Durable Medical Equipment (DME)

Policy

Harvard Pilgrim reimburses contracted and approved DME providers for durable medical equipment ordered by a Harvard Pilgrim provider when medically necessary for the treatment of illness or injury or to improve the functioning of a body part, for use in the member's home, within the applicable benefit.

DME ordered for a member during an authorized home health care plan is restricted to equipment that is specifically related to the illness or injury for which skilled home care plan is required, and which is integral to the skilled home health plan of care. DME needed beyond the authorized home care plan of care, or that is received after the authorized home care date span, and exceeds the benefit, is the responsibility of the member.

Harvard Pilgrim reimburses approved DME providers for oxygen and respiratory care when ordered by a Harvard Pilgrim PCP or attending practitioner for home use within the applicable benefit level.

Ostomy supplies ordered for a member during an authorized home health care plan is restricted to equipment that is specifically related to the illness or injury for which skilled home care plan is required, and which is integral to the skilled home health plan of care. Ostomy supplies needed beyond the authorized home care plan of care, or that is received after the authorized home care date span, and exceeds the benefit, is the responsibility of the member.

Rehabilitative and assistive technology items ordered for a member during an authorized home health care plan is restricted to equipment that is specifically related to the illness or injury for which skilled home care plan is required, and which is integral to the skilled home health plan of care. Rehabilitative and assistive technology items needed beyond the authorized home care plan of care or that is received after the authorized home care date span, and exceeds the benefit, is the responsibility of the member.

Policy Definition

Durable medical equipment (DME) is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally not useful in the absence of illness or injury, appropriate for use in the home or inpatient setting and not intended for sport-related or vocational purposes. (Refer to the "DME Terminology" section for additional definitions.)

Medical and surgical supplies are disposable or reusable items that generally do not contain mechanical parts commonly found in medical equipment.

Ostomy and urological supplies are items that are medically necessary to supplement the function of a missing or malfunctioning organ.

Oxygen and respiratory care equipment are defined as equipment used in the home for the treatment of documented hypoxemia, exercise-induced desaturation, "cluster" headaches and for a terminal illness to relieve pain and suffering. Oxygen provided in other care settings will be provided under separate benefits (e.g., SNF, Inpatient Care).

Rehabilitative and assistive technology items are considered non-standard or specialty items and are generally obtained from specialty DME providers.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

HMO/POS/PPO

- Non-invasive airway assist devices (CPAP/APAP/BiPAP) and related sleep study supplies require prior authorization.
- Prior authorization required for miscellaneous DME, CGMS and sleep study supplies
- An order for each item billed must be signed and dated by the treating provider and made available upon request.
- A written, signed and dated order must be received by the DME provider before a claim is submitted.

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses[1]

HMO/POS/PPO

Harvard Pilgrim will reimburse DME providers for:

- The most appropriate model that adequately meets a member's medical need in the performance of Activities of Daily Living (ADLs).
- Rental or purchase of DME based on equipment needed, as set forth in the Harvard Pilgrim Fee Schedule as amended on an annual basis.
- Rental of DME is appropriate when the prescribing provider specifies that the item is medically necessary for a limited duration of time and as set forth in the Harvard Pilgrim Fee Schedule. Submit claims for rented DME for the period it is used by the member, but not exceeding the Harvard Pilgrim allowed maximum rental period.
- DME items that Harvard Pilgrim reimburses based on a rental methodology will begin a new rental period if there has been an interruption in the medical necessity for the item and the interruption lasted for more than two billing periods plus the remainder of the unused days in the prior rental period.
- If the interruption lasted 61 days or less, a new rental period will not begin, and the item will continue to count towards the full rental period of the item as set forth in the Harvard Pilgrim Fee Schedule.
- Equipment that may be rented or purchased will be reimbursed up to, and not exceed, the purchase price of the item or the rental period as defined in the Harvard Pilgrim Fee Schedule.
  - DME providers may not bill Harvard Pilgrim or the member for further rental amounts
- DME providers may not bill for both the rental and purchase of the same DME item (except for CPAP devices). Refer to coding grid.

