

## Durable Medical Equipment and Medical Supplies Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

---

The following payment policy applies to Tufts Health Plan contracting durable medical equipment (DME) providers who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

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

### POLICY

Tufts Health Plan covers medically necessary DME and medical supplies, in accordance with the member's benefits.

### DEFINITION

DME includes devices or instruments that are:

- Fabricated primarily and customarily to fulfill a medical purpose
- Generally not used in the absence of illness and injury
- Able to withstand repeated use over an extended period of time
- Appropriate for home use

Medical supplies are disposable or nonreusable items that generally do not contain the mechanical parts commonly found in 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 the secure Provider [website](#) or by contacting [Tufts Health Public Plans Provider Services](#).

### AUTHORIZATION REQUIREMENTS

Prior authorization is not required for DME and medical supplies with a reimbursement rate of less than \$1,000, based on 100 percent of the applicable provider fee schedule, with the exceptions listed below. Prior authorization is also not required for Personal Emergency Response Systems (PERS) and nebulizers when provided in-network.

Prior authorization is required for DME and medical supplies with a reimbursement rate of more than \$1,000, based on 100 percent of the applicable provider fee schedule.

Prior authorization is also required for the following DME and medical supplies, regardless of the reimbursement rate:

- Continuous glucose monitoring systems (CGMS)
- Continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) machines
- Diapers and other incontinence pads
- Feeding devices
- Formula
- Hospital-grade breast pumps (**Note:** This applies only to Tufts Health RITogether)
- Orthotics (**Note:** Prior authorization is not required for HCPCS codes L0112-L4631. Refer to the [Orthotic Services Payment Policy](#))
- Oxygen and respiratory therapy equipment

- Prosthetics (refer to the [Prosthetic Services Payment Policy](#))
- Power wheelchairs and all powered mobility devices<sup>1</sup>

Tufts Health Together follows [MassHealth regulations](#) regarding quantity limitations on DME and medical supplies. Requests outside of these limitations may not be covered.

### **BILLING INSTRUCTIONS**

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. For more information refer to the [Professional Services and Facilities Payment Policy](#).

DME and medical supplies designated as individual consideration (IC) or adjusted acquisition cost (AAC) are reimbursed with an invoice. An invoice must exclude all associated costs including, but not limited to, shipping, handling, and insurance, and must reflect all dealer, trade, and volume discounts.

If a provider includes an invoice with a DME claim, IC services are reimbursed at the lower of the usual and customary charges, or at AAC plus the standard markup percentage. If a provider does not include an invoice with a DME claim, IC services are reimbursed at the IC contracted rate.

**Note:** Claims with invoices must be submitted as paper claims. Invoices are not accepted electronically.

### **COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated according to the applicable network contracted rates, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Tufts Health Plan reimburses for DME and medical supplies in accordance with contracted reimbursement rates or applicable regulations. DME rental costs are reimbursed only up to the purchase cost.

Tufts Health Plan does not reimburse for the following:

- Any DME or medical supply that is not medically necessary
- Supplies not covered by or at the direction of a provider, except for those provided while rendering emergency services
- DME and medical supplies for which a provider did not obtain a required prior authorization
- Air conditioners
- High-efficiency particulate air (HEPA) filters
- "Backup" equipment except wheelchairs
- Bed lifters that do not serve a primary medical purpose
- Hospital-type beds requiring home installation
- Non-hospital beds and mattresses (**Note:** This does not apply to Tufts Health Together or Tufts Health Unify members. Refer to the [Support Surfaces, Specialty Beds](#) medical necessity guidelines)
- Hospital-type full-, queen-, and king-size beds
- Cushions, pads, and pillows, except when medically necessary with prior authorization
- Devices that are not medically effective
- Disposable washcloths or baby wipes
- Elevators
- DME and medical supplies provided in institutions licensed as acute, chronic, or rehabilitation hospitals (**Note:** This applies to Tufts Health Together members only)
- Hygienic equipment that does not serve a primary medical purpose
- Nonmedical equipment otherwise available to members that does not serve a primary medical purpose
- Special equipment needed for sports or job purposes
- Evaluation or diagnostic tests used by a DME provider to establish medical necessity for a DME service or supply
- Light boxes
- Pulse tachometers
- Replacement of DME or prosthetics due to loss, intentional damage, or negligence
- Routine periodic testing, cleaning, regulating, and checking of equipment

---

<sup>1</sup> Does not apply to Tufts Health Direct.

