

Durable Medical Equipment, Orthotics and Prosthetics Policy, Professional for Louisiana

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.

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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.

For purposes of this policy, Same Specialty Physician or Other Health Care Professional is defined as physicians and/or other health care professionals of the same group and same specialty reporting the same Federal Tax Identification number (TIN).

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 CPT or 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.

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:

- RR Rental
- KH Initial Claim, purchase or first month rental
- KI Second or third monthly rental
- KJ Capped rental months four to fifteen
- KR Partial month
- LL Lease/rental (use the LL modifier when DME equipment rental is to be applied against the purchase price.

Purchase Modifiers (Medicaid)**

The following modifiers indicate that an item has been purchased:

- NU New Equipment (use the NR modifier when DME which was new at the time of rental is subsequently purchased)
- UE Used Equipment
- NR New when rented
- KM Replacement of facial prosthesis including new impression/moulage
- KN Replacement of facial prosthesis using previous master model

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

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 or E0466.

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
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	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							

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 (Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests), 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 (Continuous passive motion exercise device for use on knee only), and E0936 (Continuous passive motion exercise device for use other than knee) are reimbursed on a daily basis consistent with CMS guidelines.

The following HCPCS codes are also reimbursed on a daily basis:

- E0193, Powered air flotation bed (low air loss therapy)
- E0194, Air fluidized bed
- E0277, Powered pressure-reducing air mattress
- E0304, Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
- E0371, Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
- E0372, Powered air overlay for mattress, standard mattress length and width
- E0373, Nonpowered advanced pressure reducing mattress
- E1639, Scale, each
- E2402, Negative pressure wound therapy electrical pump, stationary or portable

Rental to Purchase

Rental fees from a single vendor are payable up to either the purchase price of an item or a maximum number of rental months, whichever is less. 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 (maintenance/service fee) 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 (Miscellaneous DME supply, accessory, and/or service component of another HCPCS code)
- A9901 (DME delivery, set up, and/or dispensing service component of another HCPCS code)
- L9900 (Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code)

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, 31, 32, 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.

Refer to the UnitedHealthcare “Supply” policy for additional information pertaining to place of service 31 or 32.

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.

Definitions

Calendar Month	The DME policy defines Calendar Month as the period from a day of one month to the corresponding day of the next month
Durable Medical Equipment	<p>Medical equipment which:</p> <ul style="list-style-type: none"> • Can withstand repeated use • Is not disposable • Is used to serve a medical purpose • Is generally not useful to a person in the absence of sickness or injury <p>Is appropriate for use in the home</p>
Orthotic	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.
Prosthetic	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.
Same Specialty Physician or Other Qualified Health Care Professional	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>Q: Why is a rental month defined as a Calendar Month when months vary as to their number of days?</p> <p>A: 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>Q: How should monthly rental of DME items be reported?</p> <p>A: 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>Q: 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>A: 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 (Phototherapy (bilirubin) light with photometer) 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.</p> <p>The exceptions to the above are the items listed in the section titled “Daily Rental”.</p>
4	<p>Q: 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 (Dynamic adjustable elbow extension/flexion device, includes soft interface material)?</p> <p>A: 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>Q: Are repair codes K0739 (Repair or nonroutine service for durable medical equipment other than oxygen equipment), K0740 (Repair or nonroutine service for oxygen, per 15 minutes) or K0462 (Temporary replacement for patient-owned equipment being repaired) reimbursed during the rental period for Durable Medical Equipment?</p> <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).</p>

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

3/11/2024	Policy Version Change Branding updated Attachments: Removed and table created History Section: Entries prior to 2/25/2022 archived
3/15/2009	Policy implemented by UnitedHealthcare Community & State



REIMBURSEMENT POLICY
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