Repairs Maintenance Replacement of DME Items

Under the circumstances specified below, payment may be made for maintenance, repair, or replacement of medically required DME. Payments for repairs and maintenance may not include payment for parts and labor covered under a manufacturer's or DME provider's warranty. In addition, repair and maintenance of oxygen equipment is not reimbursed separately but is included in the monthly oxygen equipment rental payment and must be provided by the DME provider.

Repairs

Repairs to equipment are covered including items already owned by the member that require repair when necessary to make the equipment operable. Harvard Pilgrim does not reimburse repairs or replacements of items lost or damaged secondary to abuse or neglect. No payment can be made for the repair if the expense for repairs exceeds the estimated expense of purchasing or renting the item new for the remaining period of medical need. In this case the item should be replaced. Repairs of rented equipment are not covered.

Maintenance

The Harvard Pilgrim provider is required to participate in DME maintenance and service, including items already owned by the member that require such service, and will be reimbursed according to the applicable maintenance service rate indicated on the Harvard Pilgrim fee schedule for that particular item at six-month intervals beginning six months after the conclusion of the purchase/rental cycle.

Replacement

Harvard Pilgrim applies item limits and replacement period limits on many DME items as set forth in the Harvard Pilgrim Fee Schedule. If a replacement of an item is needed prior to the published replacement period the replacement must be billed with the RA modifier on the first replacement claim in addition to the appropriate modifier (NU, RR) that would follow the standard payment methodology for the item on the Harvard Pilgrim fee schedule. Replacements cannot be made less than 60 days from date of purchase or two full rental months from the completion of the rental period.

Reimbursed DME

The following list of reimbursed items is not all-inclusive. Contact the Provider Service Center at 800-708-4414, for specific item information.

- Ambulatory devices (e.g., canes, crutches, walkers)
- Ambu-bags and manual resuscitators
- Apnea monitor
- Automatic blood pressure monitors
- Batteries (specialized) specifically designed for use in covered DME, up to the member's applicable DME benefit limit
- Beds and accessories
- Bi-level positive airway pressure (BiPAP/VPAP)
- Blood pressure monitoring equipment
- Breast pumps — electric and hospital grade: Please refer to the Coding Grid for information regarding rental terms.
- Chairs and special chairs (sitters) for physically disabled members who cannot sit up or be positioned to feed safely
- Continuous glucose monitoring system (CGMS)
- Continuous passive motion machine (CPM) for a member who has had one or more of the following surgical procedures:
  - ACL repair
  - Open reduction of wrist, knuckle or elbow fractures
  - Total knee replacement
  - Tendon or ligament repair surgery
  - TMJ surgery
- Commode chair
- Dental appliances medically necessary for the member's care
  - Jaw exercise machines for TMJ hypomobility (e.g., Therabyte, E-Z Flex)
  - Mandibular apnea device
- Diabetic supplies medically necessary for the member's care and in accordance with relevant state mandates
- Face-down recovery system, for use after vitrectomy eye surgery
- Flutter device for members with cystic fibrosis undergoing a vigorous program of chest physical therapy who need additional assistance to mobilize secretions
- High frequency chest wall vest
- Home UVB phototherapy equipment (e.g., Wallabee unit)
- Hyperhydrosis machine
- Iron lungs — reimbursed if the member has respiratory paralysis (considered a prosthetic device)
- Inspir-ease
- Nebulizer (e.g., Maxi-myst) and supplies
- Oral formula when provided by a DME provider and appended with the following modifiers
  - BA: Items furnished in conjunction with parenteral enteral nutrition (PENS) services
  - BO: Orally administered nutrition, not by feeding tube
- Oxygen for members whose ability to breathe is extremely impaired or for treatment of "cluster" headaches
- Oxygen concentrators

