there are no changes to the coded product, but you wish to make changes to the manufacturer name, distributor name, model name, or model number, you may submit a description of the desired change along with an attestation of no change to the product(s) affected. Similarly, you may add new model numbers to an existing line of coded products by submitting an attestation as long as the base item is unchanged.

Any changes to the product, other than those that would not affect performance, require a new application and perhaps a new sample. If you're not sure what to do, contact the PDAC.

Why is it important for items to be on the Product Classification List (PCL)?

The presence of a product on the PCL means it has formally been reviewed by the PDAC staff and meets the coding criteria of the listed HCPCS code determination. A product listed on the PCL does not imply coverage; however, it does provide the supplier reassurance the correct HCPCS code is being used to bill the product to the DME MACs.

What products require PDAC coding verification before billing?

You may view a current list of HCPCS codes that require a coding verification review, the applicable LCD or Advisory Article for each code, and the code requirement effective date (i.e., claims with dates of service on/after) on our website.

From the PDAC website homepage, click **Topics**, then click the **Code Verification** hyperlink. Scroll down the page, and under the **Articles** section, click the **Items Requiring Coding Verification Reviews** hyperlink. From here, you'll click on the link that corresponds to the type of product being billed (or scroll down the page to the appropriate heading).