

# DMEPOS Requiring Claim Span Dates & Claim Narratives

DMEPOS Requiring Claim Span Dates	Claim Span Date Examples	Claim Narrative Examples
<p>The following DMEPOS items require a date span on all claims submitted to the DME MACs:</p>	<p>Span the date of service using “From” and “To” dates on any electronic or paper 1500 claim:</p> <p><b>NOTE</b></p> <ul style="list-style-type: none"> <li>The “<b>From</b>” date is when the items were provided to the Medicare beneficiary.</li> <li>The “<b>To</b>” date is the last date the equipment/supplies are expected to be used/exhausted.</li> </ul>	<p>Below are 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:</p> <p><b>NOTE</b></p> <p><b>Beneficiary Owned Equipment:</b> Include a narrative when billing for accessories, supplies, etc.:</p> <ul style="list-style-type: none"> <li>HCPSC code of the base equipment</li> <li>Date beneficiary obtained equipment</li> <li>Indicate beneficiary-owned</li> </ul> <p><b>NOTE</b></p> <p><b>For claim lines that require greater than four modifiers</b>, append the 99 modifier in the fourth modifier position:</p> <ul style="list-style-type: none"> <li>Enter the overflow modifiers in the NTE Note segment or Item 19 of the CMS-1500 claim form</li> </ul>
<p><b>Continuous Passive Motion Devices (CPM):</b> E0935</p>	<p><b>Discharge Date to Pick-Up Date</b> <b>From Date:</b> 01/02/2021 - <b>To Date:</b> 01/21/2021</p>	<p>All of the following must be included with the CPM claim:</p> <ul style="list-style-type: none"> <li>Type of knee surgery performed;</li> <li>Date of application of CPM; and</li> <li>Date of surgery;</li> <li>Date of discharge from the hospital;</li> </ul> <p><b>AND</b></p> <p>If applicable, for the examples noted above.</p>
<p><b>Diabetic Testing Supplies:</b> A4253, A4259, A4255, A4256</p>	<p><b>A4253 Test Strips</b> (three-month supply) <b>From Date:</b> 01/01/2021 - <b>To Date:</b> 03/31/2021</p>	<p>If applicable, for the examples noted above.</p>
<p><b>External Infusion Pump Supplies</b> (recommended): A4221, A4224, A4226</p>	<p><b>A4221 Infusion Catheter Supplies</b> (per week) <b>From Date:</b> 01/01/2021 - <b>To Date:</b> 01/31/2021</p>	<p>If applicable, for the examples noted above.</p>
<p><b>Parenteral and Enteral Nutrition:</b></p> <ul style="list-style-type: none"> <li>B4102 - B4162</li> <li>B4164 - B4216, B5000, B5100, B5200</li> </ul>	<p><b>B4150 Enteral Formula</b> (one-month supply) <b>From Date:</b> 01/15/2021 - <b>To Date:</b> 02/14/2021</p>	<p>If applicable, for the examples noted above. <b>Parenteral: Only a one-month supply may be dispensed.</b></p>
<p><b>Parenteral and Enteral Administration Kits:</b></p> <ul style="list-style-type: none"> <li>B4034, B4035, B4036</li> <li>B4220, B4222, B4224</li> </ul>	<p><b>B4035 Enteral Pump Kit</b> (one-month supply) <b>From Date:</b> 01/15/2021 - <b>To Date:</b> 02/14/2021</p>	<p>If applicable, for the examples noted above. <b>Parenteral: Only a one-month supply may be dispensed.</b></p>