- Oxygen humidifiers (if medical humidifier is prescribed for the purpose of moisturizing oxygen in connection with authorized DME equipment)
- Oxygen mask
- Oxygen regulators
- Oxygen tents
- Patient lifts
- Paraffin bath units and paraffin wax when used for a member with rheumatoid arthritis
- Peak flow meter
- Pediatric gait trainer (Rifton)
- Pelvic floor stimulation system, for up to eight weeks
- Percussor
- Pneumatic compression device
- Portable oxygen systems
- Postural drainage boards
- Prone stander
- Pulmonaide
- Pumps
  - Lymphedema pumps
  - Gomco suction pump
- Respiratory support system
- Resuscitators, manual (i.e., Ambu bag)
- Sliding board
- Spacer (for metered dose inhaler)
- Specialty wheelchairs:
  - Electric wheelchair (if a member cannot operate a manual wheelchair due to physical limitations)
  - Reclining wheelchair (if a member needs to recline to alleviate respiratory difficulty or is at risk for skin breakdown; for chronic orthostatic hypotension, for chronically poor neck and trunk control)
  - "Tilt-in-Space" features for use on a wheelchair when a member is unable to relieve pressure independently (wheelchair cushions/seating systems must be prescribed by a Harvard Pilgrim–contracted provider)
- Special strollers (e.g., Pogon Buggy) (in lieu of wheelchair for disabled child when positioning is needed to ensure open airway)
- Stimulators
  - Bone stimulators
  - Lateral electric surface stimulators (LESS) (aka Scolitron) for a member with scoliosis in lieu of a scoliosis brace
  - Neuromuscular stimulation unit (NMS)
  - Phrenic nerve stimulator
  - TENS unit (transcutaneous electrical nerve stimulator)
- Suction machine and supplies
- Therapeutic lightbox therapy (table-top model), including replacement bulbs
- Ultraviolet equipment
- Vaginal weights
- Ventilators/respirators including compressors used in conjunction with ventilator
- Ventilator batteries

Disposable Wound Care Supplies

Disposable wound care supplies used in the home are reimbursed when provided as part of an authorized home care plan and provided by a Harvard Pilgrim–approved provider.

Medical and Surgical Supplies

Harvard Pilgrim reimburses medical/surgical supplies including but not limited to:

- Surgical stockings or gradient compression stockings when medically necessary for (Refer to "Harvard Pilgrim Does *Not* Reimburse" for excluded diagnosis codes):
  - Treatment of symptomatic postural hypotension that interferes with activities of daily living (ADL) or poses significant risk, post-phlebitic syndrome, lymphedema, the management of varicose ulcers, or
  - Pregnant women at significant risk for deep venous thrombosis (to prevent the need for heparinization) or with severe symptomatic varicosities that might require cessation of work or bed rest.
  - Negative pressure wound therapy (Wound VAC)
- Burn garments (e.g., Jobst body stocking, sleeves, gloves, vests)
- Soft cervical collars
- Hip pads

Ostomy and Urology Supplies

- Irrigation solutions and supplies including:
  - Catheter-tip syringes
  - Irrigation bags and sleeves
  - Irrigation drains, tubing & clamps
- Ostomy supplies that are medically necessary for the member's stoma including, but not limited to:
  - Ostomy belts, pouches and claims
  - Ostomy deodorant
  - Pouch covers when medically necessary due to ostomy pouch allergy
  - Solvents for adhesive removal
  - Skin barriers (including flanges and wafers) and sealants/adhesives (liquid or powdered)
- Stoma caps
- Tracheostomy supplies that are medically necessary for the member including:
  - Cleaning kit and brush
  - Suction catheters
  - Tracheostomy gauze
  - Tracheostomy tube, mask or collar
  - Urinary catheters and drainage supplies that are medically necessary for a member with urinary incontinence or who is unable to void spontaneously

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

The following list of non-reimbursable items is not all-inclusive. Contact the Provider Service Center at 800-708-4414, for specific item information.

