



## **Manual Update to Publication (Pub.) 100-04, Chapter 20, to Revise the Section 10 - Where to Bill Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) Items and Services**

MLN Matters Number: MM11554

Related Change Request (CR) Number: 11554

Related CR Release Date: December 20, 2019

Effective Date: March 23, 2019

Related CR Transmittal Number: R4478CP

Implementation Date: March 23, 2019

### **PROVIDER TYPES AFFECTED**

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This MLN Matters® Article is for providers and suppliers submitting claims to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for Durable Medical Equipment, Prosthetics, and Supplies (DMEPOS) and Parenteral and Enteral Nutrition (PEN) items or services paid under the DMEPOS fee schedule.

### **WHAT YOU NEED TO KNOW**

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CR 11554 updates the Medicare Claims Processing Manual with previously published instructions from CR 5917 Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) and Replacement Parts, Accessories and Supplies (Transmittal 1603, September 26, 2008) and CR 6573 Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request 5917(Transmittal 531, August 14, 2009). CR 11554 does not convey any Medicare policy changes.

### **BACKGROUND**

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Suppliers enrolled with the National Supplier Clearinghouse (NSC) as a DMEPOS supplier should enroll with and bill to the A/B MAC Part B for replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME items. Suppliers should bill to A/B MAC Part B as long as those items are not billable to the A/B MAC Part A as identified in the bulleted list below. Such suppliers should bill the A/B MAC Part B for these items only, unless the entity separately qualified as a supplier for items and/or services in another benefit category.

- Skilled Nursing Facilities (SNFs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Outpatient Physical Therapy (OPT), and hospitals bill the A/B MAC Part A for prosthetic/orthotic devices, supplies, and covered outpatient DME and oxygen (refer to Chapter 20, Section 40 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>).
- Home Health Agencies (HHAs) should bill DME to the A/B MAC (Home Health & Hospice (HHH)) or should meet the requirements of a DME supplier and bill the DME MAC. This is the HHA's decision. A/B MACs Part A other than A/B MACs (HHH) will receive claims only for the class, "Prosthetic and Orthotic Devices."
- Unless billing to the A/B MAC Part A is required as outlined in the preceding bullet, submit claims for implanted DME, implanted prosthetic devices, replacement parts, accessories, and supplies for the implanted DME to the A/B MACs Part B and not the DME MAC.
- Suppliers that enroll with the NSC as a DMEPOS supplier should bill the A/B MAC Part B using their National Provider Identifier (NPI) and should not include their NSC number on the claim.
- Under no circumstances should any entity enrolled as a DMEPOS supplier with the NSC bill the A/B MAC Part B for an implanted device unless you are the physician or provider that implants the device. However, DMEPOS suppliers should bill for any of the replacement parts, accessories, or supplies for prosthetic implants and surgically implanted DME.
- The supplier's location determines the claims filing jurisdiction for these items in accordance with Chapter 1, Section 10 of the Medicare Claims Processing Manual. With respect to payment for these items, contractors take note of the longstanding policy for payment of DMEPOS items, which specifies that payment for DMEPOS is based on the fee schedule amount for the State where the beneficiary maintains his/her permanent residence. (See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>.)

In late spring, there is an annual update of the HCPCS codes that describe these categories of service. Bill all other DMEPOS items to the DME MAC. See Chapter 23, Section 20.3 of the Medicare Claims Processing Manual for additional information at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf>.

A spreadsheet containing an annual updated list of HCPCS for DME MAC and B MAC jurisdictions is posted at <https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html>.

## **ADDITIONAL INFORMATION**

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The official instruction, CR 11554, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/R4478cp.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

The previously published instructions from CR 5917 Claims Jurisdiction and Enrollment Procedures for Suppliers of Certain Prosthetics, Durable Medical Equipment (DME) at: <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM5917.pdf>.

Replacement Parts, Accessories and Supplies (Transmittal 1603, September 26, 2008) and CR 6573 at: <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM6733.pdf>.

Additional Instructions on Processing Claims for DMEPOS Items Submitted Under the Guidelines Established in Change Request 5917 (Transmittal 531, August 14, 2009) at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R719OTN.pdf>.

## DOCUMENT HISTORY

Date of Change	Description
December 23, 2019	Initial article released.

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