



Durable Medical Equipment, Prosthetics, Orthotics, and Supplies – State Health Programs	
Category	Coding Edit
Ankle-foot/knee-ankle-foot orthotics	Orthotic replacements are included in the reimbursement for orthotics
Automatic external defibrillators	External defibrillators are eligible for reimbursement when the member meets coverage criteria and when submitted with the appropriate modifier*
Blood glucose monitoring	Glucose monitors/supplies are reimbursable for diabetics only and when reported with the appropriate modifier (KS or KX)
	Continuous noninvasive glucose monitors are considered experimental/investigational because the safety or efficacy of these devices have not been established by review of the available published literature
	A disposable glucose monitor is a non-covered item
	Only one home blood glucose monitor is reimbursable per 12-month period of time
	A laser skin piercing device or replacement cartridge is reimbursed at the rate for the spring powered lancet and/or lancet replacements
Breast prosthesis	A custom breast prosthesis is reimbursed at the rate of a prefabricated breast prosthesis
Canes and crutches	When an underarm, articulating, spring-assisted crutch is provided, it is reimbursed at the rate of an underarm crutch other than wood
	Only one crutch type is covered per date of service
Cervical traction devices	Cervical traction that is free-standing or attached to a headboard is reimbursed at the rate of overdoor cervical traction
	Free-standing cervical traction is eligible for reimbursement coverage when the requirements have been met and filed with the appropriate modifier.* Otherwise it is reimbursed at the rate for overdoor cervical traction
Commodes	An extra wide/heavy duty commode chair is reimbursable for a member who weighs 300 pounds or more, when reported with the appropriate modifier.* It is otherwise reimbursable at the rate for a regular commode if basic coverage criteria for a commode chair are met
	A commode chair with detachable arms is reimbursable when the clinical criteria are met and when it is reported with the appropriate modifier*
	A pail or pan for use with commode chair is included in the reimbursement for a commode chair
	A seat-lift mechanism is included in the reimbursement for a commode chair with a seat-lift mechanism
Diabetic shoes	Orthopedic shoes and accessories for members with diabetes are reimbursable when reported with codes specific to diabetic footwear
	An insert that is direct formed and molded to a member's foot without an external heat source is a non-covered item

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	Only one pair of therapeutic shoes for members with diabetes is reimbursable per calendar year
	Therapeutic shoe inserts or modifications for members with diabetes are reimbursable up to six units per calendar year
	Diabetic shoe inserts or modifications reported with non-diabetic footwear are not eligible for reimbursement
Enteral nutrition	Enteral feeding supply kits are reimbursable once per day
	Additives for enteral formula are included in the reimbursement for enteral formulas
	Components of a more complete kit are included in the reimbursement for the kit
	Nasogastric tubes are reimbursable once a month
External infusion pumps	Supplies for maintaining a drug infusion catheter are not eligible for reimbursement in the same month as a drug infusion kit
	Components of a more complete kit are included in the reimbursement for the kit
	IV poles are included in the reimbursement of ambulatory infusion pumps
	Replacement batteries for an infusion pump are included in the monthly rental reimbursement of an infusion pump
Eye prosthesis	An eye prosthesis is eligible for replacement once the useful lifetime of the prosthesis is reached (typically five years)
Hospital headboards and accessories	Hospital bed rental is reimbursable once per month
	Hospital bed rails are included in the reimbursement for hospital beds with bed rails
	Hospital bed rails and mattresses are included in the reimbursement for hospital beds with bed rails and mattresses in their description
Lower limb prosthesis	A below-knee suction socket or suction suspension for an above-knee or knee disarticulation socket is not separately reimbursed with a knee suspension locking mechanism
	A custom fabricated socket insert is not eligible for reimbursement when reported with a replacement prosthesis or addition
	Lower extremity diagnostic test sockets are included in reimbursement for immediate prosthesis
	A maximum of two test (diagnostic) sockets for an individual prosthesis is considered for reimbursement.
	Special features for lower limb prosthesis (such as multiaxial ankle/foot, flexfoot system, high activity knee) is considered for reimbursement based on the member's functional level
	Special features/additions added at the time of provision of the preparatory prosthesis are not separately reimbursed
	Replacement prosthesis components are not reimbursable when reported with a prosthesis
Manual and power wheelchair accessories	Manual wheelchair accessories are appropriately reported when used with manual wheelchairs
	Power wheelchair accessories are appropriately reported when used with power wheelchairs

