

## Durable Medical Equipment Orthotics And Prosthetics Policy, Professional

### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.**

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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**Application**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

**Policy**

**Overview**

This policy describes how UnitedHealthcare Community Plan reimburses for the rental and/or purchase of certain items of Durable Medical Equipment (DME), Prosthetics and Orthotics. The provisions of this policy apply to the Same Specialty Physicians and Other Health Care Professionals, which includes DME, Prosthetic and Orthotic vendors, renting or selling DME, Prosthetics or Orthotics.

Refer to the UnitedHealthcare Community Plan "Maximum Frequency per Day" policy for additional information pertaining to reimbursement for physician claims submitted with multiple units for the same Current Procedural Terminology, (CPT®) or Healthcare Common Procedure Coding System (HCPCS) code on the same date of service.

**Reimbursement Guidelines**

**Rental or Purchase Modifiers**

Some DME items are eligible for rental as well as for purchase. The codes representing these items are listed in Modifier Required Code List in the "[Attachments](#)" section below and must be reported with the appropriate rental or purchase modifier in order to be considered for reimbursement.

Some DME items are eligible for rental only and must be reported with an appropriate rental modifier.

**DME Items Eligible for Rental Only**

E0424	E0431	E0433	E0434	E0439	E1392	K0738
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Rental guidelines are explained further in the sections titled "[Monthly Rental](#)" and "[Daily Rental](#)".

Rental Modifiers (Medicaid)\*\*

The vendor must specify monthly rental of equipment using one or more of the following modifiers:

- KH
- KI
- KR Partial month
- LL (use the LL modifier when DME equipment rental is to be applied against the purchase price).
- RR

Purchase Modifiers (Medicaid)\*\*

The following modifiers indicate that an item has been purchased:

- KM
- KN
- NR (use the NR modifier when DME which was new at the time of rental is subsequently purchased)
- NU
- UE

Other Allowable DME Modifiers

- MS Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty

- \*\*AZ has a State-specific list that is different from above. See [“State Exceptions”](#) section for the list.

**Monthly Rental**

Monthly Rental

Monthly rental of DME, orthotics, or prosthetics identified by the applicable code with a rental modifier RR and/or modifiers KH, KI, KJ, KR, LL appended will be reimbursed once per Calendar Month to the Same Specialty Physician or Other Health Care Professional. A Calendar Month is the period of duration from a day of one month to the corresponding day of the next month (please see Definitions) and is determined based on the “From” date reported on the claim. If a code is submitted with modifier RR and/or modifiers KH, KI, KJ, KR, LL with units greater than 1, or multiple times during the same Calendar Month, UnitedHealthcare Community Plan will only reimburse one monthly rate per Calendar Month to the Same Specialty Physician or Other Health Care Professional except where noted below.

Modifiers RT and LT

An additional rental rate will be allowed in the same Calendar Month for codes with a rental modifier when both modifiers RT and LT are submitted for the same HCPCS code on separate lines. Modifiers RT and LT may be used to report an item for the right or left side of the body and convey that multiples of that item are being utilized.

Second Ventilator

It may be necessary for a patient to rent two ventilators in the same month. Examples of situations where a second ventilator may be necessary include:

- A patient requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., a positive pressure ventilator with a nasal mask) during the rest of the day.
- A patient who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for use while in bed. Without both pieces of equipment, the patient may be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, or may not be able to use the medical equipment effectively.

One additional rental rate will be allowed in the same Calendar Month for a second ventilator reported with a rental modifier plus modifier KX (Requirements specified in the medical policy have been met), appended to HCPCS codes E0465, E0466, OR E0467.

Codes with Extension/Flexion, Supination/Pronation, or Each in the Description

Up to two rental rates will be allowed in the same Calendar Month for codes with "extension/flexion," "supination/pronation" or "each" in the description. These codes describe services where multiple devices may be reported. If these codes are reported with modifiers RT and LT and multiple units, UnitedHealthcare Community Plan will consider for separate reimbursement up to two units for each side for a total of up to four rental rates in the same Calendar Month.

For additional information, refer to the [“Questions and Answers”](#) section, Q&A #4.

