

DMEPOS Requiring Claim Narratives Chart

DMEPOS Requiring Claim Narratives	Claim Narratives
<p>The following DMEPOS items or instances require a claim narrative on claims submitted to the DME MACs (this list is not all-inclusive):</p>	<p>Below are several instances when a narrative in the NTE Note segment of an electronic claim or Item 19 of the CMS-1500 claim form is required for DMEPOS claims (this list is not all-inclusive):</p>
<p>Continuous Passive Motion (CPM) Devices</p>	<p>All of the following must be included with the claim:</p> <ul style="list-style-type: none"> • Type of knee surgery performed; • Date of surgery; • Date of application of CPM; and, • Date of discharge from the hospital
<p>Beneficiary Owned Equipment</p>	<p>Include a narrative when billing for accessories, supplies, repairs or miscellaneous items:</p> <ul style="list-style-type: none"> • HCPCS code of the base equipment • Indicate beneficiary-owned • Date beneficiary obtained equipment
<p>K0462: "Temporary Replacement Equipment for Patient Owned Equipment Being Repaired, Any Type"</p>	<p>All of the following must be included with the claim:</p> <ul style="list-style-type: none"> • HCPCS code or manufacturer/brand name/model number of equipment being repaired, with purchase date • Manufacturer/brand name/model number of replacement equipment • Description of what was repaired • Why the repair took longer than one day to complete
<p>Break-In-Billing (BIB) Extend rental period outside of the original 13 months rental</p>	<p>Include narrative:</p> <ul style="list-style-type: none"> • BIB • Length of break • Please extend rental period to (enter the date needed)
<p>Break-In-Need A break in medical necessity</p>	<p>Include narrative:</p> <ul style="list-style-type: none"> • A description of the beneficiary's prior medical condition that necessitated the previous item, • A statement explaining when and why the medical necessity for the previous item ended, and • A statement explaining the beneficiary's new or changed medical condition and when the new need began.
<p>Replacement Equipment (With RA modifier)</p>	<ul style="list-style-type: none"> • Enter RA modifier on first month's claim only • Within Reasonable Useful Lifetime (RUL) - Include narrative for reason(s) the equipment was replaced: Stolen, Lost, Irreparably Damaged • RUL Met - Replacement Equipment (include narrative): <ul style="list-style-type: none"> - RUL met - Beneficiary requested replacement - Date bene received the equipment being replaced • Supplier Exiting Medicare Oxygen Business New servicing supplier first claim narrative: <ul style="list-style-type: none"> - Beneficiary acquired through supplier voluntarily exiting Medicare program or a similar statement
<p>Not Otherwise Classified (NOC) Drugs</p>	<p>Enter drug name and dosage.</p>

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<p>Unlisted Procedure Code or NOC Code</p>	<p>Items billed with any HCPCS code with a narrative description that indicates miscellaneous, NOC, unlisted, or non-specified you must include the following narrative information:</p> <ul style="list-style-type: none"> • Description of the item or service • Manufacturer name • Product name and number • Supplier Price List (PL) amount • HCPCS code of related item (if applicable) <p>If it is a customized option/accessory, the statement must clearly describe what was customized.</p>
<p>Greater Than Four Modifiers Claim lines that require greater than four modifiers, append the 99 modifier in the fourth position.</p>	<p>Enter overflow modifiers in the NTE Note segment or Item 19 of the CMS-1500 claim form.</p>

Greater Than A One-Month Supply	Claim Narratives
<p>When providing greater than a one-month supply of the following items (up to a three-month/90 day supply).</p> <ul style="list-style-type: none"> • External Infusion Pump Supplies • Nebulizer Inhalation Medication • Nebulizer Administration Supplies • Ostomy Supplies (see exception below) • PAP or RAD Accessories • Urological Supplies 	<p>Include a narrative in the NTE Note segment of an electronic claim or Item 19 of the CMS-1500 claim form, indicating the number of months/days you are billing.</p> <ul style="list-style-type: none"> • 3 month supply (or 90 days)