Harvard Pilgrim reimburses contracted and approved 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 medical equipment and supply vendors 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 is 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 vendors.

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 through eviCore (formerly CareCore National) through date of service 08/31/2017.
- Prior authorization required for miscellaneous DME, CGMS and sleep study supplies. (Refer to Durable Medical Equipment [DME] Authorization for specific requirements.)
- Order is required for all other DME.

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

HMO/POS/PPO

- Harvard Pilgrim will reimburse providers or approved vendors 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 a periodic 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.
  - Providers may not bill Harvard Pilgrim or the member for further rental amounts

• 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 supplier’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 supplier.

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
- Cryocuff therapy device after joint or ligament repair or for a member with degenerative joint disease
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

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)

Scooters, IBOT

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)

Standing systems

Stimulators
- Bone stimulators
- Lateral electric surface stimulators (LESS) (aka Scolitrion) 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 vendor.

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/adesives (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)

• 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, 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, Beautytrest 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 (continued)
Durable Medical Equipment

- 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)
- 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
- Monitor portable oxygen units
- Monitor 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,
  - 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. Diagnosis codes that are not reimbursed include: 454.9, 456
- 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
- Walkaid
- 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
  - Metronic 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

(continued)
**Durable Medical Equipment (cont.)**

- 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**

**Coding2**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4604</td>
<td>Tubing with heating element</td>
<td>Effective 04/01/2017 Maximum replacement frequency: 1 every 3 months.</td>
</tr>
<tr>
<td>A7027</td>
<td>Combination oral/nasal mask, used with continuous positive airway pressure device, each</td>
<td>Maximum replacement frequency: 1 every 3 months.</td>
</tr>
<tr>
<td>A7028</td>
<td>Oral cushion for comb. oral/nasal mask, replacement only, each</td>
<td>Maximum replacement frequency: 2 per month.</td>
</tr>
<tr>
<td>A7029</td>
<td>Nasal pillows for comb. oral/nasal mask, replacement only, pair</td>
<td>Maximum replacement frequency: 2 per month.</td>
</tr>
<tr>
<td>A7030</td>
<td>Full face mask used with positive airway pressure device, each</td>
<td>Maximum replacement frequency: 1 every 3 months.</td>
</tr>
<tr>
<td>A7031</td>
<td>Face mask interface, replacement for full face mask, each</td>
<td>Maximum replacement frequency: 1 per month.</td>
</tr>
<tr>
<td>A7032</td>
<td>Cushion for use on nasal mask interface, replacement only, each</td>
<td>Maximum replacement frequency: 2 per month.</td>
</tr>
<tr>
<td>A7033</td>
<td>Pillow for use on nasal cannula type interface, replacement only, pair</td>
<td>Maximum replacement frequency: 2 per month.</td>
</tr>
<tr>
<td>A7034</td>
<td>Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</td>
<td>Maximum replacement frequency: 1 every 3 months.</td>
</tr>
<tr>
<td>A7035</td>
<td>Headgear used with positive airway pressure device</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>A7036</td>
<td>Chin strap used with positive airway pressure device</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>A7037</td>
<td>Tubing used with positive airway pressure device</td>
<td>Maximum replacement frequency: 1 every 3 months.</td>
</tr>
<tr>
<td>A7038</td>
<td>Filter, disposable, used with positive airway pressure device</td>
<td>Maximum replacement frequency: 2 per month.</td>
</tr>
<tr>
<td>A7039</td>
<td>Filter, nondisposable, used with positive airway pressure device</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>A7044</td>
<td>Oral interface used with positive airway pressure device, each</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>A7045</td>
<td>Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>A7046</td>
<td>Water chamber for humidifier, used with positive airway pressure device, replacement, each</td>
<td>Maximum replacement frequency: 1 every 6 months.</td>
</tr>
<tr>
<td>E0470</td>
<td>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)</td>
<td>Prior authorization is required for replacements. Typical frequency of replacement is 60 months (must be medically necessary).</td>
</tr>
<tr>
<td>E0471</td>
<td>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)</td>
<td>Prior authorization is required for replacements. Typical frequency of replacement is 60 months (must be medically necessary).</td>
</tr>
<tr>
<td>E0561</td>
<td>Humidifier, nonheated, used with positive airway pressure device</td>
<td>Frequency of replacement is 60 months.</td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used with positive airway pressure device</td>
<td>Frequency of replacement is 60 months.</td>
</tr>
<tr>
<td>E0601</td>
<td>Continuous airway pressure (CPAP) device</td>
<td>Prior authorization is required for replacements. Typical frequency of replacement is 60 months (must be medically necessary).</td>
</tr>
</tbody>
</table>