- Repair or replacement of items lost or damaged, secondary to abuse or neglect
- Repair or adjustments of an orthosis at the time of or within 90 days delivery
- Orthotic and prosthetic supply, accessory and/or service will not be reimbursed when billed in conjunction with a microprocessor-controlled knee prothesis
- Sales tax, shipping and handling, or restocking charges associated with obtaining DME
- "Spare" or "back-up" equipment
- Air travel oxygen (oxygen services furnished by, and purchased through, an airline)
- Cold therapy units, passive or active cooling and compression devices as of date of service 02/01/2019
- Batteries
  - Batteries for glucose monitors (when item uses standard batteries)
  - Standard ("off the shelf") batteries (e.g., including but not limited to battery sizes AAA, AA, A, C, D, etc.)
- Baths/bathing equipment
  - Aqua massages (e.g., Action Bath Hydro Massage, Aero Massage, Hand-D-Jet, Thermos-Jet, Turbo-Jet)
  - Bathtub lifts (e.g., Cheney Safety Bath)
  - Bathtub seats (e.g., Nolan Bath Chair)
  - Bed baths, home type (e.g., Schmidt Bed Bath, Century Bed Bath)
  - Grab bars

  - Hygienic equipment that does not service a primary medical purpose and non-medical equipment otherwise available to the member that would serve the same purpose
  - Sauna baths
  - Sitz bath
  - Shower/commode chair (dual purpose)
  - Whirlpool equipment generally used for soothing or comfort purposes (e.g., Aqua-Whirl, Aquasage Portable Whirlpool, Hydro Jet Whirlpool Bath, Jacuzzi Portable Whirlpool Pumps, Portable Whirlpool Pumps, Whir-A-Bath, Whir-o-Matic)
- Beds and accessories
  - Bariatric bed elevator
  - Bed blocks
  - Bed lifters not primarily medical in nature
  - Beds, hospital type: king, queen and full size
  - Beds and mattresses, non-hospital type (e.g., Adjust-A-Bed, Astromatic, Astropedic, Astro Comfort-A-Bed, Beautyrest Adjustable bed)
  - Beds, oscillating
  - Bedding (e.g., sheets)
  - Disposable sheets and bags
  - Egg crate mattress, mattress pads and covers
  - Over-the-bed table
  - Removable side-rails
  - Water pressure pads and mattresses (not reimbursed for use with electric hospital beds)
- Cast bags (e.g., Aquashield)
- Car ramps
- Ceiling mounted lifts
- Chairs
  - Auto-Tilt chair
  - Kneeling chair (back chair)
  - Orthopedic chair
  - Rollabout chair (generally not reimbursed except as described in this policy)
  - Translift chair (institutional type equipment)
- Comfort or convenience items not primarily medical in nature (e.g., ox cane, mad sphere portable oxygen unit, hospital grade breast pump)
- Cushions, pads, pillows, except as described in this policy
  - American Sonoid Heat/massage foam cushion
  - Doughnut cushion/heated cushion
  - Niagara massage pillow
  - Niagara Thermo-Cyclo pads
- Demand positive airway pressure
- Devices that are new or unproven and/or items that have not been sufficiently studied to confirm their effectiveness as compared to more conventional treatment
- Electric resuscitators
- Educational equipment
- Elevators
- Environmental control equipment, e.g., air conditioners, air cleaners, dehumidifiers, humidifiers
- First aid or emergency equipment, e.g., S.O.S. emergency oxygen inhalator, Life-O-Gen tank
- Finger cots
- Gauze and routine bandages not authorized by Harvard Pilgrim
- HEPA filters
- Home adaptation equipment
- Intermittent positive pressure breathing machines
- Intrapulmonary percussive ventilation (IPV)
- Linen-saver pads (e.g., Chux)

