

## Reimbursement Policy:

### Durable Medical Equipment (DME) in Office / Non-Facility Place of Service (Commercial and Medicare)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20210005	8/01/2022	RPC (Reimbursement Policy Committee)

**Reimbursement Guideline Disclaimer:** We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member’s benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

## Overview:

Durable Medical Equipment (DME) is any equipment for use in the home setting that provides therapeutic benefits to members with certain medical conditions and/or illness. DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, ventilators, oxygen equipment, monitors, pressure mattresses, nebulizers, prosthetics, continuous positive airway pressure equipment (CPAP), and phototherapy equipment for hyperbilirubinemia. DME is further defined as any equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose.

## Policy Statement:

This policy describes the reimbursement methodology for Healthcare Common Procedure Coding System (HCPCS) codes representing supplies, off-the-shelf (OTS) orthotics and other items based on physician or other health care professional’s office and other non-facility Place of Service (POS). *This policy does not apply to Home Health Care and DME providers reporting in a place of service 12 (home).*

## Special Requirements for providing DME in the Office:

Medical practices must meet five requirements to provide the limited types of DME allowed by the in-office ancillary services exception.

1. The DME must be furnished in the same building where treatment of the particular patient-physician encounter led to the furnishing of DME. Medical practices may not use a central repository to furnish DME in a different building from where the patient is seen. This also means that the DME may not be provided in a centralized building that is not the same building in which the medical practice physicians provide other physician services. So, a medical practice may not send a patient to a building across the street to pick up crutches or a wheelchair, nor may it send the patient to another location to receive a blood glucose monitor.
2. The DME must be furnished personally by the physician who ordered it, by another physician in the group practice or by an employee of the physician or group. For purposes of this requirement,

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employees of other organizations such as a DME supply company cannot furnish the DME even under the direction of a physician if the group intends to charge for this item. A DME supply company can furnish the DME and bill for it separately, but a group may generally not provide DME through the group.

3. The physician or the group furnishing the DME must meet all DME supplier standards under the Medicare program.
4. The arrangement must not violate the antikickback law or any billing or claims requirement.
5. The furnishing of the DME must meet all other requirements of the in-office ancillary services exception.

#### Casting and Splint Supplies

Consistent with CMS, EmblemHealth/ConnectiCare do not reimburse HCPCS codes A4570, A4580, and A4590 for casting and splint supplies. HCPCS codes A4570, A4580, and A4590 which were previously used for billing of splints and casts are invalid for Medicare use effective July 1, 2001, and new temporary Q codes were established to reimburse physicians and other practitioners for the supplies used in creating casts. Physicians and other qualified health care professionals should use the temporary Q codes (Q4001-Q4051) for reimbursement of casting and splint supplies.

**Applicable HCPCS Codes:** DME/Supplies that can be billed by Physician, Podiatrist, Nurse Practitioner (NP), NP Primary Care Provider (PCP), Physician Assistant (PA), PA Primary Care Provider (PCP), in office setting and/or Urgent Care Center:

DME/Supplies that can be billed by Physician, Podiatrist, NP, NP (PCP), PA, PA (PCP), Urgent Care Center by HCPCS Code:							
A4230	A4231	A4232	A4233	A4234	A4235	A4236	A4244
A4245	A4246	A4247	A4250	A4252	A4253	A4255	A4256
A4257	A4258	A4259	A4261	A4280	A4305	A4306	A4310
A4311	A4312	A4313	A4314	A4315	A4316	A4320	A4321
A4322	A4326	A4327	A4328	A4330	A4331	A4332	A4333
A4334	A4335	A4336	A4338	A4340	A4344	A4346	A4349
A4351	A4352	A4353	A4354	A4355	A4356	A4357	A4358
A4361	A4362	A4363	A4364	A4366	A4367	A4368	A4369
A4371	A4372	A4373	A4375	A4376	A4377	A4378	A4379
A4380	A4381	A4382	A4383	A4384	A4385	A4387	A4388
A4389	A4390	A4391	A4392	A4393	A4394	A4395	A4396

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DME/Supplies that can be billed by Physician, Podiatrist, NP, NP (PCP), PA, PA (PCP), Urgent Care Center by HCPCS Code:							
A4398	A4399	A4400	A4402	A4404	A4405	A4406	A4407
A4408	A4409	A4410	A4411	A4412	A4413	A4414	A4415
A4416	A4417	A4418	A4419	A4420	A4421	A4422	A4423
A4424	A4425	A4426	A4427	A4428	A4429	A4430	A4431
A4432	A4433	A4434	A4450	A4452	A4455	A4456	A4555
A4562	A4563	A4602	A4651	A4652	A4653	A4657	A4670
A4671	A4672	A4673	A4674	A4728	A4772	A5051	A5052
A5053	A5054	A5055	A5056	A5057	A5061	A5062	A5063
A5071	A5072	A5073	A5081	A5082	A5083	A5093	A5102
A5120	A5121	A5122	A5126	A5131	A5200	A5500	A5501
A5503	A5504	A5505	A5506	A5507	A5512	A5513	A5514
A6010	A6011	A6021	A6022	A6023	A6024	A6154	A6196
A6197	A6198	A6199	A6203	A6204	A6205	A6206	A6207
A6208	A6209	A6210	A6211	A6212	A6213	A6214	A6215
A6216	A6217	A6218	A6219	A6220	A6221	A6222	A6223
A6224	A6228	A6229	A6230	A6231	A6232	A6233	A6234
A6235	A6236	A6237	A6238	A6239	A6240	A6241	A6242
A6243	A6244	A6245	A6246	A6247	A6248	A6250	A6251
A6252	A6253	A6254	A6255	A6256	A6257	A6258	A6259
A6260	A6261	A6262	A6266	A6402	A6403	A6404	A6407
A6412	A6441	A6442	A6443	A6444	A6445	A6446	A6447
A6448	A6449	A6450	A6451	A6452	A6453	A6454	A6455
A6456	A6457	A6460	A6461	A6550	A7018	A7020	A9274

