CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 330 | **Date: OCTOBER 22, 2004**

CHANGE REQUEST 3233

SUBJECT: DMERC – Beneficiary Submitted Claims, Process First Claim

I. SUMMARY OF CHANGES: Added a paragraph to Chapter 20, "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies ," Section 110, "General Billing Requirements for DMEPOS" claims to the DMERC – Beneficiary Submitted Claims must contain an enrolled Medicare Supplier Number.

NEW/REVISED MATERIAL - EFFECTIVE DATE: January 1, 2005
***IMPLEMENTATION DATE: April 4, 2005**

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Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
(R = REVISED, N = NEW, D = DELETED – (*Only One Per Row.*)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	20\110\General Billing for DME, Prosthetics, Orthotic Devices, and Supplies

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

110 - General Billing Requirements - for DME, Prosthetics, Orthotic Devices, and Supplies

(Rev. 330, Issued: 10-22-04, Effective: 01-01-05, Implementation: 04-04-05)

Part B suppliers and providers other than Home Health Agencies (HHAs) must bill DMEPOS to the Durable Medical Equipment Regional Carrier (DMERC), except claims for implanted DME. Implanted DME and supplies for the implanted equipment are billed to the local carrier.

Suppliers and providers must have a supplier billing number issued by the National Supplier Clearinghouse (NSC) prior to billing the DMERC.

Institutional providers bill their FI for prosthetics and orthotics devices and supplies. Generally, Medicare does not pay for DME in a facility. For hospital outpatient DME, bills go to the appropriate DMERC.

DMEPOS provided under a home heath plan of care may be billed either by the HHA or by the supplier (including the HHA with a supplier number if the HHA prefers to bill that way) to the DMERC. If the HHA chooses to bill to the RHHI, the HHA includes the DME on the PPS claim (32x or 33x). If the beneficiary is not under a plan of care and receives DMEPOS from a HHA, the agency uses bill type 34x.

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Beneficiary Submitted Claims must contain an enrolled Medicare Supplier Number.