

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Did you know that Medicare provider enrollment application forms can be completed on your computer? This means that you can fill out the information required by typing into the open fields while the form is displayed on your computer monitor. Filling out the forms this way before printing, signing and mailing means more easily-readable information – which means fewer mistakes, questions, and delays when your application is processed. Be sure to make a copy of the signed form for your records before mailing. You will find the Medicare provider enrollment application forms available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the Centers for Medicare & Medicaid Services website.

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Related Change Request (CR) #: 7452

Related CR Release Date: July 1, 2011

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Related CR Transmittal #: R378PI

Implementation Date: August 2, 2011

Prospective Billing for Refills of DMEPOS Items Provided on a Recurring Basis

Note: This article was updated on August 22, 2012, to reflect current Web addresses. All other content remains the same.

Provider Types Affected

Suppliers who bill Medicare Durable Medical Equipment Medicare Administrative Contractors (DME MACs) for DMEPOS items and supplies that are provided on a recurring basis.

What You Need to Know

For DMEPOS products that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching

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exhaustion, and to confirm any changes/modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized. DME MACs will allow for the processing of claims for refills delivered/shipped prior to the beneficiary exhausting his/her supply.

Background

For DMEPOS items and supplies that are provided on a recurring basis, billing must be based on prospective, not retrospective use. The following scenarios are illustrative of this concept:

- Scenario 1: The treating physician writes an order for enteral nutrition which translates into the dispensing of 100 units of nutrient for one month. The supplier receives the order, delivers 100 units and bills the claim with a date of service as the date of delivery indicating 100 units. This is an example of prospective billing and is acceptable.
- Scenario 2: The treating physician writes an order for enteral nutrition which translates into the dispensing of 100 units of nutrient for one month. The supplier receives the order and delivers 100 units. A claim is not billed. At the end of the month, the supplier determines that the beneficiary used 90 units for the month and delivers 90 units to replace the nutrient used. A claim is then submitted with a date of service as the date of delivery indicating 90 units of enteral nutrition. This is an example of retrospective billing and is not acceptable.

Additional Information

The official instruction, CR 7452 issued to your DME MAC regarding this issue may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R378PI.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your DME MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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