- Whirlpool equipment, used for soothing or comfort

### **Casts, Strapping and Splints**

Tufts Health Plan does not routinely compensate casts, strapping and splints when billed more than 3 times within a 90-day period.

### **Canes and Crutches**

Tufts Health Plan does not routinely compensate E0118 (crutch substitute, lower leg platform, with or without wheels, each) when billed.

### **Column I and Column II Edits**

Tufts Health Plan does not routinely compensate column II code when billed with column I code.

### **Diabetic Shoe**

- Tufts Health Plan does not routinely compensate A5500-A5507, A5512-A5513 (therapeutic shoes/inserts/modifications for diabetics only) when billed without a diagnosis of diabetes mellitus.
- Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate therapeutic shoes/inserts/modifications for diabetics only (A5503-A5507, A5512-A5513) when billed more than 6 units within a calendar year.
- Tufts Health Plan does not routinely compensate A5500-A5513 (Therapeutic shoe/insert/modification for diabetics only) when billed without modifier RT (Right) or LT (Left).

### **DME Rentals**

- Tufts Health Plan does not routinely compensate more than one rental for the same code when billed within a month.
- Tufts Health Plan does not routinely compensate more than 10 capped rentals for the same code when billed with modifier KJ within the previous 13 months by any provider.

### **DME Replacement**

Tufts Health Plan does not routinely compensate any piece of DME that is billed with RR (rental), NU (new equipment) or UE (used equipment) if the same equipment has been paid with either a UE or NU modifier within 5 years by any provider.

### **Durable Medical Equipment and Place of Service Restrictions**

Tufts Health Plan does not routinely compensate DMEPOS items when billed by a DMEMAC 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), or 65 (End Stage Renal Disease [ESRD] Treatment Facility [POS valid for Parenteral Nutritional Therapy]).

### **Enteral Nutrition**

- Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate enteral feeding kits when billed more than 180 units within a month.
- Tufts Health Plan does not routinely compensate B4087, B4088 (Gastrostomy/jejunostomy tube) when billed in any combination more than once during a 90 day period.

### **Glucose Monitors**

Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate supplies when billed with glucose monitoring devices or accessories.

Effective for dates of service on or after October 1, 2017, Tufts Health Plan will not routinely compensate subsequent home blood glucose monitors (E0607, E2100, E2101) when billed in any combination more than once within a year by any provider.

### **Gradient Compression Stockings/Wrap**

Tufts Health Plan does not routinely compensate gradient compression stocking when billed without a requisite diagnosis code.

### **Knee Orthoses**

- Tufts Health Plan limits knee orthoses (K0901, K0902, L1810, L1812, L1820 or L1830-L1860) to one per anatomical site.
- Tufts Health Plan does not routinely compensate additions as not medically necessary when billed without a paid prefabricated or custom fabricated base orthosis.
- Tufts Health Plan does not routinely compensate additions as included in primary procedure when billed with a prefabricated or custom fabricated base orthosis.

### **Respiratory Assist Devices**

- Tufts Health Plan does not routinely compensate Mutually Exclusive respiratory assist devices when billed the same date of service or in a month.
- Tufts Health Plan does not routinely compensate A7027, A7030, or A7034 (PAP mask or nasal interface) when billed in any combination more than once in a 3 month period.

### **Lower Limb Prostheses**

Tufts Health Plan does not routinely compensate additions to the preparatory prosthesis.

### **Modifiers for DMEPOS**

- Tufts Health Plan does not routinely compensate the advanced knees, ankles and feet without the required K0-K4 functional modifiers.
- Tufts Health Plan does not routinely compensate HCPCS "Pair" code when billed with modifier RT or LT.
- Tufts Health Plan does not routinely compensate items billed with capped rental modifiers when the item is not on the capped rental list.

### **Nebulizers**

- Tufts Health Plan limits frequency of administration sets with small volume nonfiltered pneumatic nebulizers based on CMS guidelines.
- Tufts Health Plan does not routinely compensate 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.

### **Oxygen and Oxygen Equipment**

Tufts Health Plan does not routinely compensate for the following:

- Oxygen contents (E0441, E0442, or E0443, E0444, K0742) billed more frequently than once every month
- Oxygen equipment rental (E0424, E0431, E0433, E0434, E0439, K0738), or oxygen accessories (E1390-E1392, E1405, E1406) billed without modifier RR
- Stationary oxygen delivery system rental (E0424, E0439, E1390, E1391) billed more than once a month in any combination

### **Pneumatic Compression Devices**

Tufts Health Plan does not routinely compensate pneumatic appliances (sleeves) if the corresponding compressor is not also paid within the same month by any provider.