**Codes with Each in Description**

E0111	E0113	E0116	E0117	E0153	E0154	E0157	E0159	E0175	E0951
E0952	E0953	E0954	E0956	E0957	E0959	E0961	E0967	E0971	E0973
E0974	E0990	E0994	E0995	E1009	E1015	E1016	E1017	E1018	E2205
E2206	E2207	E2209	E2211	E2212	E2213	E2214	E2215	E2216	E2217
E2218	E2219	E2220	E2221	E2222	E2224	E2225	E2226	E2227	E2228
E2358	E2359	E2361	E2363	E2365	E2371	E2381	E2382	E2383	E2384
E2385	E2386	E2387	E2388	E2389	E2390	E2391	E2392	E2394	E2395
E2396	E2619	K0015	K0017	K0018	K0019	K0037	K0038	K0039	K0040
K0041	K0042	K0043	K0044	K0045	K0046	K0047	K0051	K0052	K0053
K0065	K0069	K0070	K0071	K0072	K0073	K0077	K0605	K0672	K0733

**Codes with Flexion, Extension, Pronation or Supination in Description**

E1800	E1801	E1802	E1805	E1806	E1810	E1811	E1812	E1815	E1816
E1818	E1820	E1825	E1830	E1831	E1840	L0635	L0636	L1843	L1844
L1845	L1846	L1851	L1852	L2425	L2622	L2624	L3730	L3900	L3901
L3912	L3925	L3927	L5845	L5848	L5850	L5859	L5961	L5973	L6620
L6621	L6624	L6645	L6646						

**Reporting Monthly Rental**

Monthly rental of DME, Orthotics, or Prosthetics should be reported on a 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form according to the National Uniform Billing Committee (NUBC) and the National Uniform Claim Committee (NUCC) guidelines.

The appropriate HCPCS code and rental modifier are submitted with one unit for each Calendar Month time span. The rental initiation date is entered in the "From" field, and the end date in the "To" field.

In the following example, the rental for HCPCS code E1130 is initiated on 1/10/2013, and the item is rented for 3 months. The claim should be submitted as follows:

Code	Modifier	Units	From Date	To Date
E1130	RR	1	1/10	2/9
E1130	RR	1	2/10	3/9
E1130	RR	1	3/10	4/9

E1130-RR reported with 3 units, a From Date of 1/10 and a To Date of 4/9 on one line will result in reimbursement of only 1 unit.

**Daily Rental**

UnitedHealthcare Community Plan will allow a daily rental for the following items to the Same Specialty Physician or Other Health Care Professional.

HCPCS codes E0935 & E0936 are reimbursed on a daily basis consistent with CMS guidelines.

Other devices will be allowed in accordance with CMS, Pricing, Data, Analysis and Coding (PDAC) or state requirements.

**Rental to Purchase**

Rental fees from a single vendor are payable up to the lesser of either the purchase price of an item or a maximum number of rental months (not to exceed 13 months). The maximum number of rental months for comparison to the purchase price varies according to the vendor's contract. Once the Rent-to-Purchase maximum (or Rental Cap) specified in the contract is reached, the item is considered purchased and is not reimbursable. Daily rental items may also be subject to rental limits, depending on the vendor's contract. These rental limits do not apply to oxygen equipment or to ventilators.

The vendor is responsible for complying with all the terms of their contract with UnitedHealthcare Community Plan, including the provision that requires the vendor to stop billing for rental of items when the maximum rental amount for those items specified in their contract has been reached.

Identification of whether the equipment was rented or purchased must be documented by the use of the applicable modifier referenced in the "[Rental or Purchase Modifiers](#)" section above.

**Maintenance and Service Fees**

The UnitedHealthcare Community Plan allows for reimbursement of maintenance and service once every six months to the Same Specialty Physician or Other Health Care Professional. The appropriate HCPCS code appended with modifier MS is required to identify such services. The Maintenance and Service modifier (MS) must be reported on a separate line in order to be considered for separate reimbursement from the rental or purchase of the equipment.

Maintenance and Service includes the following:

- Regular routine maintenance and performance checks as required to maintain the warranty or performance standards
- Re-education
- Compliance with alerts and recalls
- Necessary supplies in accordance with the applicable agreement
- Back-up equipment
- Emergency availability and replacement equipment when out-of-service for repair

For the purposes of this policy, maintenance and servicing does not apply to Orthotics or Prosthetics.

**HCPCS Codes A9900, A9901 and L9900**

Delivery, set-up and supplies are included in the payment rates associated with a DME, Orthotic, or Prosthetic item. They are not reimbursable services when submitted alone or with another service.

Therefore, UnitedHealthcare Community Plan will not separately reimburse the following codes:

A9900	A9901	L9900
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**Place of Service**

**DME Suppliers**

Consistent with CMS guidelines, reimbursement of certain DME items is limited to a place of service (POS) that qualifies as the patient's home. The following POS codes would qualify as the patient's home: 01, 04, 09, 12, 13, 14, 16, 33, 54, 55, 56, and 65.

