Durable Medical Equipment Orthotics and Prosthetics Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.
This reimbursement policy applies to services reported using the either the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or the electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-**network** authorized and percent of charge contract physicians and other qualified health care professionals.

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Policy

Overview

This policy describes how UnitedHealthcare Community Plan reimburses for the rental and/or purchase of certain items of Durable Medical Equipment (DME), Prosthetics and Orthotics. The provisions of this policy apply to the Same Specialty Physicians and Other Qualified Health Care Professionals, which includes DME, Prosthetic and Orthotic vendors, renting or selling DME, Prosthetics or Orthotics.

Reimbursement Guidelines

Rental or Purchase Modifiers

Some DME items are eligible for rental as well as for purchase. The codes representing these items are listed in Modifier Required Code List in the "Attachments" section below and must be reported with the appropriate rental or purchase modifier in order to be considered for reimbursement.

Some DME items are eligible for rental only and must be reported with an appropriate rental modifier.

DME Items Eligible for Rental Only

E0424	E0431	E0433	E0434	E0439	E1392	K0738

Rental guidelines are explained further in the sections titled "Monthly Rental" and "Daily Rental".

Rental Modifiers (Medicaid)**
The vendor must specify monthly rental of equipment using one or more of the following modifiers:

- KH
- KI
- KR Partial month
- LL (use the LL modifier when DME equipment rental is to be applied against the purchase price).
- RR

Purchase Modifiers (Medicaid)**
The following modifiers indicate that an item has been purchased:

- KM
- KN
- NR (use the NR modifier when DME which was new at the time of rental is subsequently purchased)
- NU
- UE

Other Allowable DME Modifiers

- MS Six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty.

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Monthly Rental

Monthly Rental

Monthly rental of DME, Orthotics, or Prosthetics identified by the applicable code with a rental modifier RR and/or modifiers KH, KI, KJ, KR, LL appended will be reimbursed once per Calendar Month to the Same Specialty Physician or Other Qualified Health Care Professional. A Calendar Month is the period of duration from a day of one month to the corresponding day of the next month (please see Definitions) and is determined based on the "From" date reported on the claim. If a code is submitted with modifier RR and/or modifiers KH, KI, KJ, KR, LL with units greater than 1, or multiple times during the same Calendar Month, UnitedHealthcare Community Plan will only reimburse one monthly rate per Calendar Month to the Same Specialty Physician or Other Qualified Health Care Professional except where noted below.

Modifiers RT and LT

An additional rental rate will be allowed in the same Calendar Month for codes with a rental modifier when both modifiers RT and LT are submitted for the same HCPCS code on separate lines. Modifiers RT and LT may be used to report an item for the right or left side of the body and convey that multiples of that item are being utilized.

Second Ventilator

It may be necessary for a patient to rent two ventilators in the same month. Examples of situations where a second ventilator may be necessary include:

- A patient requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., a positive pressure ventilator with a nasal mask) during the rest of the day.
- A patient who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for use while in bed. Without both pieces of equipment, the patient may be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, or may not be able to use the medical equipment effectively.

One additional rental rate will be allowed in the same Calendar Month for a second ventilator reported with a rental modifier plus modifier KX (Requirements specified in the medical policy have been met), appended to HCPCS codes E0465, E0466, OR E0467.

Codes with Extension/Flexion, Supination/Pronation, or Each in the Description

Up to two rental rates will be allowed in the same Calendar Month for codes with "extension/flexion," "supination/pronation" or "each" in the description. These codes describe services where multiple devices may be reported. If these codes are reported with modifiers RT and LT and multiple units, UnitedHealthcare Community Plan will consider for separate reimbursement up to two units for each side for a total of up to four rental rates in the same Calendar Month.
For additional information, refer to the "Questions and Answers" section, Q&A #4.