- Lubricants
- Preset portable oxygen units
- Preset first aid or emergency equipment (i.e., flow rate not adjustable)
- Pouches, except as previously described
- Routine disposable supplies provided during an office visit are not separately reimbursed (claims may be subject to random post-payment audit and retraction)
- Monitors and related equipment
  - Blood glucose analyzer
  - Enuresis alarm
  - Glucowatch
  - Portable defibrillators
  - Pulse tachometer
  - Telemedic II
- Scissors or cutting devices
- Seat lift mechanisms (Autolift)
- Stair lifts
- Stimulators
  - Functional Electrical Stimulation (FES) for home use, including but not limited to:
    - Bionicare BIO 1000
    - NESS H200
    - NESS L300
  - Interferential units (electro-stimulation therapy used to control edema)
  - Medco-Therm muscle stimulator
  - Micro-current
  - Muscle stimulator Burdick MS-300
  - Myoflex muscle stimulator
  - Pulse galvanic stimulator
- Stoma measuring guides
- Surgical stockings or gradient compression stockings for conditions such as obesity, leg fatigue, simple (non-symptomatic) varicose veins (including during pregnancy), edema or for comfort.
- Toileting Equipment
  - Bariatric electric portable commode erector
  - Linen saver pads (i.e., Chux)
  - Mobile monomatic sanitation system
  - Toilet rails
  - Toilet seats
- Topical hyperbaric oxygen chamber
- Walkaide
- Wipes or tape
- Miscellaneous
  - Aids for the blind (Massachusetts Commission for the Blind provides assessment and appliances for people who are certified legally blind by an ophthalmologist.)
  - Aquamatic K-Pad and Aquamatic K-Thermia
  - Autosfig
  - Carafe
  - Car seat
  - Ceiling lift (refer to Rehabilitative/Assistive Technology Items)
  - Circulator
  - Diapulse machine (not appropriate for home use)
  - Diathermy machine (not appropriate for home use)
  - Exercise equipment
  - Heat lamps
  - Heating pads

- Humidifier (room model)
- Hydrocollator heating unit and/or steam pack
- Lifeline Emergency Response System, including monthly fees
- Massage devices
- Metrionic Scoliosis System
- Moore Wheel
- Oakes Controller Unit
- Osci-Lite
- Percussion Pac
- Physical therapy equipment, such as parallel bars
- Portable room heater
- Reflectance colorimeters
- Rib belt/support
- Scooter baskets
- Sleep Tite
- Telephone arm
- Vaporizers

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding[2]

Non-invasive Airway Assist Devices (CPAP, APAP and BiPAP) and Related Sleep Study Supplies

Code	Description	Comments
A4604	Tubing with heating element	Maximum replacement frequency: 1 every 3 months.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Maximum replacement frequency: 1 every 3 months.
A7028	Oral cushion for comb. oral/nasal mask, replacement only, each	Maximum replacement frequency: 2 per month.
A7029	Nasal pillows for comb. oral/nasal mask, replacement only, pair	Maximum replacement frequency: 2 per month.
A7030	Full face mask used with positive airway pressure device, each	Maximum replacement frequency: 1 every 3 months.
A7031	Face mask interface, replacement for full face mask, each	Maximum replacement frequency: 1 per month.
A7032	Cushion for use on nasal mask interface, replacement only, each	Maximum replacement frequency: 2 per month.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Maximum replacement frequency: 2 per month.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Maximum replacement frequency: 1 every 3 months.

Code	Description	Comments
A7035	Headgear used with positive airway pressure device	Maximum replacement frequency: 1 every 6 months.
A7036	Chin strap used with positive airway pressure device	Maximum replacement frequency: 1 every 6 months.
A7037	Tubing used with positive airway pressure device	Maximum replacement frequency: 1 every 3 months.
A7038	Filter, disposable, used with positive airway pressure device	Maximum replacement frequency: 2 per month.
A7039	Filter, nondisposable, used with positive airway pressure device	Maximum replacement frequency: 1 every 6 months.
A7044	Oral interface used with positive airway pressure device, each	Maximum replacement frequency: 1 every 6 months.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Maximum replacement frequency: 1 every 6 months.
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Maximum replacement frequency: 1 every 6 months.
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	**Prior authorization is required.** Typical frequency of replacement is 60 months (must be medically necessary).
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	**Prior authorization is required.** Typical frequency of replacement is 60 months (must be medically necessary).
E0561	Humidifier, nonheated, used with positive airway pressure device	Frequency of replacement is 60 months.
E0562	Humidifier, heated, used with positive airway pressure device	Frequency of replacement is 60 months.
E0601	Continuous airway pressure (CPAP) device	**Prior authorization is required.** Typical frequency of replacement is 60 months (must be medically necessary).

