

	Durable Medical Equipment and Supplies	
	Policy Number: POL-PP-195	Original Creation Date: 11/1/2020
	Version Number: 018	Version Effective Date: 11/1/2020
	Policy Status: Active	Next Review Date: 11/1/2026

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PROVIDER/ENTITY IMPACTED					
<input type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input checked="" type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Durable Medical Equipment (DME) is medical equipment that can withstand repeated use, has a medical purpose, is generally not useful without illness or injury, and is appropriate for home use. Common examples include wheelchairs, hospital beds, oxygen equipment, and CPAP machines.

Medical supplies are items used in healthcare to prevent, diagnose, treat, and rehabilitate illnesses and injuries. They include a wide range of products, such as bandages, gloves, needles, syringes, and catheters

Policy

Certain durable medical equipment may require prior authorization. For a complete list of equipment requiring prior authorization, please refer to the list of items/services requiring prior authorization found at www.bluekc.com.

Effective 4/1/2023, Blue KC will enforce the National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), for all durable medical equipment, accessories, and supplies.

Certain durable medical equipment may require prior authorization. For a complete list of equipment requiring prior authorization, please refer to the list of items/services requiring prior authorization found at www.bluekc.com.

When a DME (durable medical equipment) item is covered by Blue KC, benefits may also be provided for the following:

- Supplies and accessories required for the effective functioning of the covered DME item.

Repairs, adjustments or replacement of components and accessories necessary for effective functioning of covered equipment as allowed by the member's contract.

Note: Accessories, replacements, or repairs may not be reimbursed separately when the primary item is being rented.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit.

DME is further defined as equipment and related health care items and services that are:

- able to withstand repeated use.
- used primarily for medical purposes.
- not useful in the absence of illness or injury.
- determined to be reasonable and necessary.
- prescribed by a practitioner operating within the scope of his/her license.
- represents the most cost-effective alternative. Supplies are normally items that are designed for single use only.

Some DME items require a face-to-face visit with the ordering provider. This visit can occur no more than 6 months preceding the order date.

DME Rental Guidelines

The cumulative DME rental allowance will not exceed the then-current Blue KC fee schedule purchase allowance. No additional claims for rental or purchase of the same device should be submitted after the Blue KC allowed amount for the purchase price of that item has been met.

Rental only items are items for which there is a defined short-term need i.e., post-surgical or hospice patient, or items without which the member's life is in immediate peril i.e., ventilators.

The following items are considered lifetime rental:

- ventilators
- negative-pressure ventilators
- CPM (Continuous Passive Motion) machines
- oximeters
- Oxygen Delivery systems (portable or at home)

Back up ventilators are always a covered service for patients who are ventilator dependent.

Supply Coding

Supply items should be submitted with HCPCS (Healthcare Common Procedure Coding System) Level II code that most appropriately describes the item.

When billing for monthly DME supplies, please submit units for each day on separate claim lines, based on correct coding.

Example:

- DOS 1/1/2023 A4332 2 units
- DOS 1/2/2023 A4332 2 units
- DOS 1/3/2023 A4332 2 units

When billing for a 90-day supply, please submit each month separately

Example

- 120 units allowed every 90 days
- 1/1/2024 – 1/31/2024 -units 40
- 2/1/2024 – 2/28/2024 – units 40
- 3/1/2024 – 3/31/2024 – units 40

Unlisted supply codes should be used only if there is no other code that describes the item.

When submitting an unlisted code for supplies/DME, the provider must submit a detailed description of the supply, a copy of the physician's order, and invoice from the manufacturer with pricing.

Please see [Payment Policy POL-PP-205 Unlisted and Miscellaneous Procedures](#) for billing requirements related to unlisted codes

Supplies are allowed separately only in conjunction with approved home health care. Reimbursement for supplies used in the office is already included in the overhead component of the professional service (such as an E/M). Office supplies, such as Betadine or alcohol wipes, will be denied.

Payment for supplies is based on the narrative description (for example, each, per pair, per 100, etc.). It is necessary to identify the total number of each supply in the "units" field of the 837P claim format.

It is important to ensure the units submitted correctly correspond to the code chosen to ensure appropriate reimbursement. For example, disposable gloves can be reported per 100 (a single box) or per pair. Code A4927 reflects billing per 100. HCPCS code A4930 reflects billing per pair. The unit descriptions for each code differ significantly.