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	The following power wheelchair accessories are non-covered items: power seat elevation system and power standing system
Modifiers	Prosthetics and orthotics that can be reported bilaterally require an RT (right) and/or LT (left) modifier
	Lower limb prostheses require a valid and appropriate functional modifier (K0-K4)
	A prosthesis is reimbursable when there is expectation that the amputee reaches or maintains a defined functional state within a reasonable time frame and when reported with the appropriate modifier
	Capped rental modifiers are restricted to usage with items listed as capped rental equipment by the Centers for Medicare and Medicaid Services (CMS)
	Items requiring an order prior to delivery (pressure reducing surfaces, power operated vehicles, seat lift mechanisms, or TENS units) are reimbursable when a written order is on file prior to delivery. In this case, report the code with modifier EY
	For DMEPOS providers, adhesive tape requires an appropriate modifier (AU, AV, AW or AX.). Adhesive tape is not reimbursable in an office setting
Nebulizers	Disposable large volume nebulizers are non-covered items
	Controlled inhalation medication delivery system is eligible for reimbursement when reported with the appropriate medication
	A pharmacy supply fee is reimbursable when reported with the appropriate medications
	A 90-day dispensing fee is reimbursable once per 90 days
	A 30-day pharmacy dispensing fee is not reimbursable when reported in the same time period as a 90-day pharmacy dispensing fee
	A 90-day pharmacy dispensing fee is not reimbursable when reported in the same time period as a 30-day pharmacy dispensing fee
	A 30-day pharmacy dispensing fee for inhalation medication(s) is reimbursable once per month
	Corrugated tubing for use with a large volume nebulizer is reimbursable once per two months
	An immersion heater for a nebulizer or durable bottle type nebulizer is reimbursable once per three years
	A non-disposable administration set used with a small volume nebulizer reimbursable once every six months
	The non-disposable administration set is reimbursable once every three months if used with a controlled dose inhalation delivery system
	A battery powered compressor is a non-covered item
	Atropine, administered by nebulizer, is reimbursable up to 558 units every three months
	Bitolterol, administered by nebulizer, is reimbursable up to 1302 units every three months
	Glycopyrrolate, administered by nebulizer, is reimbursable up to 225 units every three months
	Isoetharine HCL, administered by nebulizer, is reimbursable up to 2790 units every three months

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	Metaproteranol sulfate, administered by nebulizer, is reimbursable up to 740 units every three months
	Terbutaline sulfate, administered by nebulizer, is reimbursable up to 558 units every three months
	Isoproterenol HCL, administered by nebulizer, is reimbursable up to 1350 units every three months
Non-contact normothermic wound warming devices	The non-contact wound warming device and accessories are not eligible for reimbursement as they are not considered safe nor effective
Orthopedic footwear	Orthopedic footwear and the associated inserts or modifications are eligible for reimbursement when the member meets coverage criteria and when submitted with the appropriate modifier*
	Custom-molded prosthetic shoes are not reimbursable when reported with partial foot prosthesis or other lower extremity prosthesis
Osteogenesis stimulators	Only one type of osteogenesis (bone) stimulator is reimbursable for covered fractures
Ostomy supplies	Components of a more complete kit are included in the reimbursement for the kit
	Options and accessories that are part of a more complete ostomy product are included in the reimbursement for the ostomy appliance
Oxygen and oxygen equipment	Only one oxygen stationary system rental is reimbursable per month for those who qualify for coverage
	Portable oxygen rental is reimbursable once per month
	Frequently serviced items, such as oxygen systems, are reimbursable as a rental only
	Accessories and supplies that are used to administer oxygen are included in the monthly oxygen rental reimbursement
	Oxygen contents reimbursement is included in the reimbursement for monthly rental of a stationary oxygen system
	Oxygen modifiers QE, QF and QG are recognized only when submitted with stationary oxygen rentals
	Oximeters and replacement probes are not covered because they do not meet the definition of DME
	Oxygen is included in monthly oxygen system rental
Parenteral nutrition	Parental nutrition administration pumps are reimbursable once per month
	Homemix nutrient and component solutions are included in the reimbursement for the complete premix solution
	Parenteral nutrients solution is reimbursable at one unit per day
	One supply kit and one administration kit are reimbursable for each day that parenteral nutrition is administered
	Use of an IV pole and parenteral nutrition pump in an outpatient setting is included in the reimbursement for the underlying nutrition service

