

## Adding Narrative to the Item for Billing

### NTE note for repairs:

A description of the item, and the brand name, make/model and part number (use abbreviations when needed). You can abbreviate the brand name by using just the first 5 letters if needed. Do not abbreviate the model/part number.

Example:

“TOGGLE SWITCH.MFR PRIDE MD#FRMASMB272 REPLCMNT” (46 characters) this could be further abbreviated to “RPL toggle MFR PRIDE MD FRMASMB272” (34 characters)

Providers will need to utilize the NTE fields (2300 and 2400) to submit all information pertinent to claims filed. The note segment is limited to 80 characters at the claim level and each line level, so providers should not include any wording that does not relate to the items and services being billed. If claims that require additional information for adjudication are submitted with nothing documented in the NTE fields (e.g. repairs), these claims will be denied.

### NTE Note for patient owned equipment:

- HCPCS code of base equipment
- a notation that this equipment is beneficiary-owned and
- the date the patient obtained the equipment

Example

The line: E2366NURB

Narrative: Pt owned HVR K0011 081507

Indicate the reason for replacing equipment and the date the beneficiary received the original equipment that is being replaced, using the following format:

- Example: RUL 050103
  - The abbreviation “RUL” indicates “reasonable useful lifetime”
  - The date the beneficiary received the original equipment (MMDDYY)

### **For Supplies and Accessories**

**If all of the above criteria are met**, the initial claim for supplies and accessories used with patient-owned equipment which was not paid for by traditional Medicare (i.e., equipment that was paid by another insurance provider or by the patient), must contain the following information:

- HCPCS code of the base equipment
- A notation that the existing equipment is patient-owned
- Date the patient obtained the existing equipment

Example: E0601 Beneficiary Owned 01/01/2006; or E0601OWN010106

## Modifiers

**RA** Replacement of a DME item, due to loss, irreparable damage or when the item has been stolen (This is used on the first month rental claim for a replacement item. A narrative explaining the reason for the replacement, if prior to the end of the reasonable useful lifetime is reached, is also required on the first month rental claim.)

## Obligations of New Supplier

For suppliers who receive beneficiaries from providers who have exited the Medicare oxygen business, claims for replacement equipment must:

- For the first month claim, append the RA modifier (Replacement of a DME item) on the claim line(s) for the replacement equipment; and,
- Document in the narrative field of the claim that "Beneficiary acquired through supplier voluntarily exiting Medicare program" or similar statement.
  - When submitting claims electronically, use loop 2400 (line note), segment NTE02 (NTE01+ADD) of the ASC X12, version 5010A1 electronic claim format.
  - When billing using the Form CMS-1500 paper claim, include the narrative information in item 19 of the claim form.
  - Home health agencies billing using the UB-04 paper claim may report this information in Form Locator 80 (Remarks).