DME suppliers should report the POS code where the device is intended to be used. DME dispensed for use in a POS other than the patient's home are not reimbursable.

**Devices Not Intended for Home Use**

There are specific DME items or implantable devices that are not suitable for dispensing or using in the home setting and are therefore not reimbursed with a home POS.

**Initial Purchase and/or Rental**

CMS guidelines indicate when DME items are purchased or rented; there are certain supplies that are included in the initial purchase or during the rental period.

For example, upon initial issue of a walker (E0141), if brakes are being provided at the same time, the charges for these are included in the reimbursement for the walker and may not be billed separately.

**State Exceptions**

**Arizona**

- Arizona has a separately designated code list.
- Arizona Medicaid is exempt from monthly rental limit due to State requirements.

**DME Policy Arizona Modifier List**

LL	NR	NU	RA	RB	RR
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**California**

- Code E0781 needs to be reimbursed at a daily rate when billed with modifier RR.
- Codes A4604, A7045, E0484, and E1355 can only be billed with modifier NU. Modifiers RB and RR are not allowed.
- Code E1392 is a rental only code and must be billed with modifier RR.
- Codes E1230, K0010, K0011, K0012 are restricted to repair only and must be billed with modifier RB. If modifier NU or RR is billed, the claim is to be denied.
- Codes E2312, E2321, E2322, E2327, and E2373 must be billed with modifiers RB/NU/KC for patient owned power wheelchairs or with modifiers RR/KC for a power wheelchair rental. The modifiers must be entered on the claim in that specific order.

- Code E2378 must be billed with modifiers NU/RBNU. E2378 can be billed with NU or NU and RB.
- Code A9900 is separately reimbursable.

California Medicaid has a state specific list of codes that are allowed as new/purchase only and require a purchase (NU) modifier for reimbursement.

**CA New Purchase Codes**

A4281	A4282	A4283	A4284	A4285	A4286	A4556	A4557	A4566	A4595
A4602	A4604	A4615	A4619	A4620	A4635	A4636	A4637	A4640	A4640
A4660	A4660	A4663	A4663	A4670	A4670	A7005	A7005	A7015	A7015
A7020	A7020	A7027	A7027	A7028	A7028	A7029	A7030	A7031	A7032
A7033	A7034	A7035	A7036	A7037	A7038	A7039	A7044	A7045	A7046
A7048	A9281	E0155	E0156	E0157	E0158	E0159	E0167	E0182	E0241
E0242	E0243	E0244	E0245	E0246	E0555	E0607	E0621	E0710	E0780
E1355	K0552	K0601	K0602	K0603	K0604	K0605	S8265		

California Medicaid has a state specific list of codes that are allowed as new/purchase or rental only and require a purchase (NU) or rental (RR) modifier for reimbursement.

**CA New Purchase and Rental Codes**

E1012	E2378	K0008	K0013
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California Medicaid has a state specific list of codes that are allowed as rental only and require a rental (RR) modifier for reimbursement.

**CA Rental Codes**

E0465	E0466	E0766	E1392
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California Medicaid has a state specific list of codes that are not allowed if both modifier RB and any rental modifier in any position are appended to a code on the California Medicaid DME Repair Code list.

**CA Repair Codes**

E1230	E1239	E2373	K0010	K0011	K0012	K0014
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**Florida**

- Florida Medicaid rent-to-purchase equipment total reimbursement may not exceed a total of ten (10) monthly claims.
- Code A9900 is separately reimbursable
- FLMMA reimburses E0618 at a daily rate when billed with modifier RR.

**Iowa**

Per Iowa Medicaid, LTC, and waiver program requirements:

- RB modifier must be used for the maintenance of purchased equipment and NOT the MS modifier.
- Daily Rental is reimbursed when billed with RR modifier for:
  - E0202 for specific Medicaid products
  - E0779 and E0780
- Effective 9/1/2018 - E1390 is a monthly rental and will no longer be reimbursed as a daily rental when billed with an RR modifier.
- Monthly rentals that are rented for less than a full month – Append a KR modifier in addition to RR modifier. The number of units should be the number of days the item was rented.

