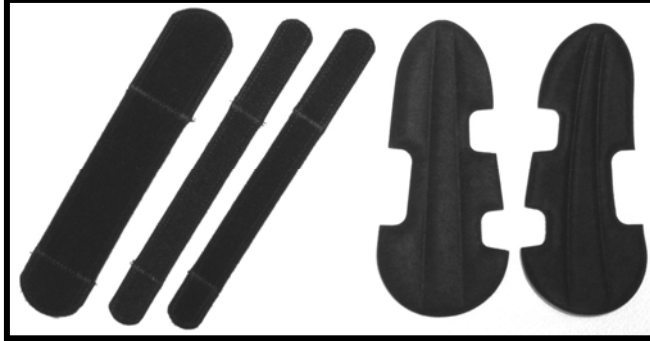


# REIMBURSEMENT

## REPAIRS & REFURBISHMENTS



## Reimbursement for DME (BRACE) Repairs

**Q2: *When will Medicare pay for repairs?***

**A2: Medicare may pay for repair of covered DME which the beneficiary owns or is purchasing, including equipment that the beneficiary was using before becoming enrolled in Part B.**

**If Medicare paid for the equipment, repairs will be considered on an individual basis.**

**If Medicare did not pay for the equipment, we will need to have the following documentation attached to the claim to consider coverage of repairs:**

**[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)**

- A. If Medicare paid for the equipment, repairs will be considered on an individual basis .**
  - B. If Medicare did not pay for the equipment, we will need to have the following documentation attached to the claim to consider coverage of repairs:**
- 

**If a brace was made for a patient prior to the patient having Medicare coverage (for example; Blue Shield paid the claim for the Brace) You can bill Medicare/DMERC for the repair/refurbishment if the patient is now Medicare and still has the brace. You must attach the original Invoice for the brace when it was purchased, and include a description of the repairs as detailed later in this show.**

## **Billing Instructions for AFO Repairs**

### ***COVERAGE AND PAYMENT RULES***

#### **AFOs USED IN AMBULATORY PATIENTS**

Repairs to a covered orthosis due to wear or to accidental damage are covered when they are necessary to make the orthosis functional. The reason for the repair must be documented in the supplier's record. If the expense for repairs exceeds the estimated expense of providing another entire orthosis, no payment will be made for the amount in excess.

**[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)**

## **Billing Instructions for AFO Repairs**

**Replacement of a complete orthosis or component of an orthosis due to loss, significant change in the patient's condition, or irreparable accidental damage is covered if the device is still medically necessary. The reason for the replacement must be documented in the supplier's record.**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## **Billing Instructions for AFO Repairs**

**The allowance for the labor involved in replacing an orthotic component that is coded with a specific L code (such as L2820) is included in the allowance for that component.**

**The allowance for the labor (code L4205) involved in replacing an orthotic component that is coded with the miscellaneous code L4210 is separately payable in addition to the allowance for that component.**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## **Billing Instructions for AFO Repairs**

**Quantities of supplies greater than those described in the policy as the usual maximum amounts, in the absence of documentation clearly explaining the medical necessity of the excess quantities, will be denied as not medically necessary.**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## **Billing Instructions for AFO Repairs**

**L4210 REPAIR OF ORTHOTIC DEVICE,  
REPAIR OR REPLACE MINOR PARTS**

**L4205 REPAIR OF ORTHOTIC DEVICE,  
LABOR COMPONENT, PER 15 MINUTES**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## Billing Instructions for AFO Repairs

# 1

**Billing for minor repairs done on a brace in your office**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## MINOR IN OFFICE REPAIRS

An example of a repair on a Richie Brace after the Brace has been dispensed would be the replacement of the 3 velcro straps, and the 2 interface sides.

1. NAME OF SUPPLIER OR OTHER SERVICE		7.1. NUMBER OF REPAIRS FOR CODE		8. NUMBER OF REPAIRS FOR CODE		9. NUMBER OF REPAIRS FOR CODE		10. NUMBER OF REPAIRS FOR CODE		11. NUMBER OF REPAIRS FOR CODE	
<b>3 Velcro Straps / 2 Soft Interface</b> 736.79											
04	01	04	08	01	04	11	L4210	1	60.00	1	
04	01	04	04	01	04	11	L4205	1	20.00	1	
TOTAL: 80.00 <b>Douglas Richie DPM</b> 550 PCH #209 Seal Beach, CA 90740 E2669 DMERC# 367895001											



**L4210 REPAIR**  
**L4205 LABOR PER 15 MIN**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

# MINOR IN OFFICE REPAIRS

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE  
**3 Velcro Straps / 2 Soft Interface**

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE  
FROM: MM DD YY TO: MM DD YY

19. REPAIRS FOR LOCAL USE  
736.79

20. OUTSIDE LAB?  YES  NO \$ CHARGES

21. MEDICAL REVISION/REVISION CODE ORIGINAL REF. NO.

22. PRIOR AUTHORIZATION NUMBER

DATE(S) OF SERVICE MM YY	DATE(S) OF SERVICE MM YY	TIME OF SERVICE SV	TIME OF SERVICE SV	PROCEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances or Modifications)	DIAGNOSIS CODE	\$ CHARGES	DATE(S) OF SERVICE MM YY	DATE(S) OF SERVICE MM YY	DATE(S) OF SERVICE MM YY	DATE(S) OF SERVICE MM YY	DATE(S) OF SERVICE MM YY	RECEIVED FOR LOCAL USE
04 01 04	04 01 04	11	11	L4210	1	60.00	1					
04 01 04	04 01 04	11	11	L4205	1	20.00	1					

