Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options
Durable Medical Equipment Payment Policy

The following payment policy applies to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) contracted durable medical equipment (DME) providers. For information on Commercial products, click here.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

Note: Audit and disclaimer information is located at the end of this document.

POLICY
Tufts Medicare Preferred HMO and Tufts Health Plan SCO cover DME when medically necessary up to the member's benefit maximum. Tufts Health Plan will determine whether it is appropriate to purchase or rent equipment for members.

Tufts Health Plan SCO provides coverage for all medically necessary DME covered by Original Medicare and Medicaid.

DEFINITION
DME is equipment that meets all of the following criteria:
- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally is not useful to a person in the absence of an illness or injury
- Is appropriate for use in the home

All criteria of the definition must be met before an item can be considered to be DME.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to our website or by contacting Provider Relations.

Note: There is no member responsibility for Tufts Health Plan SCO members.

Providers supplying noncovered items should note that members of Tufts Medicare Preferred HMO and Tufts Health Plan SCO can be held liable for noncovered items only if the member agrees in writing to pay for the items after being informed by the supplying provider that the items are noncovered.

AUTHORIZATION REQUIREMENTS
DME items may require prior authorization through the Tufts Health Plan Precertification Operations Department, while others may require notification to Tufts Health Plan or other entity (e.g., eviCore healthcare, our sleep benefits manager). As a condition of payment, it is the responsibility of the rendering provider to obtain prior notification. If notification was not obtained or approved, the claim will be denied.

The DME provider is responsible for obtaining the practitioner’s order/prescription for any requested item(s). Prescriptions/orders should include quantity and refill information, as applicable.

Tufts Medicare Preferred HMO
With the exception of PAP therapy and related supplies, fax all requests for coverage of DME for Tufts Medicare Preferred HMO members to the Precertification Operations Department at 617.972.9409.

PAP Therapy: Tufts Medicare Preferred HMO
Prior notification is required through the secure eviCore healthcare website for PAP therapy and related supplies. Tufts Health Plan’s Precertification Operations Department does not handle prior

1 Tufts Medicare Preferred HMO members: Authorized medical supplies, respiratory equipment/supplies (excluding PAP therapy, nebulizers and related supplies), insulin pumps and related diabetic supplies are not applied to member’s benefit maximum.
authorization requests for this equipment and related supplies. Ordering providers can submit prior notification through the eviCore healthcare website or by contacting eviCore healthcare.

**PAP Therapy: Tufts Health Plan SCO**
Prior notification is required to the Tufts Health Plan SCO care manager for sleep studies and sleep equipment, such as PAP therapy equipment and related supplies. Please contact Tufts Health Plan SCO Provider Services at 800.279.9022 to identify the appropriate Tufts Health Plan SCO care manager.

**Sleep studies and sleep therapy: Tufts Medicare Preferred HMO**
Prior notification is required through the secure eviCore healthcare website for all sleep studies, sleep therapy equipment and resupplies for Tufts Medicare Preferred HMO members. Ordering providers can submit prior notification through the eviCore healthcare website or by contacting eviCore healthcare.

All sleep studies, sleep therapy, and resupplies require individual prior notifications. For more information, refer to the following:
- Sleep Studies and PAP Therapy Prior Authorization Program
- Sleep Management Program: Prior Authorization/Notification Procedure Code List

**Oral Enteral Formula**
Tufts Medicare Preferred HMO and Tufts Health Plan SCO members must obtain oral enteral formula through a contracted DME supplier.

**Medical Supplies**
Required medical/dressing supplies can be obtained by the member from a Tufts Medicare Preferred HMO and Tufts Health Plan SCO contracting DME provider with a provider’s prescription. If the member is receiving home health care services, the skilled nurse from the home health care agency or care manager can order the medical/dressing supplies from a Tufts Medicare Preferred HMO or Tufts Health Plan SCO contracting DME provider directly.

If the member is in a skilled nursing facility (SNF), the SNF may order DME supplies or equipment directly from the Tufts Medicare Preferred HMO or Tufts Health Plan SCO contracted DME provider. The DME provider must bill Tufts Health Plan directly for the supplies.

**BILLING INSTRUCTIONS**
Submit oral enteral formula claims with modifier BO (orally administered nutrition, not by feeding tube).