<b>Kansas</b>	<p>The State of Kansas allows an RR modifier for 1 month rental (when appropriate) on the following hearing aid codes:          V5030, V5040, V5050, V5060, V5120, V5130, V5140, V5160, V5242, V5243, V5244, V5245, V5246, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5266</p> <ul style="list-style-type: none"> <li>• The State of Kansas allows code E0202 to be billed as daily rental.</li> <li>• The State of Kansas allows ventilators to be reimbursed at a daily rate.</li> <li>• Kansas uses a customized, state identified DME Modifier Required list.</li> </ul>																																																																																																																																																						
<b>Louisiana</b>	<p>Louisiana is excluded from this policy.</p>																																																																																																																																																						
<b>Mississippi</b>	<ul style="list-style-type: none"> <li>• The Division of Medicaid (MS CAN) covers rental of equipment up to ten (10) months, or up to the purchase price, whichever is less.</li> <li>• Per state regulation MSCAN allows daily rental for code E0202 when billed with modifier RR or KR.</li> </ul>																																																																																																																																																						
<b>Missouri</b>	<p>Per Missouri state regulations:</p> <ul style="list-style-type: none"> <li>• Missouri Medicaid allows modifier TW (back-up equipment) with HCPCS code E0465.</li> <li>• Missouri Medicaid <u>does not allow</u> modifier TW (back-up equipment) with HCPCS code E0466.</li> <li>• Missouri Medicaid <u>does not allow</u> modifier KX (requirements specified in the medical policy have been met) with HCPCS codes E0465 and E0466.</li> <li>• Missouri Medicaid <u>does not allow</u> modifier MS.</li> <li>• Missouri Medicaid does not allow modifier RB with any rental modifier as repair is covered if the equipment is not being rented. Missouri uses a customized DME Repair Code list which can be found in the Attachment Section.</li> <li>• Missouri Medicaid uses a customized list of DME codes that require a purchase (NU), rental (RR), or repair (RB) modifier for reimbursement.</li> </ul> <p>Missouri Medicaid has a state specific list of codes that are allowed as purchase or rental only and require a purchase (NU) or rental (RR) modifier for reimbursement.</p> <p><b>MO Medicaid DME Purchase or Rental Codes</b></p> <table border="1" data-bbox="282 1255 1520 1709"> <tr><td>A6000</td><td>B9002</td><td>E0117</td><td>E0130</td><td>E0135</td><td>E0141</td><td>E0143</td><td>E0147</td><td>E0148</td><td>E0153</td></tr> <tr><td>E0154</td><td>E0157</td><td>E0160</td><td>E0161</td><td>E0162</td><td>E0163</td><td>E0165</td><td>E0171</td><td>E0175</td><td>E0185</td></tr> <tr><td>E0194</td><td>E0197</td><td>E0200</td><td>E0202</td><td>E0205</td><td>E0210</td><td>E0215</td><td>E0225</td><td>E0231</td><td>E0232</td></tr> <tr><td>E0235</td><td>E0236</td><td>E0239</td><td>E0241</td><td>E0242</td><td>E0243</td><td>E0244</td><td>E0245</td><td>E0246</td><td>E0249</td></tr> <tr><td>E0256</td><td>E0261</td><td>E0270</td><td>E0271</td><td>E0272</td><td>E0273</td><td>E0277</td><td>E0280</td><td>E0291</td><td>E0292</td></tr> <tr><td>E0293</td><td>E0294</td><td>E0295</td><td>E0301</td><td>E0302</td><td>E0303</td><td>E0304</td><td>E0305</td><td>E0310</td><td>E0315</td></tr> <tr><td>E0350</td><td>E0371</td><td>E0372</td><td>E0373</td><td>E0480</td><td>E0484</td><td>E0555</td><td>E0560</td><td>E0605</td><td>E0607</td></tr> <tr><td>E0617</td><td>E0635</td><td>E0650</td><td>E0651</td><td>E0655</td><td>E0660</td><td>E0665</td><td>E0666</td><td>E0700</td><td>E0710</td></tr> <tr><td>E0744</td><td>E0745</td><td>E0747</td><td>E0748</td><td>E0760</td><td>E0764</td><td>E0769</td><td>E0776</td><td>E0781</td><td>E0784</td></tr> <tr><td>E0830</td><td>E0840</td><td>E0860</td><td>E0870</td><td>E0880</td><td>E0890</td><td>E0900</td><td>E0911</td><td>E0912</td><td>E0920</td></tr> <tr><td>E0930</td><td>E0935</td><td>E0941</td><td>E0942</td><td>E0944</td><td>E0945</td><td>E0946</td><td>E0947</td><td>E0948</td><td>E1035</td></tr> <tr><td>E1300</td><td>E1353</td><td>E1372</td><td>E2000</td><td>E2100</td><td>E8000</td><td>E8001</td><td>E8002</td><td>K0455</td><td>K0606</td></tr> <tr><td>K0730</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Missouri Medicaid has a state specific list of codes that are allowed as purchase, rental or repair only and require a purchase (NU), rental (RR) or repair (RB) modifier for reimbursement.</p> <p><b>MO Medicaid DME Purchase, Rental or Repair Codes</b></p> <table border="1" data-bbox="282 1892 1520 1957"> <tr><td>A9270</td><td>A9999</td><td>E0140</td><td>E0149</td><td>E0168</td><td>E0181</td><td>E0182</td><td>E0240</td><td>E0250</td><td>E0251</td></tr> <tr><td>E0255</td><td>E0260</td><td>E0265</td><td>E0290</td><td>E0300</td><td>E0328</td><td>E0329</td><td>E0445</td><td>E0482</td><td>E0500</td></tr> </table>	A6000	B9002	E0117	E0130	E0135	E0141	E0143	E0147	E0148	E0153	E0154	E0157	E0160	E0161	E0162	E0163	E0165	E0171	E0175	E0185	E0194	E0197	E0200	E0202	E0205	E0210	E0215	E0225	E0231	E0232	E0235	E0236	E0239	E0241	E0242	E0243	E0244	E0245	E0246	E0249	E0256	E0261	E0270	E0271	E0272	E0273	E0277	E0280	E0291	E0292	E0293	E0294	E0295	E0301	E0302	E0303	E0304	E0305	E0310	E0315	E0350	E0371	E0372	E0373	E0480	E0484	E0555	E0560	E0605	E0607	E0617	E0635	E0650	E0651	E0655	E0660	E0665	E0666	E0700	E0710	E0744	E0745	E0747	E0748	E0760	E0764	E0769	E0776	E0781	E0784	E0830	E0840	E0860	E0870	E0880	E0890	E0900	E0911	E0912	E0920	E0930	E0935	E0941	E0942	E0944	E0945	E0946	E0947	E0948	E1035	E1300	E1353	E1372	E2000	E2100	E8000	E8001	E8002	K0455	K0606	K0730										A9270	A9999	E0140	E0149	E0168	E0181	E0182	E0240	E0250	E0251	E0255	E0260	E0265	E0290	E0300	E0328	E0329	E0445	E0482	E0500
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E0930	E0935	E0941	E0942	E0944	E0945	E0946	E0947	E0948	E1035																																																																																																																																														
E1300	E1353	E1372	E2000	E2100	E8000	E8001	E8002	K0455	K0606																																																																																																																																														
K0730																																																																																																																																																							
A9270	A9999	E0140	E0149	E0168	E0181	E0182	E0240	E0250	E0251																																																																																																																																														
E0255	E0260	E0265	E0290	E0300	E0328	E0329	E0445	E0482	E0500																																																																																																																																														