Codes with Each in Description

E0111	E0113	E0116	E0117	E0153	E0154	E0157	E0159	E0175
E0743	E0951	E0952	E0953	E0954	E0956	E0957	E0959	E0961
E0967	E0971	E0973	E0974	E0990	E0994	E0995	E1015	E1016
E1017	E1018	E2205	E2206	E2207	E2209	E2211	E2212	E2213
E2214	E2215	E2216	E2217	E2218	E2219	E2220	E2221	E2222
E2224	E2225	E2226	E2227	E2228	E2358	E2359	E2361	E2363
E2365	E2371	E2381	E2382	E2384	E2385	E2386	E2387	E2388
E2389	E2390	E2391	E2392	E2394	E2395	E2396	E2619	K0015
K0017	K0018	K0019	K0037	K0038	K0039	K0040	K0041	K0042
K0043	K0044	K0045	K0046	K0047	K0051	K0052	K0053	K0065
K0069	K0070	K0071	K0072	K0073	K0077	K0605	K0672	K0733

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Codes with Flexion, Extension, Pronation or Supination in Description

E1800	E1801	E1802	E1803	E1804	E1805	E1806	E1807	E1808
E1810	E1811	E1812	E1813	E1814	E1815	E1816	E1818	E1820
E1822	E1823	E1825	E1826	E1827	E1828	E1829	E1830	E1831
E1832	E1840	L0635	L0636	L1681	L1843	L1844	L1845	L1846
L1851	L1852	L2425	L2622	L2624	L3730	L3900	L3901	L3912
L3925	L3927	L5827	L5845	L5848	L5850	L5859	L5961	L5973
L6035	L6036	L6620	L6621	L6624	L6645	L6646		

Reporting Monthly Rental

Monthly rental of DME, Orthotics, or Prosthetics should be reported on a 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form according to the National Uniform Billing Committee (NUBC) and the National Uniform Claim Committee (NUCC) guidelines.

The appropriate HCPCS code and rental modifier are submitted with one unit for each Calendar Month time span. The rental initiation date is entered in the "From" field, and the end date in the "To" field.

In the following example, the rental for HCPCS code E1130 is initiated on 1/10/2023, and the item is rented for 3 months. The claim should be submitted as follows:

Code	Modifier	Units	From Date	To Date
E1130	RR	1	1/10	2/9
E1130	RR	1	2/10	3/9
E1130	RR	1	3/10	4/9

E1130-RR reported with 3 units, a From Date of 1/10 and a To Date of 4/9 on one line will result in reimbursement of only 1 unit.

Daily Rental

UnitedHealthcare Community Plan will allow a daily rental for the following items to the Same Specialty Physician or Other Qualified Health Care Professional.

HCPCS code E0935 is reimbursed daily consistent with CMS guidelines.

Other devices will be allowed in accordance with CMS, Pricing, Data, Analysis and Coding (PDAC) or state requirements.

Rental to Purchase

Rental fees from a single vendor are payable up to the lesser of either the purchase price of an item or a maximum number of rental months (not to exceed 13 months). The maximum number of rental months for comparison to the purchase price varies according to the vendor's contract. Once the Rent-to-Purchase maximum (or Rental Cap) specified in the contract is reached, the item is considered purchased and is not reimbursable. Daily rental items may also be subject to rental limits, depending on the vendor's contract. These rental limits do not apply to oxygen equipment or to ventilators.

The vendor is responsible for complying with all the terms of their contract with UnitedHealthcare Community Plan, including the provision that requires the vendor to stop billing for rental of items when the maximum rental amount for those items specified in their contract has been reached.

Identification of whether the equipment was rented or purchased must be documented by the use of the applicable modifier referenced in the "Rental or Purchase Modifiers" section above.

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Maintenance and Service Fees

The UnitedHealthcare Community Plan allows for reimbursement of maintenance and service once every six months to the Same Specialty Physician or Other Qualified Health Care Professional. The appropriate HCPCS code appended with modifier MS is required to identify such services. The Maintenance and Service modifier (MS) must be reported on a separate line in order to be considered for separate reimbursement from the rental or purchase of the equipment.

Maintenance and Service includes the following:

- Regular routine maintenance and performance checks as required to maintain the warranty or performance standards
- Re-education
- Compliance with alerts and recalls
- Necessary supplies in accordance with the applicable agreement
- Back-up equipment
- Emergency availability and replacement equipment when out-of-service for repair

For the purposes of this policy, maintenance and servicing does not apply to Orthotics or Prosthetics.

HCPCS Codes A9900, A9901 and L9900

Delivery, set-up and supplies are included in the payment rates associated with a DME, Orthotic, or Prosthetic item. They are not reimbursable services when submitted alone or with another service.

