

**DME NOC Claims Descriptions and Code Billing Guidelines.**

Effective Nov. 23, 2021, durable medical equipment (DME) Not Otherwise Classified (NOC) claims not containing a description in the appropriate claims field will be rejected. When billing a claim with DME NOC codes:


1. Paper Invoice and MSRP are no longer required to be submitted with the claim form.
  - a. You may use electronic submissions for quicker and easier DME NOC claim submission.
2. The following information must be populated on the claims:
  - a. Provider charge amount is the MSRP value.
  - b. Item Description:
    - i. **Electronic claim forms:** The description should be populated in loop 2400, NOC DESC.
    - ii. **Paper claim forms:** The description should be populated in the shaded area in section 24A.
  - c. DME NOC codes are from the approved codes provided in Appendix A.
3. All other guidelines for timely filing, authorizations, etc. remain the same.

**Note** that all claims are subject to a post-pay audit.

Example electronic claims form:

```

PAGE #5 LAYOUT:
2400 SERVICE LINE LOOP, 1 OF 1 OCCURRENCES:
LINE NBR: 1 SERVICE QUAL: HC PROCEDURE CD: E0481 MODIFIERS:
NOC DESC:
  
```



Example paper claims form:

24. A.	DATE(S) OF SERVICE						D. PROCEDURE, SERVICE, OR SUPPLIES (Specify unusual Circumstances) OPT/KG/PCS MODIFIER	E. DIAGNOSIS POINTER	F. \$ CHARGE	G. QTY OR UNITS	H. UNIT PRICE	I. IS QAL	J. PENDING PROVIDER ID.#
	From	To	From	To	From	To							
	MM	DD	YY	MM	DD	YY							
1												NPI	
2												NPI	
3												NPI	
4												NPI	
5												NPI	
6												NPI	




## Appendix A 2021 DME NOC Codes

Procedure Code	DESCRIPTION
A4335	Incontinence supply; miscellaneous
A4421	Ostomy supply; miscellaneous
A4913	Miscellaneous dialysis supplies, not otherwise specified
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	Wound filler, dry form, per gram, not otherwise specified
A6512	Compression burn garment, not otherwise classified
A6549	Gradient compression stocking/sleeve, not otherwise specified
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	Alert or alarm device, not otherwise classified
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9999	Miscellaneous DME supply or accessory, not otherwise specified
B9998	NOC for enteral supplies
B9999	NOC for parenteral supplies
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E1229	Wheelchair, pediatric size, not otherwise specified
E1239	Power wheelchair, pediatric size, not otherwise specified
E1399	Durable medical equipment, miscellaneous
E1699	Dialysis equipment, not otherwise specified
E2599	Accessory for speech generating device, not otherwise classified
K0108	Wheelchair component or accessory, not otherwise specified
K0812	Power operated vehicle, not otherwise classified
K0898	Power wheelchair, not otherwise classified
L0999	Addition to spinal orthosis, not otherwise specified
L1499	Spinal orthosis, not otherwise specified
L2999	Lower extremity orthoses, not otherwise specified

L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified
L3999	Upper limb orthosis, not otherwise specified
L5999	Lower extremity prosthesis, not otherwise specified
L7499	Upper extremity prosthesis, not otherwise specified
L8039	Breast prosthesis, not otherwise specified
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician
L8499	Unlisted procedure for miscellaneous prosthetic services
L8608	Miscellaneous external component, supply or accessory for use with the Argus ii retinal prosthesis system
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system
L8699	Prosthetic implant, not otherwise specified
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare part a
Q4050	Cast supplies, for unlisted types and materials of casts
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)
S8189	Tracheostomy supply, not otherwise classified
S8301	Infection control supplies, not otherwise specified
T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"
T2028	Specialized supply, not otherwise specified, waiver
T2029	Specialized medical equipment, not otherwise specified, waiver
T5999	Supply, not otherwise specified
V2199	Not otherwise classified, single vision lens
V2799	Vision item or service, miscellaneous
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified
V5274	Assistive listening device, not otherwise specified
V5287	Assistive listening device, personal FM/dm receiver, not otherwise specified
V5298	Hearing aid, not otherwise classified