<b>MO Medicaid DME Purchase, Rental or Repair Codes</b>									
E0550	E0570	E0572	E0575	E0585	E0600	E0630	E0770	E0910	E0940
E0958	E0959	E0966	E0968	E0973	E0988	E1012	E1030	E1031	E1037
E1038	E1161	E1229	E1236	E1239	E1399	E1902	E2402	E2500	E2502
E2504	E2506	E2508	E2510	E2511	E2512	E2599	K0005	K0108	K0800
K0801	K0802	K0806	K0807	K0808	K0813	K0814	K0815	K0816	K0820
K0821	K0822	K0823	K0824	K0825	K0826	K0827	K0828	K0829	K0835
K0836	K0837	K0838	K0839	K0840	K0841	K0842	K0843	K0848	K0849
K0850	K0851	K0852	K0853	K0854	K0855	K0856	K0857	K0858	K0859
K0860	K0861	K0862	K0863	K0864	T2029				
Missouri Medicaid has a state specific list of codes that are allowed as rental only and require a rental (RR) modifier for reimbursement.									
<b>MO Medicaid DME Rental Codes</b>									
B9004	B9006	E0424	E0431	E0434	E0439	E0465	E0466	E0483	E0565
E0602	E0603	E0619	E0779	E0780	E0849	E0850	E1390	K0195	K0738
S9001									
Missouri Medicaid has a state specific list of codes that are allowed as rental or repair only and require a rental (RR) or repair (RB) modifier for reimbursement.									
<b>MO Medicaid DME Rental or Repair Codes</b>									
E0470	E0471	E0601	K0001	K0002	K0003	K0004	K0006	K0007	
<b>Nebraska</b>	<ul style="list-style-type: none"> <li>Nebraska allows multiple units to be reimbursed as a daily rental when the KR modifier is billed with a specific list of codes. The codes that are included can be found on the Nebraska KR List in the <a href="#">“Attachments”</a> section.</li> <li>NE allows A9900 to be billed as a supply kit with Breast Pumps and Apnea Monitors. The state of NE does not cover a purchase of HCPCS code E0604.</li> <li>There is a 12 month rental cap for this code. Purchase is not allowed; therefore, claim should not deny for purchase price.</li> <li>Nebraska allows claims billed with the RB modifier for reimbursement if they are on the NE Medicaid fee schedule.</li> <li>A4604 &amp; A8000 do not require a rental or purchase modifier for reimbursement.</li> </ul>								
<b>North Carolina</b>	<ul style="list-style-type: none"> <li>Maintenance (modifier MS) is not covered.</li> <li>POS should only be home, POS 01, 04, 12, 13 allowed.</li> <li>Capped Rental or Purchased Equipment. These items are rented or purchased as follows:             <ol style="list-style-type: none"> <li>The item is rented if the physician, physician assistant, or nurse practitioner documents that the anticipated need is six months or less.</li> <li>The item may be rented or purchased if the physician, physician assistant, or nurse practitioner documents that the anticipated need exceeds six months. Once rental is initiated on an item, a subsequent request for prior approval of purchase of that item will be denied. The item becomes the property of the beneficiary when the accrued rental payments reach NC Medicaid (Medicaid) or NC Health Choice’s (NCHC) allowable purchase price.</li> </ol> </li> </ul>								
<b>Ohio</b>	Ohio does not require modifiers on all codes in the policy. The codes that are excluded can be found on the Ohio DME Modifier Bypass List below.								