The following are the narratives for each glove code along with a unit coding example:

- Code: A4927 Narrative: Glove, non-sterile, per 100 Unit example: One 100-count box of non-sterile gloves, submit one (1) unit in the unit's field on the 837P claim format.
- Code: A4930 Narrative: Gloves, sterile, per pair Unit example: submit 50 units in the unit's field on the 837P claim format.

When NCCI has no MUE for a code, Blue KC will decide on an appropriate MUE limit based on HCPCS/CPT code descriptors, CPT coding instructions, anatomic considerations, established CMS policies, nature of service or procedure, nature of analyte, nature of equipment, prescribing information, and clinical judgment.

Example: A4287 - Disposable collection and storage bag for breast milk, any size, any type, each.
Blue KC will allow 100 storage bags every 30 days.

DME/Supply Internet Purchases

DME or supplies purchased from the internet (such as e-Bay), or private parties are not covered.

If a DME supply company is the actual supplier, that provider's number must be assigned, and the claim will be processed by the subscriber's benefits.

If the provider is not a DME/supply company (for example, private party, estate sale), the claim will be denied.

Coding & Billing instructions:

- The billing of DME must be correctly coded, including the addition of appropriate modifiers.
 - Date of service should be date delivered (not date ordered).
 - If the supplier uses a delivery/shipping service, the supplier may use the shipping date as the date of service on the claim. The shipping date can be the date the delivery/shipping service label is created or the date the item is retrieved for delivery.
 - For DME items received in person, the date the item was received will be the date on the claim
 - Place of service should be Home.
- All claims must have the original Certificate of Medical Necessity (CMN) available upon request indicating the period of need.
- Before submitting a claim, the supplier must have on file a dispensing order, the detailed written order, the CMN, information from the treatment physician concerning the patient's diagnosis, and proof of delivery. If the

information in the patient's medical record does not support the medical necessity or delivery of the item, the supplier is liable for the dollar amount paid for such supplies.

- A DME item may be billed for 13 months of continuous rental at which time the equipment will be considered purchased, and payments will cease (see above for items considered perpetual rental *); OR
- Some DME items may be billed for a maximum of three (3) months to assess patient compliance, at which time, the provider will submit a purchase claim, and payments will cease with the equipment considered as purchased.
 - Replacement devices are not subject to the pre-purchase rental requirement.

DME Modifiers

Purchase modifiers

- **BP** The beneficiary has been informed of the purchase and rental options and has elected to purchase the item.
- **NR** New when rented.
- **NU** New equipment.
- **RA** (Risk Adjustment) Replacement of a DME, orthotic or prosthetic item.

Informational modifiers

- **RT and LT modifiers** - When billing for bilateral items on the same date of service:
 - Bill bilateral items on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line
- **GA, GZ or GY, and KX** requirements specified in the medical policy have been met
- **Modifier placement on claim**
 - First position - Pricing modifiers (i.e., **RR, KH, KI, KJ, NU**)
 - Second position - Modifiers to indicate requirements specified in the medical policy have been met (i.e., **KX**)
 - Other positions - any additional information modifiers required

Some miscellaneous codes may require a specific modifier according to the policy and laterality modifiers shown on the tool, as well as additional details provided in the claim line narrative.

Payment for power-driven wheelchairs will be based on CMS guidelines.

Examples of possible non-coverage include, but are not limited to the following:

- Mechanical or electrical features. These serve as a convenience item and documentation of medical necessity should be included for these items. Benefit may be provided on an individual consideration basis.
- Benefits are not provided for the replacement of items still functional and/or under warranty. If the item(s) work as intended, replacement will be patient responsibility.
- Devices and equipment used for environmental control or to enhance the environmental setting. These are usually exclusions on most contracts. Examples of these devices include but are not limited to air conditioners, humidifiers, air filters, whirlpools, waterbeds, jacuzzi pumps, air purifiers.

- Separate benefits are not provided for equipment used in facilities. The facility is expected to provide such equipment.
- Other DME items normally seen in an institutional type setting are not covered as they are inappropriate for home use or are not primarily medical in nature. Examples of these devices include, but are not limited to bedside tables, over- bed tables, oscillating beds, treadmill exerciser, and standard paraffin bath unit.
- Benefits are not provided for non-reusable, non-rental supplies. Examples of these include, but are not limited to support hose, surgical face masks, disposable sheets, diapers or pads, and emesis basins.
- Equipment that does not meet the definition of DME because it is not primarily and customarily used to serve a medical purpose or is not useful in the absence of illness or injury, may sometimes be covered. These items are covered when they serve a therapeutic purpose.

