Related MLN Matters Article #: MM3674

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Related Change Request: 3674

MMA - Processing Durable Medical Equipment (DME), Orthotics, Prosthetics, Drugs, and Surgical Dressings Claims for Indian Health Services (IHS) and Tribally Owned and Operated Hospitals or Hospital-Based Facilities including Critical Access Hospitals (CAHs)

Key Words

Orthotics, Prosthetics, Drugs, IHS, Surgical, DME, CAH, Billing, HCPCS, Code, TOB13X, NSC, Tribal, CR3674, MM3674, R461CP

Provider Types Affected

All IHS and Tribally-owned and operated hospitals or hospital-based facilities including critical access hospitals (CAHs) billing Medicare Durable Medical Equipment Regional Carriers (DMERCs) and Fiscal Intermediaries (FIs)

Key Points

- The effective date of the instruction is July 1, 2005.
- The implementation date is July 5, 2005.
- Beginning July 1, 2005, IHS and Tribally-owned and operated hospitals and hospital-based facilities including CAHs may begin billing for:
  - DME used in the patient's home;
  - Orthotics and Prosthetics;
  - Drugs paid by DMERCs;
  - Surgical Dressings; and
  - Therapeutic shoes furnished according to requirements of Section 1861 (s)(12).
- When billing orthotics, prosthetics, and surgical dressings to the FI, IHS/Tribal facilities should use the following revenue codes:
  - 0274 for orthotics with the appropriate HCPCS code;
  - 0274 for prosthetics with the appropriate HCPCS code; and

  - 0623 for surgical dressings and the appropriate HCPCS code.
- When billing for prosthetics, orthotics, and surgical dressings to the FI, IHS/Tribal facilities should show only those items on the Type of Bill (TOB) 13X bill that are payable under the DME fee schedule.
- To bill drugs to the Medicare DMERC, IHS/Tribal facilities must be registered with the National Supplier Clearinghouse (NSC) as a pharmacy and have a pharmacy license number on file with the NSC.
- Any injection (e.g., B-12) that requires only a licensed professional's administration must not be billed as a visit payable at the All Inclusive Rate (AIR).
- A visit cannot be billed if the injection is the only service the facility provides.
- If the patient receives an injection and no qualifying visit takes place, the charges/expenses for the injection should be combined with the expenses/charges for the next qualifying visit.
- The qualifying visit should be for the condition being treated with the injection or drug.

Important Links

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3674.pdf

http://www.cms.hhs.gov/Transmittals/downloads/R461CP.pdf