Therefore, UnitedHealthcare Community Plan will not separately reimburse the following codes:

A9900	A9901	L9900

Place of Service

DME Suppliers

Consistent with CMS guidelines, reimbursement of certain DME items is limited to a place of service (POS) that qualifies as the patient's home. The following POS codes would qualify as the patient's home: 01, 04, 09, 12, 13, 14, 16, 31, 32, 33, 54, 55, 56, and 65.

DME suppliers should report the POS code where the device is intended to be used. DME dispensed for use in a POS other than the patient's home are not reimbursable.

Refer to the UnitedHealthcare Community Plan "Supply" policy for additional information pertaining to place of service 31 or 32.

Devices Not Intended for Home Use

There are specific DME items or implantable devices that are not suitable for dispensing or using in the home setting and are therefore not reimbursed with a home POS.

Initial Purchase and/or Rental

CMS guidelines indicate when DME items are purchased or rented; there are certain supplies that are included in the initial purchase or during the rental period.

For example, upon initial issue of a walker (E0141), if brakes are being provided at the same time, the charges for these are included in the reimbursement for the walker and may not be billed separately.

State Exceptions

Arizona

- Arizona has a separately designated code list
- Arizona Medicaid is exempt from monthly rental limit due to State requirements

DME Policy Arizona Modifier List

LL	NR	NU	RA	RB	RR

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<table>
<tr><td>Florida</td><td>

Florida Medicaid rent-to-purchase equipment total reimbursement may not exceed a total of ten (10) monthly claims
Code A9900 is separately reimbursable
Reimburses the following codes at a daily rate when billed with modifier RR:
E0618, E0619, E0781, E0791, E0202
Per fee schedule, the following Rental Only codes are exempt from the Rental to Purchase price:

<table>
<tr><td>B9002</td><td>B9004</td><td>E0202</td><td>E0441</td><td>E0442</td><td>E0443</td><td>E0444</td></tr>
<tr><td>E0445</td><td>E0457</td><td>E0465</td><td>E0466</td><td>E0470</td><td>E0471</td><td>E0472</td></tr>
<tr><td>E0500</td><td>E0550</td><td>E0560</td><td>E0561</td><td>E0562</td><td>E0565</td><td>E0572</td></tr>
<tr><td>E0574</td><td>E0601</td><td>E0604</td><td>E0618</td><td>E0619</td><td>E0747</td><td>E0779</td></tr>
<tr><td>E0780</td><td>E0781</td><td>E0791</td><td>E0935</td><td>E1390</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Indiana</td><td>Per Indiana Medicaid Requirements:

Procedure Code A5120 does not require modifiers to be reimbursed

</td></tr>
<tr><td>Kansas</td><td>Per Kansas Medicaid Requirements:

Exempt from monthly rental limit except for E0561RR and E0562RR which are limited to ten (10) months.
Allows an RR modifier for 1 month rental (when appropriate) on the following hearing aid codes:

<table>
<tr><td>V5030</td><td>V5040</td><td>V5050</td><td>V5060</td><td>V5120</td><td>V5130</td><td>V5140</td><td>V5160</td><td>V5242</td><td>V5243</td></tr>
<tr><td>V5244</td><td>V5245</td><td>V5246</td><td>V5247</td><td>V5248</td><td>V5249</td><td>V5250</td><td>V5251</td><td>V5252</td><td>V5253</td></tr>
<tr><td>V5254</td><td>V5255</td><td>V5256</td><td>V5257</td><td>V5258</td><td>V5259</td><td>V5260</td><td>V5261</td><td>V5264</td><td>V5266</td></tr>
</table>

Allows code E0202 to be billed as daily rental
Allows ventilators to be reimbursed at a daily rate
Uses a customized, state identified DME Modifier Required list
90480, 90677, 91304 and 91322 have no POS restrictions when billed by a DME specialty
90684 allows all POS when billed by a DME specialty except for POS 21, 24, 41 and 81

M0201 is allowed in a POS 27 when billed by a DME specialty</td></tr>
<tr><td>Kentucky</td><td>

The State of Kentucky covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached
HCPCS Code E1028 is only allowed with RR modifier

