

## Eli's Rehab Report

### READER QUESTION ~ Know When You Need a DME Number for L Codes

**Question:** I need to report an OT custom splint. Do I need a DME provider number to bill L codes for this? I have heard that because I'm in a hospital outpatient department that I don't need a DME provider number to bill Medicare.

Wyoming Subscriber

**Answer:** If you are a hospital outpatient department, CORF, SNF Part B setting or rehab agency, you can bill L codes to your Medicare fiscal intermediary without having a durable medical equipment (DME) provider number. You can find the reference in CMS Pub 100-04, Chapter 20 ...quot; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. Check out the second paragraph under section 10.

**Don't overlook:** If you are in a private practice setting, you do need a DME provider number and should submit DME claims to your DME regional carrier. If you are in a private practice and don't have a DME provider number, you may bill for your time assessing the patient's need for an orthotic, fabricating the orthotic and fitting the orthotic under 97760 (Orthotic[s] management and training [including assessment and fitting when not otherwise reported], upper extremity[s], lower extremity[s] and/or trunk, each 15 minutes).

You would bill the appropriate number of units based on the time it takes you to do this.

Note that 97760 also includes the time you take training the patient how to perform tasks with the orthotic. The CMS reference is [www.cms.hhs.gov/manuals/downloads/clm104c20.pdf](http://www.cms.hhs.gov/manuals/downloads/clm104c20.pdf).

[Reader Questions were answered by Rick Gawenda, PT, director of physical medicine and rehabilitation at Detroit Receiving Hospital.](#)