### **Respiratory Assist Devices (RAD), Airway Pressure Devices and Oral Appliances/Devices**

Tufts Health Plan does not routinely compensate A7027, A7030, or A7034 (PAP mask or nasal interface) when billed in any combination more than once in a 3 month period.

### **Suction Pumps and Supplies**

Tufts Health Plan does not routinely compensate sterile saline (A4216, A4217) when billed with oropharyngeal suction catheter (A4328) when a tracheal suction catheter (A4605, A4624) has not been billed in the same month.

### **Tracheostomy Care Supplies**

Tufts Health Plan does not routinely compensate A7526 (tracheostomy tube collar/holder) when billed with A4625 or A4629 (tracheostomy care kit).

### **Transcutaneous Electrical Nerve Stimulation (TENS)**

- Tufts Health Plan does not routinely compensate A4450, A4452 (adhesive tape), A4455 (adhesive remover), A4556 (electrodes, per pair), A4557 (lead wires, per pair), A4558 (conductive paste or gel), or A4630 (replacement batteries for medically necessary TENS)

owned by patient) when billed by any provider on the same date or during the same month as TENS device (E0720, E0730).

- Tufts Health Plan does not routinely compensate replacement lead wires (A4557) when billed by any provider within a year of billing a TENS device (E0720, E0730).

### **Urological Supplies**

- Tufts Health Plan limits indwelling catheters (A4311-A4313, A4314-A4316, A4338-A4346) to 3 units when billed separately
- Ventricular Assist Devices

Tufts Health Plan does not routinely compensate ventricular assist device accessories if billed more frequently than once per year unless billed with modifier RA or RB.

### **Walkers**

Tufts Health Plan does not routinely compensate wheel attachments (E0155) if billed the same day or within one month of a new or used nonwheeled walker (E0130, E0135, E0140, E0148).

### **Wheelchair Options/Accessories**

- Tufts Health Plan does not routinely compensate E2367 (dual mode battery charger) when billed
- Tufts Health Plan does not routinely compensate E2358, E2360, E2362, E2364, E2372 (nonsealed lead acid battery) as not necessary

### **Wheelchair Seating**

Tufts Health Plan does not routinely compensate E1028 (swingaway or removable mounting hardware upgrade) when billed with E0960 (positioning accessory).

## **ADDITIONAL RESOURCES**

- [Medical Necessity Guidelines: Support Surfaces, Specialty Beds](#)
- MassHealth Regulations: 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment

## **DOCUMENT HISTORY**

- March 2020: Removed frequency limitations for medical supplies
- January 2020: Added code exceptions (L0112-L4631) to orthotics requiring PA
- July 2019: Updated to include that Tufts Health Together and Tufts Health Unify may reimburse non-hospital beds and mattresses according to the [Support Surfaces, Specialty Beds](#) Medical Necessity Guidelines; clarified hospital-grade breast pump coverage for Tufts Health RITogether
- May 2019: Removed manual wheelchairs from list of DME items that require prior authorization
- April 2019: Removed frequency limitations for A4450, A4452, and A4352
- January 2019: Clarified frequency limitations; added compensation/reimbursement heading; removed markup percentages
- August 2018: Clarified number of units allowed in one month for enteral nutrition
- July 2018: Process clarified for claims submitted with supporting documentation
- June 2018: Template updates
- April 2018: Added previously communicated edit for casts, strapping and splints
- March 2018: Template updates
- August 2017: Updated to include RITogether; added previously communicated edits for oxygen and oxygen equipment, RAD, modifiers for DMEPOS, lower limb prostheses, pneumatic compression devices, suction pumps and supplies, urological supplies, wheelchair options/accessories, ostomy supplies, ventricular assist devices, nebulizers, tracheostomy care supplies, wheelchair seating, knee orthoses, canes and crutches, column I and column II edits, enteral nutrition, TENS, gradient compression stockings/wraps, DME rentals, DME maximum units over time, DME replacement, DME and POS restrictions, diabetic shoes
- July 2017: Added edits for diabetic shoes, enteral nutrition, glucose monitors, oxygen and oxygen equipment, and walkers
- February 2017: Template updates; added clarification that wheelchairs require PA regardless of reimbursement rate

- April 2013: Remove the in-network prior authorization requirement for most DME with a reimbursement rate of less than \$1,000, based on 100% of the Medicaid fee schedule. Update list of services that require PA.

#### **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.