

Medicare Claims Processing Manual

Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Crosswalk

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	Foreword							42 CFR 400.202 PIM Chapters 6 and 10	Foreword
20	10	A3-3113	B3-2100		HO-228 (partial), HO-235	HHA-220, HHA-461 (partial)	SNF-264	Region C DMERC Manual (as reference)B-02-041	Where to Bill DMEPOS and PEN Items and Services
20	10.1	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Definitions
20	10.1.1	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Durable Medical Equipment (DME)
20	10.1.2	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Prosthetic Devices - Coverage Definition
20	10.1.3	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Prosthetics and Orthotics (Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes) - Coverage Definition

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
	10.1.4	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Payment Definition Variances
	10.1.4.1	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Prosthetic Devices
	10.1.4.2	A3-3313.1	B3-2100.1		HO-235.1	HHA-220.1	SNF-264.1		Prosthetic and Orthotic Devices (P&O)
20	10.2		B3-2105						Coverage Table for DME Claims
20	10.3		B3-9051						Beneficiaries Previously Enrolled in Managed Care Who Return to Traditional Fee for Service (FFS)
20	20		B3-5017					PM B-01-54	Calculation and Update of Payment Rates
20	20.1							CMS Web site AB-03-071, AB-03-100	Update Frequency
20	20.2		B3-5017.1						Locality
20	20.3		PM B-01-56						Elimination of "Kit" Codes and Pricing of Replacement Codes
20	20.4	PM A-02-90							Contents of Fee Schedule File

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	30.5.4								Payments for Capped Rental Items During a Period of Continuous Use
20	30.5.5								Payment for Power-Operated Vehicles that May Be Appropriately Used as Wheelchair
20	30.6		B3-5102.1						Oxygen and Oxygen Equipment
20	30.6.1		B3-5102.1						Adjustments to Monthly Oxygen Fee
20	30.6.2		B3-5102.1						Purchased Oxygen Equipment
20	30.6.3		B3-5102.1						Contents Only Fee
20	30.7		B3-5017					B-01-54	Payment for Parenteral and Enteral Nutrition (PEN) Items and Services
20	30.7.1		B3-5017						Payment for Parenteral and Enteral Pumps
20	30.7.2		B3-5017						Payment for PEN Supply Kits
20	30.8	A3-3644	B3-4272, 4272.1, 3045.7						Payment for Home Dialysis Supplies and Equipment

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	30.8.1							AB-01-61	DMERC, Carrier and Intermediary Determination of ESRD Method Selection
20	30.8.2		B3-5105.1						Installation and Delivery Charges for ESRD Equipment
20	40							Title only-no xref	Payment for Maintenance and Service for Non-ESRD Equipment
20	40.1		B3-5102.2G, 5102.3						General
20	40.2	A3-3629							Maintenance and Service of Capped Rental Items
20	40.3		B3-5017.4						Maintenance and Service of PEN Pumps
20	50		B3-5102.2B						Payment for Replacement of Equipment
20	50.1	A3-3629							Payment for Replacement of Capped Rental Items
20	50.2							AB-01-06	Payment for Replacement of Prosthetic Devices
20	50.3		B3-3324						Payment for Replacement of Parenteral and Enteral Pumps

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	60		B3-5105						Payment for Delivery and Service Charges for Durable Medical Equipment
20	80		B3-5106.1						Penalty Charges for Late Payment Not Included in Reasonable Charges or Fee Schedule Amounts
20	90		B3-5107					AB-02-114	Payment for Additional Expenses for Deluxe Features
20	100		B3-4107.1, 4107.8			HHA-463		Medicare Handbook for New Suppliers: Getting Started, B-02-31	General Documentation Requirements
20	100.1		PIM						Written Order Prior to Delivery
20	100.2		B3-3312, 3324, 4105, 4450						Certificates of Medical Necessity (CMN)
20	100.2.1								Completion of Certificate of Medical Necessity Forms
20	100.2.2		B3-3324						Evidence of Medical Necessity for Parenteral and Enteral Nutrition (PEN) Therapy