</td></tr>
<tr><td>Louisiana</td><td>

Louisiana is excluded from this policy

</td></tr>
<tr><td>Massachusetts</td><td>

Massachusetts Medicaid is exempt from monthly rental limit due to state requirements

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<tr><td>Michigan</td><td>

The State of Michigan covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached

</td></tr>
<tr><td>Mississippi</td><td>

The Division of Medicaid (MS CAN) covers rental of equipment up to ten (10) months, or up to the purchase price, whichever is less
Per state regulation MSCAN allows daily rental for code E0202 when billed with modifier RR or KR
HCPCS code A4253 is only allowed with SC modifier

</td></tr>
<tr><td>Missouri</td><td>

Missouri Medicaid is exempt from monthly rental limit due to state requirements

Per Missouri state regulations:

Missouri Medicaid allows modifier TW (back-up equipment) with HCPCS code E0465
Missouri Medicaid does not allow modifier TW (back-up equipment) with HCPCS code E0466
Missouri Medicaid does not allow modifier KX (requirements specified in the medical policy have been met) with HCPCS codes E0465 and E0466

</td></tr>
</table>

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- Missouri Medicaid does not allow modifier MS
- Missouri Medicaid does not allow modifier RB with any rental modifier as repair is covered if the equipment is not being rented. Missouri uses a customized DME Repair Code list which can be found in the Attachment Section
- Missouri Medicaid uses a customized list of DME codes that require a purchase (NU), rental (RR), or repair (RB) modifier for reimbursement

Missouri Medicaid has a state specific list of codes that are allowed as purchase or rental only and require a purchase (NU) or rental (RR) modifier for reimbursement.

MO Medicaid DME Purchase or Rental Codes

A6000	B9002	E0117	E0130	E0135	E0141	E0143	E0147	E0148	E0153
E0154	E0157	E0160	E0161	E0162	E0163	E0165	E0171	E0175	E0185
E0194	E0197	E0200	E0202	E0205	E0210	E0215	E0225	E0231	E0232
E0235	E0236	E0239	E0241	E0242	E0243	E0244	E0245	E0246	E0249
E0256	E0261	E0270	E0271	E0272	E0273	E0277	E0280	E0291	E0292
E0293	E0294	E0295	E0301	E0302	E0303	E0304	E0305	E0310	E0315
E0350	E0371	E0372	E0373	E0480	E0484	E0555	E0560	E0605	E0607
E0617	E0635	E0650	E0651	E0655	E0660	E0665	E0666	E0700	E0710
E0744	E0745	E0747	E0748	E0760	E0764	E0769	E0776	E0781	E0784
E0830	E0840	E0860	E0870	E0880	E0890	E0900	E0911	E0912	E0920
E0930	E0935	E0941	E0942	E0944	E0945	E0946	E0947	E0948	E1035
E1300	E1353	E1372	E2000	E2100	E8000	E8001	E8002	K0455	K0606
K0730									

Missouri Medicaid has a state specific list of codes that are allowed as purchase, rental, or repair only and require a purchase (NU), rental (RR) or repair (RB) modifier for reimbursement.

MO Medicaid DME Purchase, Rental or Repair Codes

A9270	A9999	E0140	E0149	E0168	E0181	E0182	E0240	E0250	E0251
E0255	E0260	E0265	E0290	E0300	E0328	E0329	E0445	E0482	E0500
E0550	E0570	E0572	E0575	E0585	E0600	E0630	E0770	E0910	E0940
E0958	E0959	E0966	E0968	E0973	E0988	E1012	E1030	E1031	E1037
E1038	E1161	E1229	E1236	E1239	E1399	E1902	E2402	E2500	E2502
E2504	E2506	E2508	E2510	E2511	E2512	E2599	K0005	K0108	K0800
K0801	K0802	K0806	K0807	K0808	K0813	K0814	K0815	K0816	K0820
K0821	K0822	K0823	K0824	K0825	K0826	K0827	K0828	K0829	K0835
K0836	K0837	K0838	K0839	K0840	K0841	K0842	K0843	K0848	K0849
K0850	K0851	K0852	K0853	K0854	K0855	K0856	K0857	K0858	K0859
K0860	K0861	K0862	K0863	K0864	T2029				

Missouri Medicaid has a state specific list of codes that are allowed as rental only and require a rental (RR) modifier for reimbursement.

