

RB.007.C Durable Medical Equipment (DME) Continuous Rental

Original Implementation Date : 11/01/2015

Version [C] Date : 06/1/2024

Last Reviewed Date: 05/01/2024

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

The intent of this Claim Payment Policy Bulletin is to explain our position on durable medical equipment (DME) rentals and to communicate our list of DME items that are rented on a continuous basis and not subject to a rent-to-purchase cap limit.

- All DME rental items require prior authorization to establish medical necessity.
- The DME items listed in this policy are rented on a continuous basis and are not subject to a rent-to-purchase maximum.

POLICY GUIDELINES

DME is a covered service according to the individual's eligibility and benefit plan. DME may be eligible for reimbursement consideration when ordered by a participating physician, considered a medically necessary treatment, and provided by an eligible participating DME provider.

As determined by us and based on contracts, DME items may be:

- purchased without a rental period.
- rented until the rental cost of the item equals the purchase price.
- always rented on a continuous basis.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	N/A

HCPCS Code	Description
B9000	Enteral nutrition infusion pump - without alarm
B9002	Enteral nutrition infusion pump - with alarm
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Non-powered advanced pressure reducing mattress
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing

E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0468	Home ventilator, dual-function respiratory device, also performs additional function of cough stimulation, includes all accessories, components and supplies for all functions
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
E0604	Breast pump, hospital grade, electric (ac and / or dc), any type
E0619	Apnea monitor, with recording feature
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)
E1353	Regulator (Included with oxygen authorization)
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
E1405	Oxygen and water vapor enriching system with heated delivery

E1406	Oxygen and water vapor enriching system without heated delivery
E2402	Negative pressure wound therapy electrical pump, stationary or portable
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

ICD-10 Codes	Description
N/A	N/A

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member’s benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

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, and appropriate for use in the home.

DEFINITIONS

N/A.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. For Health Partners Plans Medicaid and Health Partners Plans CHIP products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis.

This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2024 Biennial review. The following codes were added: E0433, E0467, E0468 & K0606.	C	6/1/2024
2022 Biennial review. No changes. Reissue version B.	B	05/25/2018
2020 Biennial review. No changes. Reissue version B.	B	05/25/2018
E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface. e.g., nasal, or facial mask (intermittent assist device with continuous positive airway pressure device), aka “BiPap”. <i>No longer eligible</i> for rental on a continuous basis and is now subject to a rent-to-purchase maximum (10 months).	B	05/25/2018
New policy bulletin. **Note that this was originally identified as Policy Bulletin #00-04.		

REFERENCES

- 1) <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>