Ineligible Items

The following list are items that are considered ineligible DME. There is no need to submit pre-authorization requests for ineligible items. Note: This is not an all-inclusive list.

<ul style="list-style-type: none"> • Abdominal support belts for pregnant women • Adaptive eating equipment • Air conditioners • Air filters • Back huggers • Ball for therapy • Bedpans and urinals • Biofeedback device (purchase) • Blood pressure cuff and accessories • Car seats • Computer software and hardware • Copes Scoliosis brace total recovery system • Croup tent 	<ul style="list-style-type: none"> • Drionic devices (sweating devices) • Elevator/stair lifts • Exercise equipment (for example bicycles, tricycles, treadmills, and ski machines) (i.e., ROMTech) • Feeding chairs • Floor sitters • Formula, infant • Grab bars • Heating pads • Home monitors • Incontinence supplies (diapers, underpants and under pads such as the product Attends) • Lifeline Medical Alert • Overbed tables • Positioning aids (bolsters, wedges) 	<ul style="list-style-type: none"> • Reacher's • Scales • Stim Master E4000 • Telephone communication device (TTY) [teletypewriter device] • Thera cane • Tub stool/bench • Vehicle modifications (hand controls, lifts) • Vitrectomy, seated support system • Wheelchair vehicle lift/ramps • Whirlpools/Jacuzzi/ hot tubs
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Coding	
CPT	Code Description
A2001– A2039	Matrix for wound management

A4206 – A8004	Medical and Surgical Supplies
A9150 – A9999	Administrative, Miscellaneous, and Investigational
B4034 - B9999	Enteral and Parenteral Therapy
C1600 - C1606	Surgical , imaging devices, and grafts
E0100 - E8002	Durable medical equipment
K1004 - K1037	Components, accessories, and supplies
L0112 - L4361	Orthotic procedures and services
L5000 - L9900	Prosthetic Procedures
Q0035 – Q9999	Temporary codes
S0012 - S9999	Temporary national codes (non-Medicare)
V2020 – V2799	Vision Services
V5008 - V5364	Hearing Services

References and Resources

Blue KC Provider Reference guide
American Medical Association
Centers for Medicare and Medicaid Services

Related Documents

POL-PP-116 Continuous Positive Airway Pressure (CPAP) Positive Airway Pressure (BIPAP)
POL-PP-194 Facility Billing for Implants
POL-PP-222 Knee Orthotics

Revision History

Version	Date	Summary of Revisions
001	11/1/2020	Initial version
002	6/10/2021	Added – Information of Certificate of medical necessity
003	7/8/2021	Added – Benefits are not provided for replacement of items still functional and/or under warranty. If the items(s) work as intended, replacement will be patient responsibility.
004	11/1/2021	Annual review, Added Rental modifiers RR, KH, KI, and KJ

05	12/28/2021	Added When submitting an unlisted code for supplies/DME the provider must submit a detailed description of the supply, including a copy of the physician's order and invoice from the manufacturer with pricing.
006	5/11/2022	Added ROMTech under ineligible items
007	6/28/2022	Added DME providers are required to use a date range when billing for monthly supplies
008	11/1/2022	Annual review, no updates, or changes were made to the policy
009	1/1/2023	Per CMS certificates of medical necessity and DME information forms have been discontinued
010	1/31/2023	Added, Effective 4/1/2023 Blue KC will enforce NCCI MUE's for DME 2/9/2023 Added DME monthly billing guidelines
011	2/9/2023	Added DME monthly billing guidelines
012	11/1/2023	Annual review, no updates, or changes were made to the policy
013	4/2/2024	Information on billing with date span and monthly rental fees removed.
014	7/29/2024	Formatting changes
015	11/1/2024	Annual review added additional information on payment and informational modifiers.
016	4/14/2025	Added information on when NCCI has no MUE for a code. Examples of L8000 and A4287 given
017	11/1/2025	Annual review: added, for items requiring a face-to-face encounter, a practitioner visit is required within 6 months preceding the order and if the supplier uses a delivery/shipping service, the supplier may use the shipping date as the date of service on the claim
018	11/4/2025	Updated, Error in HCPCS code table corrected