

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>K0739: “Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes”</p>	<p>Itemize each repair by including the following narrative information:</p> <ul style="list-style-type: none"> • HCPCS code(s) that was repaired • Labor spent on each HCPCS code repair <ul style="list-style-type: none"> - List time in either units or 15 minute increments. One unit equals 15 minutes. <p>The number of units or minutes listed in the claim narrative must match the total number of services billed on the claim. Example of K0739 claim narrative for four units of service: E2359 30 minutes, E2381 30 minutes</p>
<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.

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Replacement Equipment (With RA modifier)	<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
Not Otherwise Classified (NOC) Drugs	Enter drug name and dosage.
Unlisted Procedure Code or NOC Code	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: <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) If it is a customized option/accessory, the statement must clearly describe what was customized.
Greater Than Four Modifiers Claim lines that require greater than four modifiers, append the 99 modifier in the fourth position.	Enter overflow modifiers in the NTE Note segment or Item 19 of the CMS-1500 claim form.

Greater Than A One-Month Supply	Claim Narratives
When providing greater than a one-month supply of the following items (up to a three-month/90 day supply). <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 	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. <ul style="list-style-type: none"> • 3 month supply (or 90 days)