



Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

Reimbursement Policy ID: RPC.0074.MIM1

Recent review date: 02/2024

Next review date: 12/2025

AmeriHealth Caritas VIP Care Plus reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas VIP Care Plus may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy outlines AmeriHealth Caritas VIP Care Plus guidelines for reimbursement of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) submitted on claim form CMS-1500.

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Exceptions

DMEPOS items dispensed by a hospital or other facility and reported on claim form CMS-1450 are excluded from this policy.

Reimbursement Guidelines

According to the Centers for Medicare and Medicaid Services (CMS), “DME is equipment that:

- a. Can withstand repeated use;
- b. Is primarily and customarily used to serve a medical purpose;
- c. Generally, is not useful to a person in the absence of an illness or injury; and
- d. Is appropriate for use in the home.”

Consistent with CMS and industry standard coding guidelines, AmeriHealth Caritas VIP Care Plus, DMEPOS is eligible for reimbursement when prescribed by a physician or other qualified health care provider for treatment of a covered illness or condition and supported in the medical record.

DMEPOS is categorized by CMS into the following payment classes:

- Inexpensive or other routinely purchased DME
- Items requiring frequent and substantial servicing
- Certain customized items
- Other prosthetic and orthotic devices
- Capped rental items
- Oxygen and oxygen equipment

AmeriHealth Caritas VIP Care Plus considers DMEPOS items and equipment furnished to a member during an inpatient facility stay a component of the facility payment. With the exception of the inpatient admission date and discharge date, AmeriHealth Caritas VIP Care Plus will not consider DMEPOS claims with dates of service overlapping the date span of an inpatient stay eligible for reimbursement. (See RPC.0078.MIM1 Overlapping Services While Inpatient.)

AmeriHealth Caritas VIP Care Plus follows CMS and National Correct Coding (NCCI) guidelines for determination of quantity/limits allowed for DMEPOS items and supplies. For accurate reimbursement, providers must report appropriate modifiers (e.g., NU – New equipment or item, RR – Rented equipment or item, LT/RT to indicate laterality) when submitting DMEPOS claims to AmeriHealth Caritas VIP Care Plus.

Definitions

Durable medical equipment

Durable medical equipment (DME) is any equipment that serves a medical purpose in the case of an illness or injury. It is appropriate for home use and can withstand repeated use as in the case of rented equipment.

Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare and Medicaid Services (CMS) Medicare Claims Processing Manual, Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).
- V. The National Correct Coding Initiative (NCCI).

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VI. CMS Medicare Fee Schedule(s).

Attachments

N/A

Associated Policies

RPC.0026.MIM1 National Correct Coding Initiative (NCCI)

RPC.0078.MIM1 Overlapping Services While Inpatient

Policy History

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| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 04/2024 | Revised preamble |
| 02/2024 | Reimbursement Policy Committee Approval |
| 08/2023 | Removal of policy implemented by AmeriHealth Caritas VIP Care Plus from Policy History section |
| 01/2023 | Template revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section |