



Additional Instructions on Processing Claims for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Items Submitted Under the Guidelines Established in Change Request (CR) 5917 – JA6573

Related CR Release Date: August 14, 2009

Date Job Aid Revised: August 31, 2009

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Implementation Date: January 4, 2010

Key Words MM6573, CR6573, R531OTN, DMEPOS, CR5917, MM5917, R1603CP

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

Provider Types Affected Providers and suppliers billing Medicare Carriers and A/B MACs for certain DME products provided to Medicare beneficiaries



- The Centers for Medicare & Medicaid Services (CMS) issued CR6573 to clarify the claims filing jurisdiction and payment policies established in CR5917 for processing and paying claims for replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME when submitted by suppliers that are enrolled with both the National Supplier Clearinghouse (NSC) and with their local carrier or A/B MAC.
- CR6573 also makes a correction to Attachment A in CR5917 by providing a revised list of Healthcare Common Procedure Coding System (HCPCS) codes that may be billed.

Provider Needs to Know...	<ul style="list-style-type: none"> • Suppliers that are enrolled with the NSC as a DMEPOS supplier may enroll with and bill claims to their local carrier or A/B MAC for any of the DMEPOS items listed in the attachment in CR6573 when billed under the guidelines established in CR5917, including items furnished to beneficiaries who reside in other states. • Medicare contractors will determine the claims filing jurisdiction for items billed under the guidelines established in CR5917 based on the location of the supplier, in accordance with Chapter 1, Section 10 of the <i>Medicare Claims Processing Manual</i> available at http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf on the CMS website. • Medicare contractors will pay claims for items submitted under the guidelines established in CR5917 by applying the appropriate fee schedule amount for the state where the beneficiary maintains his or her permanent residence. • Under no circumstances may any entity enrolled as a DMEPOS supplier with the NSC that is not the physician or provider that implants the device, bill the carrier or A/B MAC for an implanted device. • DMEPOS suppliers may bill under the guidelines established in CR5917 for any of the replacement parts, accessories, or supplies for prosthetic implants and surgically implanted DME included in the revised list of HCPCS codes attached to CR6573.
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Background	<ul style="list-style-type: none"> • CR5917 instructed Medicare contractors to process and pay claims for replacement parts, accessories, and supplies for prosthetic implants and surgically implanted DME when submitted by suppliers that are enrolled with both the NSC and with their local carrier or A/B MAC. CR5917 also included codes for implanted devices that may not be separately billed to the carrier or A/B MAC by DMEPOS suppliers. • Although CR5917 reinstated the local carrier or A/B MAC jurisdiction for claims for these items, the instruction was not clear about the jurisdiction or payment rules to apply when the beneficiary resides outside of the local carrier or A/B MAC jurisdiction.
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Operational Impact	N/A
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Reference Materials	The related MLN Matters® article can be found at http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6573.pdf on the CMS website.
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The official instruction (CR6573) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R5310TN.pdf> on the CMS website. CR6573 contains the *DMEPOS Fee Schedule HCPCS Codes Payable as a Replacement Part, Accessory or Supply for Prosthetic Implants and Surgically Implanted DME (Rev. March 2009)* as an attachment.

The MLN Matters® article related to CR5917 may be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5917.pdf> on the CMS website.