Refer to the billing guidelines issued by your durable medical equipment Medicare Administrative Contractor (DME MAC) for the most up-to-date industry standard guidelines and information regarding modifiers.

**Oral Enteral Formula**
- Submit the NDC number for the specific enteral formula product
- Submit the product description and the quantity on the claim

**COMPENSATION/REIMBURSEMENT INFORMATION**

**Automatic External Defibrillators**
Tufts Health Plan does not compensate for a wearable defibrillator or nonwearable automatic defibrillator when billed without modifier KX, GA or GZ.

**Modifiers**
Tufts Health Plan requires all industry standard modifiers on DME, respiratory, medical supplies, orthotics and prosthetic claims. Claims submitted without complete and appropriate modifiers will be denied. This includes modifier EY (no physician or other licensed health care provider order for this item of service) and KX (specific required documentation on file) when appropriate per CMS guidelines.

**Nebulizers**
Tufts Health Plan does not compensate for a noncompounded inhalation solution when billed without modifier KX.

**Oral Enteral Formula**
Brand name and generic enteral formula will be compensated in accordance with the contract. The average wholesale price will be determined by the provider based on the latest published pricing for
enteral product in First Data Bank Pricing Guide or in the Red Book. The DME provider is responsible for submitting the AWP rate to the plan for compensation.

**Power Mobility Devices**
Tufts Health Plan does not compensate for a power mobility device when billed without modifier KX.

**Prefabricated Knee Orthoses**
Tufts Health Plan will limit the coverage of useful lifetime for prefabricated knee orthoses to one every two years for members 18 years and older.

**Prosthetic Frequency Limitations**
Effective for dates of service on or after January 1, 2017, Tufts Health Plan will not routinely compensate for the following:
- Prosthetic sheath, each (L8400, L8410, L8415) when billed more than 12 times every six months
- Prosthetic sheath/sock, each (L8417) when billed more than 12 times per year
- Multiple ply prosthetic sock, each (L8420, L8430, L8435) when billed more than 12 times per year
- Single-ply prosthetic sock, each (L8470, L8480, L8485) when billed more than 12 times per year
- Prosthetic shrinker, each (L8440, L8460, L8465) when billed more than 12 times per year

**Transcutaneous Electrical Nerve Stimulation (TENS)**
Tufts Health Plan does not compensate for a form-fitting conductive garment for delivery of TENS when billed without modifier KX, GA or GZ.

**Wheelchair Options/Accessories**
Tufts Health Plan does not compensate for a wheelchair option or accessory when billed without modifier KX on the same date of service as a power wheelchair base.

**DOCUMENT HISTORY**
- June 2017: Process clarified for DME supplies ordered by SNFs
- January 2017: Template updates
- November 2016: Added prosthetic frequency limitations effective for dates of service on or after
- September 2015: Template conversion
- July 2015: Added useful lifetime for prefabricated knee orthoses policy effective for dates of service on or after October 1, 2015; template updates
- March 2015: Policy reviewed; added DME definition; formatting changes; template updates
- November 2014: Added policies regarding automatic external defibrillators, nebulizers, power mobility devices, TENS and wheelchair options/accessories, effective for dates of service on or after January 1, 2015; template updates
- May 2014: Incorporated information for SCO members; template updates
- January 2014: Added link to the Sleep Management Program Overview; added information about prior notification template updates
- September 2013: Template conversion
- December 2012: Sleep Program clinical criteria updated; template updates.
- April 2012: Template updates made
- October 2011- Policy reviewed; no content changes; template updates made
- March 2011: Reviewed document for clarity; no content changes made.
- October 2010: Added information regarding prior authorization of CPAP/BiPAP
- January 2010: Removed references to the Tufts Medicare Preferred PPO document
- March 2009: Policy originated; moved Tufts Medicare Preferred information to its own document
- November 2008: Added information about modifier BO for oral enteral formulas
- April 2008: Clarified that all requests for coverage of DME for Tufts Medicare Preferred members should be sent the Precertification Department
- November 2007: Added Tufts Medicare Preferred modifier information

**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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.
This policy provides information on Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, and adherence to plan policies, procedures, and claims editing logic.