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	100.2.2.1								Scheduling and Documenting Certifications and Recertifications of Medical Necessity for PEN
20	100.2.2.2								Completion of the Elements of PEN CMN
20	100.2.2.3		B3-4450						DMERC Review of Initial PEN Certifications
20	100.2.3		B3-4105						Evidence of Medical Necessity for Oxygen
20	100.2.3.1								Scheduling and Documenting Recertifications of Medical Necessity for Oxygen
20	100.2.3.2								HHA Recertification for Home Oxygen Therapy
20	100.2.3.3								Contractor Review of Oxygen Certifications
20	100.3							B-02-031	Limitations on DMERC Collection of Information
20	110	A3-3629							General Billing Requirements - for DME, Prosthetics, Orthotic Devices, and Supplies
20	110.1	A3-3629						B-02-052, B-03-041	Billing/Claim Formats

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	110.2	A3-3629							Application of DMEPOS Fee Schedule
20	110.3		B3-3011						Pre-Discharge Delivery of DMEPOS for Fitting and Training
20	110.3.1								Conditions That Must Be Met
20	110.3.2								Date of Service for Pre-Discharge Delivery of DMEPOS
20	110.3.3								Facility Responsibilities During the Transition Period
20	110.4								Frequency of Claims for Repetitive Services (All Providers and Suppliers)
20	120		B3-3012						DMERCs – Billing Procedures Related To Advanced Beneficiary Notice (ABN) Upgrades
20	130	A3-3629	B3-4107.10	OPT 253.7	HO-441	HHA-463	SNF-260.4 (partial), SNF-264.4, SNF-533, SNF-534,	AB-01-126	Billing for Durable Medical Equipment (DME) and Orthotic/Prosthetic Devices

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	130.1	A3-3629							Provider Billing for Prosthetic and Orthotic Devices
20	130.2	A3-3629	B3-4107.8						Billing for Inexpensive or Other Routinely Purchased DME
20	130.3	A3-3629	B3-4107.8						Billing for Items Requiring Frequent and Substantial Servicing
20	130.4	A3-3629	B3-4107.8						Billing for Certain Customized Items
20	130.5	A3-3629	B3-4107.8						Billing for Capped Rental Items (Other Items of DME)
20	130.6	A3-3629	B3-4107.7						Billing for Oxygen and Oxygen Equipment
20	130.6.1								Oxygen Equipment and Contents Billing Chart
20	130.7	A3-3629							Billing for Maintenance and Servicing (Providers and Suppliers)
20	130.8	A3-3629							Installment Payments
20	130.9								Showing Whether Rented or Purchased
20	140					Title-no Xref			Billing for Supplies

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	140.1	A3-3629						B-03-024, B-03-056	Billing for Supplies and Drugs Related to the Effective Use of DME
20	140.2	A3-3629			HO-228.3,	HHA-206.4, HHA-219.1, HHA-461 (partial)	SNF-260.3		Billing for HHA Medical Supplies
20	140.3		B3-3045.7						Billing DMERC for Home Dialysis Supplies and Equipment
20	150	A3-3629							Institutional Provider Reporting of Service Units for DME and Supplies
20	160	A3-3660.6							Billing for Total Parenteral Nutrition and Enteral Nutrition
20	160.1	A3-3660.6			HO-438, HO-229	HHA-403	SNF-544, SNF-559, SNF-260.4, SNF-261		Billing for Total Parenteral Nutrition and Enteral Nutrition Furnished to Part B Inpatients
20	160.2	A3-3660.6					SNF-368		Special Considerations for SNF Billing for TPN and EN Under Part B
20	170							AB-01-60, AB-01-126	Billing for Splints and Casts

New Chap.	New Sect.	Int. Pub 13	Carrier Pub 14	OPT Pub09	HO Pub 10	HHA Pub 11	SNF Pub 12	Other Source	Description
20	190	A3-3629	B3-5102						Contractor Application of Fee Schedule and Determination of Payments and Patient Liability for DME Claims
20	200		B3-3010						Automatic Mailing/Delivery of DMEPOS
20	210							B-03-055	CWF Crossover Editing for DMEPOS Claims During an Inpatient Stay
20	220							No source CMS requested x reference	Appeals