Coding[2]

Other DME

Code	Description	Comments
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	Prior to dos 12/31/2023 denied Member liable — not a covered service.
A4490–A4510	Surgical stockings	Not reimbursed for diagnosis codes: **ICD-10**

Code	Description	Comments
A4575	Topical hyperbaric oxygen chamber	Not reimbursed.
A6010–A6011, A6021–A6025, A6196–A6215, A6217–A6224, A6228–A6248, A6251–A6259, A6261–A6262, A6266, A6402–A6404, A6407, A6441–A6457	Surgical dressing	Modifiers A1-A9 are required and should be reported in the second modifier field
A6530–A6549	Gradient compression stocking	Not reimbursed for diagnosis codes: **ICD-10**
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply	Authorization is required.
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Authorization is required.
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Authorization is required.
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Not separately reimbursed.
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	Not reimbursed
E0441-E0444	Oxygen contents	Not accepted for billing oxygen contents. Please see S8120, S8121.
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Frequency of replacement is 60 months.
E0602	Breast pump, manual	E0602 will be purchase (NU) only.
E0603, E0604	Breast pump, electric, or hospital grade	• E0603 will be purchase (NU) only. • E0604 must be billed with modifier RR. Hospital grade pumps must be returned to the provider at the end of the rental period, not to exceed 3 months.
E0781	Ambulatory infusion pump, single or multi channels, electric or battery op, worn by pt	For office-initiated chemotherapy treatment only.
E0935	Continuous passive motion exercise device for use on knee only	Bill only 1 day/unit per line.

Code	Description	Comments
E0936	Continuous passive motion exercise device for use other than knee	Bill only 1 day/unit per line.
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Frequency of replacement is 60 months.
E1399	Miscellaneous DME	Authorization is required.
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	For billing oxygen contents. Bill with the appropriate count based on code description. Bill with the NU modifier.
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	For billing oxygen contents. Bill with the appropriate count based on code description. Bill with the NU modifier.

Billing for CPAP devices

- For the first three months, DME providers must bill with the modifier RR for the monthly rental rate.
- If it has been determined that the member is using the device consistently and as directed during the three-month rental period, if authorized in the fourth month the provider must bill for the final purchase of the device with the NU modifier.
- Rental claims submitted for a CPAP device after the third month will be denied with provider liability.

Billing for Oxygen contents

- DME providers must bill for oxygen contents with HCPCS codes S8120 or S8121 with modifier NU and billing the delivery date as the date of service (no date spans).
- Oxygen system/equipment rentals should be billed using E0424, E0431, E0434, and E0439 on a monthly basis with modifier RR.

Other Information

General Billing

- Bill items with valid HCPCS modifiers and procedure codes.
- Bill DME items in accordance with your contract specifications.
- For DME that is purchased, and Harvard Pilgrim reimburses at a percentage of the Manufacturer's Suggested Retail Price (MSRP), the provider should submit the full MSRP when billed for the purchase of these items.
- For DME that is rented, the provider should divide the MSRP by the Harvard Pilgrim maximum rental period (indicated on the Harvard Pilgrim DME fee schedule) and bill the calculated MSRP rental charge and the rental unit(s) in the count/unit field.
- To determine the rental period when billing the rental of a miscellaneous DME (i.e., E1399) item, the provider should divide the MSRP by the Harvard Pilgrim rental period that is indicated on the Harvard Pilgrim DME fee schedule for a similar item or DME category. Bill the calculated rental charge and the rental unit(s) in the count/unit field.

  Example:
  Code Exxxx: MSRP = $150.00
  Harvard Pilgrim rental period (as indicated on the Harvard Pilgrim fee schedule) = 15 months
  $150.00/15 = $10.00 per month RR 1 unit

When billing for DME monthly rentals (Terms as outlined on the Harvard Pilgrim Health Care DME Fee Schedule) the appropriate HCPCS code and rental modifier RR must be submitted along with one unit for each calendar rental month time span. The rental initiation date is entered in the "From" field of the claim, the

monthly rental period is calculated based on a rolling month so any change in the rental date must be brought forward to the next month's billing. The following example reflects proper billing and a change in rental date. The rental for HCPCS code E1250 (Lightweight Wheelchair) is initiated on January 5, 2022.