25. FEDERAL TAX ID NUMBER: 04 06 04

26. PATENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT?  YES  NO

28. TOTAL CHARGE: \$ 80.00

29. AMOUNT PAID: \$

30. BALANCE DUE: \$

31. SIGNATURE OF PHYSICIAN OR CLERK (including degrees or credentials)  
04 06 04

32. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED (if other than home or office)  
Douglas Richie DPM  
550 PCH #209  
Seal Beach, CA 90740  
E2669 DMERC# 367895001

33. PHYSICIAN OR SUPPLIER INFORMATION

APPROVED BY AMA COLLEGE ON MEDICAL SERVICE (3/88) PLEASE PRINT OR TYPE FORM HCR-1100 (12-85) FORM 888-1100 FORM CWCPR-1100

Use Box 19 to describe the repair, or attach separate letter describing the repair

# MINOR IN OFFICE REPAIRS



LAB COST FOR PARTS  
5 PIECE KIT

3 Velcro Straps \$10  
2 Interface Sides \$10  
\$20

## SUGGESTED BILLING TO DMERC

L4210 \$60 (REPAIR, SMALL PARTS)

L4205 \$20 (LABOR per 15 min)

\$80

(NOTE: Remember, when billing for codes such as L2820 Soft Interface, the labor is included in that code and suggested fee is \$85)

[www.cignamedicare.com/dmerc/lmrrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrrp/AFO.html)

## Billing Instructions for AFO Repairs

# 2

### Billing for intermediate repairs done on a brace in your office

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

## INTERMEDIATE IN OFFICE REPAIR

An example of a repair on a Richie Brace after the Brace has been dispensed would be the replacement of the 3 velcro straps, 2 interface sides, polishing and general refurbishing.

See attached description of repair

736.79

DATE OF SERVICE	ICD-9-CM	ICD-10-CM	PROVISIONAL REPAIR/INTERMEDIATE REPAIR	QUANTITY	CHARGES	UNIT	REPAIRS	REPAIRS	REPAIRS	REPAIRS	REPAIRS
04 01 04	08 01 04	11	L4210	1	80.00	1					
04 01 04	04 01 04	11	L4205	1	40.00	2					

120.00

Douglas Richie DPM  
550 PCH #209  
Seal Beach, CA 90740  
E2669 DMERC# 367895001



L4210 REPAIR  
L4205 LABOR PER 15 MIN

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

# INTERMEDIATE IN OFFICE REPAIR

**See attached description of repair**

DATE(S) OF SERVICE	TIME	TYPE OF SERVICE	PROCEDURE, SERVICE, OR SUPPLY	DUNKLES CODE	\$ CHARGE	CHARGE PER UNIT	EMT	ODR	RESERVED FOR LOCAL USE
04 01 04	04 01 04	11	L4210	1	80.00	1			
04 01 04	04 01 04	11	L4205	1	40.00	2			

**29 TOTAL CHARGE \$ 120.00**

**31 SIGNATURE OF PHYSICIAN OR CLERK (SEE INSTRUCTIONS ON REVERSE)**  
 04 06 04

**32 NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED (If other than home or office)**  
 Douglas Richie DPM  
 550 PCH #209  
 Seal Beach, CA 90740  
 E2669 DMERC# 367895001

Use Box 19 to indicate you have attached documentation describing the repairs done. On your office letterhead, describe the nature of the repair including the time spent (labor)

## Billing Instructions for AFO Repairs

# 3

Billing for repairs done on a brace sent out to the "Lab"

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)



# OUT OF OFFICE LAB REPAIR

An example of a repair on a Richie Brace done at the "Lab" and invoiced to you would be the following which may have included strap replacements, polishing etc.

See attached repair invoice

736.79

DATE OF SERVICE	FROM	TO	TIME	TYPE OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES	DISEASES CODE	\$ CHARGES	CHARGE PER UNIT	UNITS	EMG	ODR	RESERVED FOR LOCAL USE
04 01 04	04 01 04	81		L4210		1	100.00	1				

25. FEDERAL TAX I.D. NUMBER: 04 06 04

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT: YES  NO

28. TOTAL CHARGE: 100.00

29. AMOUNT PAID

30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN (OR CLERK) INCLUDING CREDENTIALS

32. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED (If other than home or office)

**Douglas Richie DPM**  
550 PCH #209  
Seal Beach, CA 90740  
E2669 DMERC # 367895001

APPROVED BY AIAA COLNCL ON MEDICAL SERVICE 5886 PLEASE PRINT OR TYPE



L4210 REPAIR \$100  
Attach Lab Invoice To Claim

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)

# OUT OF OFFICE LAB REPAIR

See attached repair invoice

736.79

DATE OF SERVICE	FROM	TO	TIME	TYPE OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES	DISEASES CODE	\$ CHARGES	CHARGE PER UNIT	UNITS	EMG	ODR	RESERVED FOR LOCAL USE
04 01 04	04 01 04	81		L4210		1	100.00	1				

25. FEDERAL TAX I.D. NUMBER: 04 06 04

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT: YES  NO

28. TOTAL CHARGE: 100.00

29. AMOUNT PAID

30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN (OR CLERK) INCLUDING CREDENTIALS

32. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED (If other than home or office)

**Douglas Richie DPM**  
550 PCH #209  
Seal Beach, CA 90740  
E2669 DMERC # 367895001

APPROVED BY AIAA COLNCL ON MEDICAL SERVICE 5886 PLEASE PRINT OR TYPE

Use Box 19 to indicate you have attached the "Lab" invoice describing the repairs done for which your office was charged.

# **CONTACT INFORMATION**

**DMERC**

**1-866-243-7272**

**SADMERC**

**1-877-735-1326**

[www.cignamedicare.com/dmerc/lmrp/AFO.html](http://www.cignamedicare.com/dmerc/lmrp/AFO.html)