MO Medicaid DME Rental Codes

B9004	B9006	E0424	E0431	E0434	E0439	E0465	E0466	E0483	E0565
E0602	E0603	E0619	E0779	E0780	E0849	E0850	E1390	K0195	K0738
S9001									

Missouri Medicaid has a state specific list of codes that are allowed as rental or repair only and require a rental (RR) or repair (RB) modifier for reimbursement.

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	MO Medicaid DME Rental or Repair Codes E0470, E0471, E0601, K0001, K0002, K0003, K0004, K0006, K0007
Nebraska	• Nebraska allows multiple units to be reimbursed as a daily rental when the KR modifier is billed with a specific list of codes. The codes that are included can be found on the Nebraska KR List in the "Attachments" section • NE allows A9900 to be billed as a supply kit with Breast Pumps and Apnea Monitors. The state of NE does not cover a purchase of HCPCS code E0604 • There is a 12 month rental cap for this code. Purchase is not allowed; therefore, claim should not deny for purchase price • Nebraska allows claims billed with the RB modifier for reimbursement if they are on the NE Medicaid fee schedule A4604 & A8000 do not require a rental or purchase modifier for reimbursement
New Mexico	• DME is limited to a periodicity schedule and must be medically necessary. Disposable medical supplies are limited to diabetic and contraceptive supplies. Foot Orthotics, including shoes and arch supports, are covered only when an integral part of a leg brace, or are diabetic shoes.
New Jersey	• The state of New Jersey covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached • The state of New Jersey allows code E0603 for purchase only and will need to include modifier NU. E0603 hands free model must include the SC modifier CPT Codes E0431, E1390, and/or E1392 being billed in the same month should only allow one code per month. The sum of all three devices (E0431, E1390, and/or E1392) should be no greater than one per member per month.
New York	• The state of New York covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached New York Medicaid has a state specific list of codes that are allowed as purchase or rental **NY Medicaid DME Purchase or Rental Codes** B9002, B9004, B9006, E0184, E0186, E0187, E0193, E0196, E0251, E0256 E0261, E0266, E0271, E0272, E0274, E0277, E0301, E0302, E0305, E0310 E0316, E0328, E0371, E0372, E0445, E0470, E0480, E0550, E0561, E0562 E0565, E0601, E0637, E0638, E0641, E0776, E0781, E0791, E0849, E0855 E0910, E0911, E0912, E0940, E0946, E0990, E1014, E1226, E2402, E2500 E2502, E2504, E2506, E2508, K0001, K0002, K0003, K0004, K0006
North Carolina	• Maintenance (modifier MS) is not covered. • POS should only be home, POS 01, 04, 12, 13 allowed • Capped Rental or Purchased Equipment. These items are rented or purchased as follows: 1. The item is rented if the physician, physician assistant, or nurse practitioner documents that the anticipated need is six months or less. The item may be rented or purchased if the physician, physician assistant, or nurse practitioner documents that the anticipated need exceeds six months. Once rental is initiated on an item, a subsequent request for prior approval of purchase of that item will be denied. The item becomes the property of the beneficiary when the accrued rental payments reach NC Medicaid (Medicaid) or NC Health Choice's (NCHC) allowable purchase price.
Ohio	• Ohio does not require modifiers on all codes in the policy • Ohio has a separately designated code list • Ohio rental of equipment up to a maximum period of ten (10) months or until purchase price is reached