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A9275	A9276	A9277	A9278	A9279	A9900	A9901	A9999
E0100	E0105	E0110	E0111	E0112	E0113	E0114	E0116
E0117	E0118	E0130	E0135	E0140	E0141	E0143	E0144
E0147	E0148	E0149	E0247	E0424	E0425	E0430	E0431
E0433	E0434	E0435	E0439	E0440	E0441	E0442	E0443
E0444	E0447	E0467	E0602	E0603	E0604	E0607	E0769
E0781	E0784	E0935**	E0953	E0954	E1353	E1354	E1355
E1356	E1357	E1358	E1372	E1390	E1391	E1392	E1399
E1405	E1406	E1634	E2100	E2101	E2398	K0552	K0553
K0554	K0601	K0602	K0603	K0604	K0605	K0730	K0738
K0739	K0744	K0745	K0746	L0120*	L0130*	L0140*	L0160*
L0172*	L0174*	L0450*	L0455*	L0457*	L0467*	L0469*	L0621*
L0623*	L0625*	L0628*	L0641*	L0642*	L0643*	L0648*	L0649*
L0650*	L0651*	L0980*	L0982*	L0984*	L1812*	L1820*	L1830*
L1833*	L1836*	L1848*	L1850*	L1851*	L1852*	L1902*	L1906*
L1930*	L1971*	L2006	L2035*	L2114*	L2200*	L2270*	L2275*
L2280*	L2820*	L3000*	L3001*	L3002*	L3003*	L3010*	L3020*
L3030*	L3040*	L3050*	L3060*	L3100*	L3170*	L3260*	L3265*
L3460*	L3650*	L3660*	L3670*	L3675*	L3678*	L3710*	L3760*
L3761*	L3762*	L3809*	L3908*	L3912*	L3916*	L3918*	L3924*
L3925*	L3927*	L3930*	L3931*	L3933*	L3935*	L3980*	L3982*
L3984*	L4350*	L4361*	L4370*	L4387*	L4397*	L4398*	L5000*
L7700	L8000	L8001	L8002	L8010	L8015	L8020	L8030

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L8031	L8032	L8033	L8035	L8039	L8501	L8507	L8509
L8511	L8514	L8658	Q4001*	Q4002*	Q4003*	Q4004*	Q4005*
Q4006*	Q4007*	Q4008*	Q4009*	Q4010*	Q4011*	Q4012*	Q4013*
Q4014*	Q4015*	Q4016*	Q4017*	Q4018*	Q4019*	Q4020*	Q4021*
Q4022*	Q4023*	Q4024*	Q4025*	Q4026*	Q4027*	Q4028*	Q4029*
Q4030*	Q4031*	Q4032*	Q4033*	Q4034*	Q4035*	Q4036*	Q4037*
Q4038*	Q4039*	Q4040*	Q4041*	Q4042*	Q4043*	Q4044*	Q4045*
Q4046*	Q4047*	Q4048*	Q4049*	Q4050*	Q4051*	S1040	

\* Please verify the member benefits DME rider for coverage and eligibility.

\*\*Use modifier RR (Rental) when billing HCPCS code E0935. Please refer to our Continuous Passive Motion Devices (CPM) Medical Policy for E0935 Criteria.

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### Off-the-Shelf (OTS) Orthotics:

#### Definitions:

Term	Definition
Off-the-Shelf (OTS) Orthotics	Section 1847(a)(2) of the Social Security Act (the Act) defines OTS orthotics as those orthotics described in section 1861(s)(9) of the Act for which payment would otherwise be made under section 1834(h) of the Act, which require minimal self-adjustment for appropriate use and do not require expertise in trimming, bending, molding, assembling, or customizing to fit to the individual.
“Minimal Self-adjustment”	CMS regulations at 42 CFR 414.402 define the term “minimal self-adjustment” to mean an adjustment that the beneficiary, caretaker for the beneficiary, or supplier of the device can perform and that does not require the services of a certified orthotist (that is, an individual who is certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotist/Prosthetist Certification) or an individual who has specialized training.

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#### Off-the-Shelf (OTS) Orthotics HCPCS Codes:

L0120	L0160	L0172	L0174	L0450	L0455
L0457	L0467	L0469	L0621	L0623	L0625
L0641	L0642	L0628	L0643	L0648	L0649
L0650	L0651	L0980	L0982	L0984	L1812
L1830	L1833	L1836	L1848	L1850	L1902
L1906	L3100	L3170	L3650	L3660	L3670
L3675	L3678	L3710	L3762	L3809	L3908
L3912	L3916	L3918	L3924	L3925	L3927
L3930	L4350	L4361	L4370	L4387	L4397
L4398					

## References:

1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

## Revision History

Company(ies)	DATE	REVISION
EmblemHealth ConnectiCare	3/2022	<ul style="list-style-type: none"> <li>• New policy</li> </ul>