



RB. 007.B DME Continuous Rental

Original Implementation Date : 11/01/2015
Version [B] Date: 05/25/2018
Last Reviewed Date: 03/08/2022

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans (JHP) 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 the Health Partners Plans (HPP) 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 HPP benefit plan. DME may be eligible for reimbursement consideration when ordered by a physician, considered a medically necessary treatment, and provided by an eligible DME provider.

As determined by HPP 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 |
| E0434 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing |



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|-------|--|
| 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) |
| 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) |
| 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 by Health Partners Plans (HPP) to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

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 |
|---|---------|--------------|
| 2022 Biennial review. No changes. Reissue version B. | B | 05/25/2018 |
| 2020 Biennial review. No changes. Reissue version B. | B | 05/25/2018 |

| | | |
|---|----------|-------------------|
| <p>E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface.</p> <p>e.g., nasal, or facial mask (intermittent assist device with continuous positive airway pressure device), aka "BiPap".</p> <p><i>No longer eligible</i> for rental on a continuous basis and is now subject to a rent-to-purchase maximum (10 months).</p> | <p>B</p> | <p>05/25/2018</p> |
| <p>New policy bulletin. **Note that this was originally identified as Policy Bulletin #00-04.</p> | | |

REFERENCES

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