**Ohio DME Modifier Bypass List**

A4611	A4612	A4613	A4618	A4635	A4636	A4637	A4640	E0100	E0105
E0110	E0111	E0112	E0113	E0114	E0116	E0130	E0135	E0140	E0141
E0143	E0144	E0147	E0148	E0149	E0154	E0155	E0156	E0157	E0158
E0159	E0163	E0165	E0167	E0168	E0181	E0182	E0184	E0185	E0186
E0187	E0188	E0189	E0191	E0193	E0194	E0196	E0197	E0198	E0199
E0202	E0210	E0215	E0235	E0247	E0271	E0272	E0275	E0276	E0305
E0310	E0325	E0326	E0424	E0431	E0434	E0439	E0457	E0459	E0465
E0466	E0471	E0472	E0480	E0484	E0500	E0561	E0562	E0570	E0575
E0580	E0600	E0602	E0603	E0604	E0605	E0621	E0630	E0638	E0655
E0660	E0665	E0666	E0667	E0668	E0669	E0705	E0747	E0748	E0760
E0776	E0781	E0791	E0840	E0850	E0860	E0870	E0880	E0890	E0900
E0910	E0912	E0920	E0930	E0935	E0940	E0942	E0944	E0945	E0950
E0951	E0952	E0955	E0956	E0957	E0958	E0959	E0960	E0961	E0966
E0967	E0968	E0971	E0973	E0974	E0978	E0983	E0984	E0986	E0990
E0992	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1010	E1014
E1015	E1016	E1020	E1028	E1029	E1030	E1161	E1225	E1226	E1230
E1232	E1233	E1234	E1372	E1390	E1391	E1392	E1820	E2201	E2202
E2203	E2204	E2207	E2208	E2209	E2211	E2213	E2214	E2310	E2311
E2321	E2322	E2323	E2324	E2325	E2326	E2327	E2328	E2329	E2330
E2340	E2341	E2342	E2343	E2360	E2361	E2362	E2363	E2364	E2365
E2371	E2373	E2377	E2601	E2602	E2603	E2604	E2605	E2606	E2607
E2608	E2611	E2612	E2613	E2614	E2615	E2616	E2620	E2621	E2622
E2623	E2624	E2625	K0004	K0005	K0006	K0007	K0010	K0011	K0012
K0020	K0037	K0038	K0039	K0040	K0041	K0052	K0053	K0056	K0065
K0073	K0105	K0730	K0738						

**Texas**

Texas Medicaid allows:

- A4253 - 2 units per month for insulin dependent diabetics and 1 unit per month for noninsulin dependent diabetics.
- A4253 and A9275 - A combined total of 2 units per month for insulin dependent diabetics and a combined total of 1 unit per month for noninsulin dependent diabetics.
- E0956 - Billed for purchase only

Texas Medicaid does NOT allow:

- E0465 and E0466 - KX modifier is not accepted to reflect a second ventilator.