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Pennsylvania	• Pennsylvania Medicaid is exempt from monthly rental limit due to state requirements
Tennessee	• The state of Tennessee covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached • TN law requires TennCare's MCOs to provide coverage and reimbursement for (1) repairs provided by authorized complex rehabilitation technology equipment suppliers and (2) coverage and reimbursement annually for at least one preventative maintenance visit provided by an authorized complex rehabilitation technology equipment supplier including reimbursement for services rendered during the preventative maintenance visit (e.g. repairs). • TennCare requires that providers use the *base wheelchair code + MS modifier* for informational purposes only (no payment); and UPRV will apply the *base wheelchair code + MS modifier* to all three CRT visit types (preventative maintenance; repair; and combined maintenance and preventative repair) for data tracking purposes**.**
Texas	• The state of Texas covers rental of equipment up to a maximum period of ten (10) months or until purchase price is reached Texas Medicaid allows: • A4253 - 2 units per month for insulin dependent diabetics and 1 unit per month for noninsulin dependent diabetics • A4253 and A9275 - A combined total of 2 units per month for insulin dependent diabetics and a combined total of 1 unit per month for noninsulin dependent diabetics • E0956 - Billed for purchase only • E0471 is a monthly rental with no purchase price and no limit on rental months • Codes E0465, E0466, E0467 are excluded from requiring a modifier for the secondary ventilator.
Virginia	Virginia is exempt from the monthly rental unit limit due to State requirements. Virginia reimburses in daily rather than monthly units
Washington	• Washington (WA) Medicaid requires modifier U2 instead of KX to be billed on HCPC codes E0465 or E0466 for a second ventilator • WA Medicaid allows POS 99 to be billed by DME Providers for Durable Medical Equipment & Non-Medical Equipment services • E0600 RR or TW is deemed purchased after 12 month of rental
Washington DC	Washington DC Medicaid regulations: • Rental max is 6 months • E0936 is not covered
Wisconsin	Wisconsin Medicaid state regulations: • Monthly rental unit limits do not apply. Daily unit limits are allowed rather than monthly units • HCPCS code L8614 is allowable in the following POS 22, 23, 24 • WI Medicaid is exempt from certain DME items limited to a place of service (POS) that qualifies as the patient's home requirements • Modifier 50 is not allowed with procedure codes A6504-A6508, A6530-A6538, A6545, A6549, S8420-S8429. Modifiers LT and RT must be billed to identify laterality when these codes are billed

Definitions	
Calendar Month	The DME policy defines Calendar Month as the period from a day of one month to the corresponding day of the next month

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Durable Medical Equipment	Medical equipment which: • Can withstand repeated use • Is not disposable • Is used to serve a medical purpose • Is generally not useful to a person in the absence of sickness or injury • Is appropriate for use in the home
Orthotic	An external appliance such as a brace or splint that prevents or assists movement of the spine or limbs. A brace is used for the purpose of supporting a weak or deformed body part of a Customer or restricting or eliminating motion in a diseased or injured part of the body.
Prosthetic	A device that replaces all or part of an external body organ or all or part of the function of a permanently inoperative or malfunctioning external body organ.
Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.

Questions and Answers	
1	**Q:** Why is a rental month defined as a Calendar Month when months vary as to their number of days? **A:** The rationale for reimbursing rental once per Calendar Month rather than once per 30 day period is due to the fact that some months are less or greater than 30 days. Vendor billing trends indicate that rentals are reported on a cycle billing method; i.e., item dispensed on 1/9/23 and rented for 3 continuous months. Resulting bills will be submitted with 1/9/23 and 2/9/23 and 3/9/23 dates of service.
2	**Q:** How should monthly rental of DME items be reported? **A:** According to the National Uniform Billing Committee (NUBC) and the National Uniform Claim Committee (NUCC), monthly rental of an item should be reported on a single claim line with one unit and a single Calendar Month date span—that is, for one month, enter the rental initiation date in the From field and the end date of that month's rental in the To field. Rental charges for multiple months should not be reported on the same line. If two claims are submitted that show From dates in the same month for the same item from the Same Specialty Physician or Other Qualified Health Care Professional, only one claim will be allowed and the second claim for the same month will not be covered. See the policy section titled Reporting Monthly Rental for an example of how to report more than one month's rental for the same item. Note that each line in the example has a From date in a different month.
3	**Q:** Why does UnitedHealthcare Community Plan pay a full Calendar Month rental rate when modifier KR is used, which indicates the item is only rented for a partial Calendar Month? **A:** Regardless of whether the item is used for a full Calendar Month or only a few days within a Calendar Month, UnitedHealthcare's Community Plan contracted rental rates will be allowed once per Calendar Month to the same vendor. For example, E0202 is reported with modifier KR and 7 units to indicate the number of days it was used in a Calendar Month. Regardless of the number of days it is used within that Calendar Month, UnitedHealthcare Community Plan pays a single monthly rate to the same vendor and does not prorate the services to allow a daily rate. This is consistent with the terms of our participating agreements. The exceptions to the above are the items listed in the section titled "Daily Rental".
4	**Q:** How should a vendor report a device that has been provided for extension and flexion on both sides of the body, e.g., code E1800? **A:** Because two devices were used on both sides of the body, it is appropriate to report this as E1800-RR-RT with two units for the right side, and E1800-RR-LT with two units for the left side.

