

HEALTH PLAN POLICY	
Policy Title: Durable Medical Equipment (DME)	Policy Number: M12 Revision: A
Department: Medical Management	Sub-Department:
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 09/28/2017	
Reviewed Date(s):	Revision Date(s): 08/14/2019

SCOPE:

The purpose of this policy is to explain how CHRISTUS Health Plan (CHP) Members will be reimbursed for Durable Medical Equipment services.

DEFINITIONS AND ACRONYMS:

- **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.

POLICY:

Pursuant to the network agreement between provider(s) and CHP, participating providers shall accept, as payment in full the reimbursement rates as defined in the agreement, for Covered Services provided to Members.

CHRISTUS Health Plan covers DME when medically necessary, as described below. The health plan will determine whether it is appropriate to purchase or rent equipment for members.

CHRISTUS Health Plan reimburses covered Durable Medical Equipment (DME) supplied by a participating CHRISTUS network provider. Equipment and/or services must be:

- Medically necessary **and**;
- Ordered by a participating CHRISTUS provider **and**;
- Ordered to address a specific diagnosis.

DME is:

- Used primarily and customarily for a medical purpose **and**;
- Is intended for repeated use **and**;
- Is not useful in the absence of illness or injury.

DME includes:

- Prosthetic devices*, defined as those used to replace the function of a missing body part, and that are designed to be fitted to the member's body as an external substitute

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- Most *orthotic devices*, defined as those used to support a weakened part of the member's body
- Certain medical supplies.

Services and subsequent payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members' cost share prior to initiating services.

CHP Does *Not* Pay

The following list of non-reimbursable items is not all-inclusive.

- Repair or replacement of items lost or damaged secondary to abuse, neglect or theft.
- Shipping and handling, or restocking charges associated with obtaining DME.
- "Spare" or "Back-up" equipment.
- Batteries – standard, "off-the-shelf" batteries, (including but not limited to battery sizes AAA, AA, A, C, D, for example).
- Baths / Bathing equipment
- Breast Pumps (Manual).
- Chairs (Auto-Tilt, Kneeling Chair, Orthopedic Chair, Translift Chair etc...)
- Cushions, Pads, Pillows
- Toileting Equipment
- Other miscellaneous items such as:
 - o Aids for the blind
 - o Car Seats
 - o Ceiling Lift
 - o Circulator
 - o Diapulse Machine
 - o Diathermy Machine
 - o Exercise Equipment
 - o Heat Lamps
 - o Heating Pads
 - o Hydro Collator Heating Unit
 - o Lifeline Emergency Response System, including monthly fee
 - o Massage Device
 - o Metrionic Scoliosis System

General Billing

- Bill items with valid HCPCS modifiers and procedure codes.
- Bill DME items in accordance with your contract specifications.
- Provider may not bill CHP or the Member for amounts in excess of the allowable and Providers may not bill for both the rental and purchase of the same DME item. Rental charges will be applied toward the purchase price of the DME.
- The Provider is required to perform servicing of the DME, and maintenance, including items already owned by the member that require such service and will be reimbursed according to the applicable maintenance service rate contained within the Provider agreement.

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Maintenance must be performed by an authorized technician when it cannot be safely performed by the member or his/her caregiver.

REFERENCES:

- Medicare Managed Care Manual, Chapter 4, Section 10.12

RELATED DOCUMENTS:


- Participating Provider Agreement



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Chief Executive Officer Health Plans

8/23/19

Date



David Engleking, M.D.
Medical Director Health Plans

8/23/19

Date

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/28/2017	Initial release.	Quality Improvement Committee
A	08/14/2019	Annual review. Updated lines of business and References.	Executive Leadership