(continued)
## Coding

### Other DME

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4459</td>
<td>Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type</td>
<td>Member liable — not a covered service.</td>
</tr>
<tr>
<td>A4490–A4510</td>
<td>Surgical stockings</td>
<td>Not reimbursed for diagnosis codes: ICD-9 454.9, 456 ICD-10</td>
</tr>
<tr>
<td>A4575</td>
<td>Topical hyperbaric oxygen chamber</td>
<td>Not reimbursed.</td>
</tr>
<tr>
<td>A4602</td>
<td>Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each</td>
<td>Not reimbursed.</td>
</tr>
<tr>
<td>A7048</td>
<td>Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E1399</td>
<td>Miscellaneous DME</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>A6530–A6549</td>
<td>Gradient compression stocking</td>
<td>Not reimbursed for diagnosis codes: ICD-9 454.9, 456 ICD-10</td>
</tr>
<tr>
<td>A9276</td>
<td>Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>A9277</td>
<td>Transmitter; external, for use with interstitial continuous glucose monitoring system</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>A9278</td>
<td>Receiver (monitor); external, for use with interstitial continuous glucose monitoring system</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>A9279</td>
<td>Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified</td>
<td>Not separately reimbursed.</td>
</tr>
<tr>
<td>E0424</td>
<td>Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E0431</td>
<td>Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E0434</td>
<td>Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E0439</td>
<td>Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, &amp; tubing</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E0435</td>
<td>Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor</td>
<td>Authorization is required.</td>
</tr>
<tr>
<td>E0465</td>
<td>Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)</td>
<td>Not reimbursed.</td>
</tr>
<tr>
<td>E0466</td>
<td>Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)</td>
<td>Not reimbursed.</td>
</tr>
<tr>
<td>E0441–E0444</td>
<td>Oxygen contents</td>
<td>Not accepted for billing oxygen contents. Please see S8120, S8121.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Comment</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E0472</td>
<td>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)</td>
<td>Frequency of replacement is 60 months.</td>
</tr>
<tr>
<td>E0602</td>
<td>Breast pump, manual</td>
<td>E0602 will be purchase (NU) only.</td>
</tr>
</tbody>
</table>
| 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 vendor 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.                                         |
| 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.                                 |
| S1031 | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor | Not reimbursed.                                                        |
| 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, 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**

- 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, 2017.

<table>
<thead>
<tr>
<th>Code</th>
<th>Modifier</th>
<th>Units</th>
<th>From Date</th>
<th>Rental Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1250</td>
<td>RR</td>
<td>1</td>
<td>01/15/2017</td>
<td>1st month rental</td>
</tr>
<tr>
<td>E1250</td>
<td>RR</td>
<td>1</td>
<td>02/15/2017</td>
<td>2nd month rental</td>
</tr>
<tr>
<td>E1250</td>
<td>RR</td>
<td>1</td>
<td>03/15/2017</td>
<td>3rd month rental (Change in Date)</td>
</tr>
<tr>
<td>E1250</td>
<td>RR</td>
<td>1</td>
<td>04/15/2017</td>
<td>Subsequent monthly rental</td>
</tr>
</tbody>
</table>

Required Modifiers

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

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU</td>
<td>Purchased/new equipment</td>
</tr>
<tr>
<td>RR</td>
<td>Rental use</td>
</tr>
<tr>
<td>MS</td>
<td>Maintenance and service fee</td>
</tr>
</tbody>
</table>

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

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

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 supplier or manufacturer 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**

- Authorization Policy
- Durable Medical Equipment Authorization Policy
- Home Health Care Payment Policy
- Home Infusion Therapy Payment Policy
- Non-covered Services Payment Policy
- Orthotic and Prosthetic Devices Payment Policy
- Sleep Studies Payment Policy
- Tumor Treating Fields Medical Policy
- Unlisted/Unspecified Procedure Codes Payment 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 08/01/2011 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 07/01/2011
- 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 04/01/2013 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
PAYMENT POLICIES

Durable Medical Equipment (cont.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Update Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/15</td>
<td>ICD-10 coding update</td>
</tr>
<tr>
<td>11/15/15</td>
<td>annual review; added instructions for unlisted billing, and monthly rentals for clarification</td>
</tr>
<tr>
<td>01/15/16</td>
<td>annual coding update</td>
</tr>
<tr>
<td>11/15/16</td>
<td>annual review; added Tumor Treating Fields Medical Policy to related policies</td>
</tr>
<tr>
<td>02/15/17</td>
<td>updated A4604 effective 04/01/17 Maximum replacement frequency: 1 every 3 months</td>
</tr>
<tr>
<td>06/15/17</td>
<td>updated prerequisite section prior authorization through eviCore through date of service 08/31/17</td>
</tr>
<tr>
<td>11/15/17</td>
<td>annual review; administrative edits, removed old dates</td>
</tr>
<tr>
<td>01/01/18</td>
<td>updated Open Access Product referral information under Prerequisites</td>
</tr>
<tr>
<td>04/01/18</td>
<td>updated Harvard Pilgrim Does Not Reimburse; added required modifiers</td>
</tr>
</tbody>
</table>

1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, 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.

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