

Durable Medical Equipment

Policy

Mass General Brigham Health Plan reimburses participating providers for durable medical equipment (DME) when medically necessary, for the treatment of an injury or illness in order to improve or stabilize the member's condition or to improve functioning.

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.).

Equipment must be:

- Medically necessary
- Ordered by a participating Mass General Brigham Health Plan provider
- Ordered to address a specific diagnosis

DME includes:

- *Prosthetic devices*, defined as those used to replace the function of a missing body part, and those that are designed to be fitted to the member's body as an external substitute
- Most *orthotic devices*, defined as those used to support a weakened part of the member's body
- Certain medical and surgical supplies defined as disposable or reusable items that generally do not contain mechanical parts commonly found in medical equipment.

Prerequisites

Applicable referral, notification and authorization policies and procedures apply

- An order for each item billed must be signed and dated by the treating provider and made available upon request.
- A written, signed and dated order must be received by the DME provider before a claim is submitted.

Provider Payment Guidelines

Please reference Mass General Brigham Health Plan's [Prior Authorization List](#) for Durable Medical Equipment (DME), Medical Supplies, Oxygen Related Equipment, Orthotics and Prosthetics, Hearing Aids for authorization requirements.

Quantity limits/unit limits apply; please reference CMS or MassHealth guidelines for more details on unit limits.

Member Cost-Sharing

Member liability amounts may include, but are not limited to, copayments, deductible, and/or co-insurance, and will be applied dependent upon the member's benefit plan. Coverage of DME is based on the line of business unless otherwise specified within the medical policy(s).

Mass General Brigham Health Plan Reimburses

- Least costly DME item that meets the member's needs
- Rental fees to a maximum cap of the purchase price
- Replacement parts for DME that is owned by the member
- Therapeutic shoes for members who have diabetic foot disease and/or peripheral vascular disease, as diagnosed by a participating provider

Reimbursement includes but is not limited to:

- Purchase or rental; Mass General Brigham Health Plan determines whether it is appropriate to purchase or rent equipment for members
- Replacement part(s) or repairs when the DME is no longer under warranty

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Mass General Brigham Health Plan Does Not Reimburse

- Automatic dispensing of supplies, accessories, or equipment
- Backup or standby equipment, including equipment repair or replacement
- Items supplied based on member preferences
- Modifications made to the home to suit members need, including ramps
- Sales tax, shipping, and/or handling fees applicable by state

Provider Payment Guidelines

Billing Guidelines and Documentation

- Bill the most current and up-to-date industry standard procedure and diagnosis codes
- Submit the modifier that will impact reimbursement in the first modifier field, followed by informational modifiers

Modifiers

Modifier	Descriptor	Comments
NU	New equipment	Submit with HCPCS DME procedure to indicate a purchase
RR	Rental equipment	Submit with HCPCS DME procedure code to indicate a rental
BO	Orally administered nutrition, not by feeding tube	Submit with oral enteral formula claims
RA	Replacement of a DME, orthotic or prosthetic item	Submit with HCPCS DME procedure code to indicate replacement
RB	Replacement of a part of DME, orthotic or prosthetic item furnished as a repair	Submit with HCPCS DME procedure code to indicate replacement of a part as a repair
UE	Used durable medical equipment	Submit with HCPCS DME procedure code to indicate used equipment
KH	DMEPOS item, initial claim, purchase or first month rental	Submit with HCPCS DME procedure code, for Medicaid members, to indicate first month rental
KI	DMEPOS item, 2nd or 3rd month rental	Submit with HCPCS DME procedure code, for Medicaid members, to indicate 2 nd and 3 rd months rental
KJ	DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months 4 to 15	Submit with HCPCS DME procedure code, for Medicaid members, to indicate 4 to 15 months rental

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions. Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Related Mass General Brigham Health Plan Policies

[Enteral Formulae Parenteral Nutritional Solutions](#)

[Hearing Aids Payment Policy](#)

[Home Infusion Including Enteral Nutrition](#)

[Sleep Studies Payment Policy](#)

[Absorbent Products for Incontinence Medical Policy](#)

[Bone Growth Stimulator Medical Policy](#)

[Continuous Glucose Monitors Medical Policy](#)

[Durable Medical Equipment Medical Policy](#)

[Enteral Nutrition Formulas and Supplements Medical Policy](#)

[Hearing Devices Medical Policy](#)

[Insulin Pumps Medical Policy](#)

[Prostheses – Lower Limb Medical Policy](#)

[Prostheses – Upper Limb Medical Policy](#)

References

MassHealth Members

Provider Manual: [Durable Medical Equipment Manual for MassHealth Providers | Mass.gov](#)

Reimbursable codes: [Subchapter 6](#)

DME and Oxygen related items; unit limitations: [MassHealth DME and OXY Payment and Coverage Guideline Tool \(V.41.5\)](#)

Prosthetics and Orthotics related items; unit limitations: [MassHealth Orthotics and Prosthetics Payment and Coverage Guideline Tool](#)

Commercial and Medicare Advantage members

[Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)

Provider Payment Guidelines

Provider Manual: [Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Publication History

Topic: Durable Medical Equipment	Owner: Network Management
October 25, 2016	<i>Original documentation</i>
January 1, 2019	<i>Document restructure; codes, code descriptor and, references updated</i>
March 29, 2022	<i>Administrative edits</i>
January 1, 2023	<i>Document rebrand; added Medicare Advantage; updated references</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan’s payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers ‘contract(s); scope of benefits included in a given member’s benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.