

## DME and Medical Supplies Claim Edits Grid

The following payment policy applies to Tufts Health Plan contracting durable medical equipment (DME) providers. Payment methodologies are generally derived from CMS, National Correct Coding Initiative (NCCI), AMA CPT coding guidelines and Tufts Health Plan policies. Refer to the [Durable Medical Equipment and Medical Supplies Payment Policy](#) for more information.

Category	Edit Language	Commercial	Senior Products	Tufts Health Public Plans
Compression Gradient Stockings	Tufts Health Plan does not routinely compensate for A6530, A6533 or A6536 when more than four pairs are billed within a calendar year.		X	X
	Tufts Health Plan does not routinely compensate for A6530, A6533 or A6536 when more than three pairs are billed within a calendar year.	X		
	Tufts Health Plan does not routinely compensate for A6545 when more than four pairs are billed in a calendar year.	X	X	X
	Tufts Health Plan limits A6530, A6531, A6533, A6534 to 6 units within 365 days.	X		
Diabetic Shoe Inserts/Modifications	Tufts Health Plan does not routinely compensate for diabetic shoe inserts/modifications when billed more than six units within a calendar year.	X	X	X
	Tufts Health Plan does not routinely compensate for Diabetic shoe inserts/modifications when billed with orthopedic footwear	X	X	
	Tufts Health Plan does not routinely compensate for therapeutic shoes/inserts/modifications for diabetics only unless a diagnosis of diabetes mellitus is also on the claim.		X	
Diabetic Shoes	Tufts Health Plan does not routinely compensate for A5500-A5513 when billed without right (RT) or left (LT) modifier.	X	X	X
	Tufts Health Plan does not routinely compensate for diabetic shoes when billed for more than two units within a calendar year.	X	X	X
	Tufts Health Plan does not routinely compensate for Orthopedic shoe inserts, heel stabilizer, orthopedic shoe lift elevation per inch, orthopedic shoe wedges, orthopedic shoe additions, and miscellaneous orthopedic shoe, addition modification or transfer when billed with diabetic footwear	X	X	
Nebulizers	Tufts Health Plan does not routinely compensate for compounded inhalation solutions (J7604, J7607, J7609, J7610, J7615, J7622, J7624, J7627, J7628, J7629, J7632, J7634, J7635, J7636, J7637, J7638, J7640, J7641, J7642, J7643, J7645, J7647, J7650, J7657, J7660, J7667, J7670, J7676, J7680, J7681, J7683, J7684, J7685) when billed.		X	X
	Tufts Health Plan does not routinely compensate for noncompounded inhalation solution when billed without modifier KX.	X	X	

Category	Edit Language	Commercial	Senior Products	Tufts Health Public Plans
Noncontact Normothermic Wound Warming Devices	Tufts Health Plan does not routinely compensate for noncontact normothermic wound warming devices, as they are considered noncovered due to lack of scientific and clinical evidence indicating the services are reasonable and necessary.	x		
Osteogenic Stimulators	Tufts Health Plan does not routinely compensate for E0748 (electrical osteogenesis stimulator) if billed without a diagnosis of post-surgical arthrodesis status.		x	
Ostomy Supplies	Tufts Health Plan does not routinely compensate for sleeves, bags or a cone/catheter with brush if billed with an ostomy irrigation kit, as these are included in the ostomy irrigation kit.	x	x	
Oxygen and Oxygen Equipment	Tufts Health Plan does not routinely compensate for E0424, E0439, E1390, E1391 when billed more than once a month in any combination	x	x	x
	Tufts Health Plan does not routinely compensate for E0433, E1390, E1391, K0738 when billed with modifier MS more than once every six months in any combination by any provider.	x	x	x
	Tufts Health Plan does not routinely compensate for E0441, E0442, or E0443, E0444, K0742 when billed more frequently than once every month	x	x	x
	Tufts Health Plan does not routinely compensate for E0446 (topical oxygen delivery system), as it is not a covered benefit.			x
Place of Service Restrictions	Tufts Health Plan does not routinely compensate for DME items when billed by a Medicare Administrative Contractor (MAC) provider and the place of service is not 01 (Pharmacy), 04 (Homeless Shelter), 09 (Prison), 12 (Home), 13 (Assisted Living Facility), 14 (Group Home), 33 (Custodial Care Facility), 54 (Intermediate Care Facility/Mentally Retarded), 55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center), 65 (End Stage Renal Disease [ESRD] Treatment Facility [POS valid for Parenteral Nutritional Therapy]).	x	x	x
Pneumatic Compression Devices	Tufts Health Plan does not routinely compensate for E0650-E0651 or E0655-E0673 (pneumatic compressor/appliance device) when billed with a diagnosis of venous insufficiency and a diagnosis of chronic ulcer is not also present.	x		x
	Tufts Health Plan does not routinely compensate for pneumatic appliances (sleeves) if the corresponding compressor is not also paid within the same month by any provider.		x	x
Respiratory Assist Devices	Tufts Health Plan does not routinely compensate for E0471 (respiratory assist device) if billed without a diagnosis of obstructive sleep apnea.		x	
	Tufts Health Plan does not routinely compensate for mutually exclusive respiratory assist devices when billed the same date of service or in a month.	x	x	x
Skin Barriers	Tufts Health Plan does not routinely compensate for A5120 or A4369 if billed within the same month by any provider.	x		
Suction Pumps and Supplies	Tufts Health Plan does not routinely compensate for A9272 (wound suction, disposable).	x	x	x

Category	Edit Language	Commercial	Senior Products	Tufts Health Public Plans
	Tufts Health Plan does not routinely compensate for A4216, A4217 when billed with A4328 when A4605, A4624 has not been billed in the same month.	x	x	x
Transcutaneous Electrical Nerve Stimulation (TENS)	Tufts Health Plan does not routinely compensate for A4450, A4452, A4455, A4556, A4557, A4558, A4630 if billed by any provider on the same date or during the same month as E0720 or E0730	x	x	x
	Tufts Health Plan does not routinely compensate for A4557 billed within a year of E0720 or E0730		x	x
Urological Supplies	Limit A4311-A4313, A4314-A4316, A4338-A4346 to 3 units when billed separately or in any combination every 3 months.			x
Ventricular Assist Devices	Tufts Health Plan does not routinely compensate for ventricular assist device accessories if billed more frequently than once per year, unless billed with modifier RA or RB.		x	x
Walkers	Tufts Health Plan does not routinely compensate for E0155 if billed the same day or within one month of E0130, E0135, E0140, E0148	x	x	x
Wheelchair Options and Accessories	Tufts Health Plan does not routinely compensate for the following: Manual wheelchair accessories if billed with a power wheelchair Power wheelchair accessories if billed with a manual wheelchair	x	x	
	Tufts Health Plan does not routinely compensate for E2358, E2360, E2362, E2364, E2372 (nonsealed lead acid battery) or E2367 (dual mode battery charger)	x	x	x
	Tufts Health Plan does not routinely compensate for wheelchair options or accessories when billed without modifier KX on the same date of service as a power wheelchair base.		x	
Wheelchair Seating	Tufts Health Plan does not routinely compensate for E1028 when billed with E0960	x		x

#### DOCUMENT HISTORY

- December 2020: Edits moved from DME payment policies to separate document for clarity

#### AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.