

DME MAC Jurisdiction A

Billing Reminder - Repairs to Capped Rental Durable Medical Equipment (DME)

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Payment for capped rental DME is made on a rental basis for a period not to exceed 13 months of continuous use. Payment for all maintenance, servicing, and repair of capped rental DME is included in the allowed rental payment amounts. Therefore, under no circumstances should separate payment be made for these services prior to the end of the 13-month capped rental period.

This basic rule has been in place since the date that the DME fee schedules and capped rental payment rules went into effect on January 01, 1989.

If you submit a claim for DME repairs that were done to a piece of equipment during the capped rental period your claim will be either rejected or denied. The following ANSI Reason Code, Remark Codes and Medicare Summary Notice (MSN) messages will be generated:

97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. NOTE: Refer to the 835 healthcare policy identification segment (loop 2110 service payment information ref), if present.

MA 13: Alert: You may be subject to penalties if you bill the patient for amounts not reported with the PR (patient responsibility) group code.

N211: Alert: You may not appeal this decision.

MSN 16.35: You do not have to pay for this amount.

MSN 16.35: Usted no tiene que pagar esta cantidad.

Additional information is available in the CMS *Medicare Benefit Policy Manual*, Chapter 15, section 110.2 (A) at <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>