**Virginia**

Virginia is exempt from the monthly rental unit limit due to State requirements. Virginia reimburses in daily rather than monthly units.

**Washington**

- Washington (WA) Medicaid requires modifier U2 instead of KX to be billed on HCPC codes E0465 or E0466 for a second ventilator.
- WA Medicaid allows POS 99 to be billed by DME Providers for Durable Medical Equipment & Non-Medical Equipment services.

**Wisconsin**

Wisconsin Medicaid state regulations:

- Monthly rental unit limits do not apply. Daily unit limits are allowed rather than monthly units.
- HCPCS code L8614 is allowable in the following POS 22, 23, 24.
- WI Medicaid is exempt from certain DME items limited to a place of service (POS) that qualifies as the patient's home requirements.
- Modifier 50 is not allowed with procedure codes A6504-A6508, A6530-A6538, A6545, A6549, S8420-S8429. Modifiers LT and RT must be billed to identify laterality when these codes are billed.

Definitions	
<b>Calendar Month</b>	The period from a day of one month to the corresponding day of the next month.
<b>Durable Medical Equipment</b>	Medical equipment which: <ul style="list-style-type: none"> <li>• Can withstand repeated use</li> <li>• Is not disposable</li> <li>• Is used to serve a medical purpose</li> <li>• Is generally not useful to a person in the absence of sickness or injury</li> <li>• Is appropriate for use in the home</li> </ul>
<b>Orthotic</b>	An external appliance such as a brace or splint that prevents or assists movement of the spine or limbs. A brace is used for the purpose of supporting a weak or deformed body part of a Customer or restricting or eliminating motion in a diseased or injured part of the body.
<b>Prosthetic</b>	A device that replaces all or part of an external body organ or all or part of the function of a permanently inoperative or malfunctioning external body organ.
<b>Same Specialty Physician or Other Qualified Health Care Professional</b>	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.

Questions and Answers	
1	<p><b>Q:</b> Why is a rental month defined as a Calendar Month when months vary as to their number of days?</p> <p><b>A:</b> The rationale for reimbursing rental once per Calendar Month rather than once per 30 day period is due to the fact that some months are less or greater than 30 days. Vendor billing trends indicate that rentals are reported on a cycle billing method; i.e., item dispensed on 1/9/13, and rented for 3 continuous months. Resulting bills will be submitted with 1/9/13 and 2/9/13 and 3/9/13 dates of service.</p>
2	<p><b>Q:</b> How should monthly rental of DME items be reported?</p> <p><b>A:</b> According to the National Uniform Billing Committee (NUBC) and the National Uniform Claim Committee (NUCC), monthly rental of an item should be reported on a single claim line with one unit and a single calendar month date span—that is, for one month, enter the rental initiation date in the From field and the end date of that month's rental in the To field. Rental charges for multiple months should not be reported on the same line. If two claims are submitted that show From dates in the same month for the same item from the Same Specialty Physician or Other Health Care Professional, only one claim will be allowed and the second claim for the same month will not be covered. See the policy section titled Reporting Monthly Rental for an example of how to report more than one month's rental for the same item. Note that each line in the example has a From date in a different month.</p>
3	<p><b>Q:</b> Why does UnitedHealthcare Community Plan pay a full Calendar Month rental rate when modifier KR is used, which indicates the item is only rented for a partial Calendar Month?</p> <p><b>A:</b> Regardless of whether the item is used for a full Calendar Month or only a few days within a Calendar Month, UnitedHealthcare's Community Plan contracted rental rates will be allowed once per Calendar Month to the same vendor. For example, E0202 is reported with modifier KR and 7 units to indicate the number of days it was used in a Calendar Month. Regardless of the number of days it is used within that Calendar Month, UnitedHealthcare Community Plan pays a single monthly rate to the same vendor and does not prorate the services to allow a daily rate. This is consistent with the terms of our participating agreements. The exceptions to the above are the items listed in the section titled "<a href="#">Daily Rental</a>".</p>
4	<p><b>Q:</b> How should a vendor report a device that has been provided for extension and flexion on both sides of the body, e.g., code E1800?</p> <p><b>A:</b> Because two devices were used on both sides of the body, it is appropriate to report this as E1800-RR-RT with two units for the right side, and E1800-RR-LT with two units for the left side.</p>
5	<p><b>Q:</b> Are repair codes K0739, K0740, or K0462 reimbursed during the rental period for Durable Medical Equipment?</p>

**A:** Repair of DME items is included in the rental payment and not separately reimbursed. Repair may be allowed for DME items that are purchased (patient-owned).