Code	Modifier	Units	From Date	Rental Period
E1250	RR	1	01/15/2022	1st month rental
E1250	RR	1	02/15/2022	2nd month rental
E1250	RR	1	03/20/2022	3rd month rental (Change in Date)
E1250	RR	1	04/20/2022	Subsequent monthly rental

Required Modifiers

Bill all lines using one of the following modifiers in the first modifier field:

Modifier	Bill
NU	Purchased/new equipment
RR	Rental use
MS	Maintenance and service fee

Bill the following modifiers in the second modifier field, when applicable:

Modifier	Bill
LT	Left side of body
RT	Right side of body
RA	Replacement of a DME, Orthotic or Prosthetic item
AU	Required when billing A4450, A4452, or A5120
AV	Required when billing A4450, A4452, or A5120
AW	Required when billing A4450 or A4452
A1-A9	Required when billing A4450 or A4452
K0-K4	Functional modifiers to be reported with lower limb prosthetics

DME Terminology

Durability

An item is considered durable if it can withstand repeated use, i.e., the type of item that could normally be rented. Medical supplies of an expendable nature, such as incontinent pads, lamb's wool pads, catheters, ace bandages, elastic stockings, surgical facemasks, irrigating kits, sheets, and bags are not considered "durable" within the meaning of the definition. There are other items, which, although durable in nature, may fall into other coverage categories, such as braces, prosthetic devices, artificial arms, legs and eyes.

Medical Equipment

Medical equipment is equipment that is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. In most instances, no development will be needed to determine if a specific item of equipment is medical in nature. However, some cases will require development to determine if the item constitutes medical equipment. This development would include the advice of local medical organizations (hospitals, medical schools, medical societies, and Medicare carrier) and specialists in the field of physical medicine and rehabilitation. If the equipment is new on the market, it may be necessary, prior to seeking professional advice, to obtain information from the DME provider explaining the design, purpose, effectiveness and method of using the equipment in the home, as well as the results of any tests or clinical studies that have been conducted.

Equipment Presumptively Medical

Items such as hospital beds, wheelchairs, hemodialysis equipment, iron lungs, respirators, intermittent positive breathing machines, medical regulators, oxygen tents, crutches, canes, trapeze bars, walkers, inhalators, nebulizers, commodes, suction machines, and traction equipment presumptively constitute medical equipment.

Equipment Presumptively Non-medical

Equipment, which is primarily and customarily used for a non-medical purpose, may or may not be considered "medical" equipment for which payment can be made under the medical insurance program. This is true even though the item has some remote medically related use. For example, in the case of a cardiac patient, an air conditioner might possibly be used to lower room temperature to reduce fluid loss in the proper fluid balance. Nevertheless, because the primary and customary use of an air conditioner is a non-medical one, the air conditioner cannot be deemed to be medical equipment for which equipment payment can be made. Other devices and equipment used for environmental control or to enhance the environmental setting of the beneficiary are not covered.

Special exception items

Specified items of equipment may be covered under certain conditions, even though they do not meet the definition of Durable Medical Equipment because they are not primarily and customarily used to serve a medical purpose and/or are generally useful in the absence of illness or injury. These items would be covered when it is clearly established that they serve a therapeutic purpose in an individual case and would include:

- Gel pads and pressure and water mattress (which generally serve a preventive purpose) when prescribed for a patient who has bed sores or there is medical evidence indicating a high susceptibility to such ulceration, and
- Heat lamps for a medical, rather than a soothing or cosmetic purpose — e.g., where the need for heat therapy has been established.