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Patient lifts	An electric patient lift with seat and a multi-positional patient support system with integrated lift are non-covered items
	Patient lifts for the toilet and patient lifts that are free moving or fixed are non-covered items
	A sling is included in the reimbursement for a patient lift
Pneumatic compression devices	A segmental pneumatic appliance is eligible for reimbursement when reported with a segmental pneumatic compressor
	A non-segmental pneumatic compression appliance or segmental gradient pressure pneumatic appliance is eligible for reimbursement when reported with a non-segmental pneumatic compressor
	Only one type of pneumatic compressor (lymphedema pump) is eligible for reimbursement in the same month
Pressure reducing support surfaces	Alternating pressure pad and pressure pad alternating pump replacement are included in the reimbursement for an alternating pressure pad with pump
Prosthetic repair and replacement	Labor is included in the reimbursement for the replacement prosthesis and components
	Labor for prosthetic repair is included in the reimbursement for the prosthesis when it is reported within 90 days of a prosthesis
Rentals	Rental durable medical equipment (DME) is considered for reimbursement once per month
	Maintenance and servicing, as identified by modifier MS, is eligible for reimbursement after seven months has elapsed since the last rental payment and only at a frequency of once every six months
Repair	Repair of DME is included in the initial provision of DME
Replacement	DME is eligible for replacement after its useful lifetime has been reached (typically a period of 5 years)
Transcutaneous electrical nerver stimulations (TENS)	The TENS supply allowance includes electrodes, conductive paste or gel, tape or other adhesive, adhesive remover, skin preparation materials, batteries, and a battery charger in the monthly supply fee
Urological supplies	Urinary catheter insertion trays are considered for reimbursement at the frequency of two per calendar month. An additional two foley catheters are considered for reimbursement in the same month
	Bedside drainage bags for catheter maintenance are considered for reimbursement up to 6 units in a 3 month period
	Adhesive tape used with ostomy or urological supplies are eligible for reimbursement up to 40 units per month
	A percutaneous catheter anchoring device when reported with an indwelling urethral catheter is reimbursable at the rate of an adhesive catheter anchoring device
	Sterile intermittent catheters are reimbursable up to 600 times within 90 days
Walkers	When an enclosed walker with rear seat is provided it is reimbursed at the rate of a standard walker

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	Walker wheel attachments reported within the same month as a nonwhelled walker are not eligible for reimbursement
Wheelchair options and accessories	Options and accessories that are part of a wheelchair or wheelchair option are included in the reimbursement for the wheelchair or wheelchair option

\*Use modifier KX when the coverage criteria as defined by the Durable Medical Equipment Regional Administrative Contractor (DME RAC) has been documented in the medical record.

All claims submissions remain subject to Health Net's prior authorization requirements.

Health Net does not require documentation at the time of claim submission. In the event the claim is audited, documentation may be required.

**Supporting Sources:**

- DME MAC
- HCPCS Level II
- Medicare National Coverage Determinations Manual (NCD)