### Attachments

<a href="#">Medicaid DME Policy Modifier Required Code List</a>	List of codes requiring a Rental or Purchase modifier for Medicaid.
<a href="#">DME Policy Arizona Modifier Required Code List</a>	Arizona Specific list of codes requiring a Rental or Purchase modifier.
<a href="#">MO Medicaid DME Repair Code List</a>	Missouri Medicaid list of codes that are not allowed if both modifier RB and any rental modifier in any position are appended to a code on the Missouri Medicaid DME Repair Code list.
<a href="#">MO Medicaid DME Purchase Code List</a>	Missouri Medicaid list of codes that are allowed as purchase only and require a purchase (NU) modifier for reimbursement.
<a href="#">MO Medicaid DME Purchase or Repair Code List</a>	Missouri Medicaid list of codes that are allowed as purchase or repair only and require a purchase (NU) or repair (RB) modifier for reimbursement.
<a href="#">DME Policy Nebraska KR Modifier List</a>	List of codes that are allowed with KR modifier to denote partial month rental for Nebraska.

### Resources

Individual state Medicaid regulations, manuals & fee schedules  
 American Medical Association, *Current Procedural Terminology ( CPT® ) Professional Edition* and associated publications and services  
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
 Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets  
 Noridian Healthcare Solutions, CMS DME MAC Contractor Local Coverage Determinations (LCD)  
 CGS Administrators, CMS DME MAC Contractor Local Coverage Determinations (LCD)

### History

<b>9/17/2021</b>	Policy Version Change Reimbursement Guidelines Section: DME Suppliers & Daily Rental verbiage updated
<b>8/8/2021</b>	Policy Version Change State Exceptions Section: Updated WI verbiage History Section: Entries prior to 08/8/2019 archived
<b>7/25/2021</b>	Policy Version Change State Exceptions Section: Added LA verbiage History Section: Entries prior to 07/25/2019 archived
<b>5/21/2021</b>	Policy Version Change State Exceptions Section: Updated NE verbiage Attachments Section: Removed attachment(s) and converted to table(s)
<b>5/1/2021</b>	Annual Anniversary Date and Version Change Definitions section: Updated definition
<b>1/1/2021</b>	Policy Version Change State Exceptions Section: Added NC exception History Section: Entries prior to 01/01/2019 archived
<b>6/14/2020</b>	Policy Version Change Attachment Section: Verbiage Updated; MO Medicaid DME Purchase Code List updated History section: Entries prior to 6/14/2018 archived

<b>5/12/2020</b>	Policy Version Change Reimbursement Guidelines Section: Monthly Rental verbiage updated State Exceptions Section: Updated Texas exception
<b>5/1/2020</b>	Annual Anniversary Version Change Attachment Section: Verbiage Updated; Verbiage updated in Arizona Modifier List
<b>4/26/2020</b>	Policy Version Change Overview section: Updated verbiage Reimbursement Guidelines section: Verbiage update Questions and Answers section: Verbiage updated State Exceptions section: Updated Wisconsin exception History section: Entries prior to 4/1/2018 archived
<b>2/23/2020</b>	Policy Version Change Attachments Section: Medicaid DME Policy Modifier Required Code List, DME Policy Arizona Modifier List, MO Medicaid DME Repair Code List, MO Medicaid DME Purchase Code List, MO Medicaid DME Purchase or Rental Code List, MO Medicaid DME Purchase or Repair Code List, MO Medicaid DME Purchase, Rental or Repair Code List, MO Medicaid DME Rental Code List, DME Policy Nebraska KR Modifier List, and Ohio DME Modifier Bypass List
<b>2/16/2020</b>	Policy Version Change State Exceptions section: Updated Florida exception
<b>1/21/2020</b>	Policy Version Change Reimbursement Guidelines section: Verbiage updated Attachments Section: Codes with Each in Description History section: Entries prior to 1/1/2018 archived
<b>11/17/2019</b>	Policy Version Change State Exceptions section: Updated Kansas
<b>10/6/2019</b>	Attachments Section: Updated the MO DME Purchase or Rental Code List, MO DME Purchase or Repair Code List, MO DME Purchase, Rental or Repair Code List, MO DME Rental Code List
<b>3/15/2009</b>	Policy implemented by UnitedHealthcare Community & State