Related Policies

Payment Policies

- Home Health Care
- Home Infusion Therapy
- Non-Covered Services
- Orthotic and Prosthetic Devices
- Skilled Nursing Facility
- Sleep Studies
- Unlisted/Unspecified Procedure Codes

Clinical/Authorization Policies

- Durable Medical Equipment Authorization Policy
- Inpatient Rehabilitation/Long-Term Acute Care
- Tumor Treating Fields Medical Policy

Referral, Notification and Authorization

- Prior Authorization Policy

PUBLICATION HISTORY

07/01/03	original documentation
04/30/04	policy clarified; rental reimbursement info added; maintenance service edited
10/31/04	annual review
01/31/06	annual review and coding update
01/31/07	annual review; clarified home care benefit language
01/31/08	annual review; added therapeutic light box to covered DME; added heating pads to exclusions
04/30/08	annual review; added CPAP billing information

10/31/08	clarified CPAP billing information, added codes with coverage limits to billing guideline coding grid
01/31/09	annual review; added FES for home use deny; other minor edits for clarity
03/15/09	added CGMS codes and coverage
06/15/09	updated breast pump coverage/non-coverage coding
09/15/09	clarified rental verses purchase for same DME item
01/15/10	annual review; added MSRP billing info; edits for clarity
01/15/11	annual review; combined DME, Rehabilitative & Assistive Technology Items, Oxygen & Respiratory Care, and Medical & Surgical Supplies into one comprehensive policy (DME); removed language to comply with federal HC reform (i.e., no annual limits)
05/15/11	added 08/01/11 auth requirement information for CPAP/BiPAP and related sleep study supplies; breast pump updated information and payable diagnosis
07/15/11	expanded additional pay diags for breast pump effective 07/01/11
12/15/11	annual review; added E0935 and E0936 to coding grid
01/01/12	removed First Seniority Freedom information from header
07/15/12	Breast pump coverage updated to align with PPACA (FHCR)
10/15/12	added A9279 to code grid to document existing policy of no separate reimbursement
12/15/12	annual review; minor edits
02/15/13	updated breast pumps E0602, E0603 effective 04/01/13 to be purchase (NU) only
07/15/13	added E0781 coverage
08/15/13	updated CGMS prior auth request coding requirements from S1030 to A9277/A9278
11/15/13	annual review; update to breast pumps; clarified frequency of replacements for E0470, E0471, E0601
06/15/14	added *Connecticut Open Access HMO* referral information to Prerequisites
07/15/14	added rental, repair, and replacement information
11/15/14	annual review; no changes
01/15/15	annual coding review
07/15/15	ICD-10 coding update
11/15/15	annual review; added instructions for unlisted billing, and monthly rentals for clarification
01/15/16	annual coding update
11/15/16	annual review; added Tumor Treating Fields Medical Policy to related policies
02/15/17	updated A4604 effective 04/01/17 Maximum replacement frequency: 1 every 3 months
06/15/17	updated prerequisite section prior authorization through eviCore through date of service 08/31/17
11/15/17	annual review; administrative edits, removed old dates
01/01/18	updated Open Access Product referral information under Prerequisites
04/01/18	updated Harvard Pilgrim Does Not Reimburse; added required modifiers
11/01/18	annual review; administrative edits; removed references to ICD-9
05/01/19	added cold therapy units, passive or active cooling and compression devices as of date of service 02/01/19 to Harvard Pilgrim Does Not Reimburse
11/01/19	annual review; added related policies and statement regarding written orders
06/01/20	added modifiers A1-A9 are required and should be reported in the second modifier field as of dates of service 08/01/20 for surgical dressing
11/02/20	annual review; updated Provider Billing Guidelines and Documentation; removed ICD-9 diagnosis codes 454.9 and 456., administrative edits
11/01/21	annual review; administrative edits
11/01/22	annual review: administrative edit
02/01/23	added information for oral formula effective dates of service beginning April 1, 2023
09/01/23	added modifiers BA and BO to oral formula when provided by a DME provider
11/01/23	annual review; administrative edit
03/01/24	updated A4459 denied member liable prior to dos 12/31/2023
11/01/24	annual review; no changes
11/01/25	annual review; administrative updates

[1]This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

[2]The table may not include all provider claim codes related to DME.