

## Eli's Rehab Report

### Reader Questions: Billing for DME Application

**Question:** Our office has an outside durable medical equipment (DME) supplier who bills the DME regional carrier (DMERC) directly for all braces, splints, etc. Can we bill for applying these DME products even though we don't bill Medicare directly for the products?

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Answer: Many practices maintain arrangements with DME vendors, who pay the medical practice fair-market-value rent to store an inventory of braces, orthotics, splints, etc., which the practice later dispenses to patients. Because most medical practices are not licensed DME suppliers, the practices cannot bill the DMERC directly for the supplies. However, you can certainly bill for applying these products.

For instance, if you fit a patient for orthotics and train him to use them properly, you may report 97504 (Orthotic[s] fitting and training, upper extremity[ies], lower extremity[ies], and/or trunk, each 15 minutes).

CPT Assistant has advised practices, "Dynamic splints are considered orthotics, and therefore the dynamic splint application service should be identified by code 97504."

According to the Correct Coding Initiative (CCI) version 8.3, you may report 97504 in addition to an E/M code (99201-99215 for outpatient E/M visits). Documentation for 97504 must include the amount of time spent fitting the orthotic and instructing the patient in its use.

Anytime your practice prescribes a DME product, remember to fill out a certificate of medical necessity (CMN) completely, or you risk having the patient's claim for DME supplies denied.