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5	**Q:** Are repair codes K0462, K0739 or K0740 reimbursed during the rental period for Durable Medical Equipment? **A:** Repair of DME items is included in the rental payment and not separately reimbursed. Repair may be allowed for DME items that are purchased (patient-owned).

Attachments	
Medicaid DME Policy Modifier Required Code List	List of codes requiring a Rental or Purchase modifier for Medicaid.
DME Policy Arizona Modifier Required Code List	Arizona Specific list of codes requiring a Rental or Purchase modifier.
MO Medicaid DME Repair Code List	Missouri Medicaid list of codes that are not allowed if both modifier RB and any rental modifier in any position are appended to a code on the Missouri Medicaid DME Repair Code list.
MO Medicaid DME Purchase Code List	Missouri Medicaid list of codes that are allowed as purchase only and require a purchase (NU) modifier for reimbursement.
MO Medicaid DME Purchase or Repair Code List	Missouri Medicaid list of codes that are allowed as purchase or repair only and require a purchase (NU) or repair (RB) modifier for reimbursement.
Nebraska NU Modifier Bypass List	Nebraska Specific list of codes that does not require NU modifier
DME Policy Nebraska KR Modifier List	List of codes that are allowed with KR modifier to denote partial month rental for Nebraska.

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Ohio DME Modifier Bypass List	Ohio Specific list of codes that do not require a modifier.

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®) Professional Edition* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Noridian Healthcare Solutions, CMS DME MAC Contractor Local Coverage Determinations (LCD)

CGS Administrators, CMS DME MAC Contractor Local Coverage Determinations (LCD)

History

8/16/2026	Policy Version Change State Exception section: Texas updated Attachment Section: Nebraska NU Modifier Bypass list added History Section: Entries prior to 8/16/2024 archived
7/12/2026	Policy Version Change State Exception section: Ohio updated History Section: Entries prior to 7/12/2024 archived
6/21/2026	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code list updated History Section: Entries prior to 6/21/2024 archived
5/17/2026	Policy Version Change State Exceptions Section: Kentucky updated History Section: Entries prior to 5/17/2024 archived
5/10/2026	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code list updated History Section: Entries prior to 5/10/2024 archived
4/19/2026	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code list updated History Section: Entries prior to 4/19/2024 archived
3/15/2026	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code list updated History Section: Entries prior to 3/15/2024 archived
3/1/2026	Annual Anniversary Date and Version Change Policy: Codes with Flexion, Extension, Pronation or Supination in Description List Updated History Section: Entries prior to 3/1/2024 archived
1/18/2026	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code List updated

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	History Section: Entries prior to 1/18/2024 archived
12/7/2025	Policy Version Change State Exceptions Section: Indiana added History Section: Entries prior to 12/7/2023 archived
10/12/2025	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code List updated History Section: Entries prior to 10/12/2023 archived
10/8/2025	Policy Version Change State Exceptions Section: Tennessee updated Attachment Section: Removed Tennessee Modifier MS Require Code List History Section: Entries prior to 10/8/2023 archived
9/14/2025	Policy Version Change Policy: Updated Codes with Flexion, Extension, Pronation or Supination in Description List Updated.
7/30/2025	Policy Version Change Attachment Section: Medicaid DME Policy Modifier Required Code List updated
7/13/2025	Policy Version Change State Exceptions Section: California updated. History Section: Entries prior to 1/13/2024 archived.
6/29/2025	Policy Version Change Attachment Section: Missouri DME Purchase Code and Missouri DME Purchase or Repair Code
6/8/2025	Policy Version Change State Exceptions Section: Mississippi and New Jersey updated History Section: Entries prior to 6/8/2023 archived.
5/18/2025	Policy Version Change Policy: Updated Codes with Each in Description
4/20/2025	Policy Version Change Attachment Section: Added Tennessee Modifier MS Required Code List State Exceptions Section: Tennessee updated.
3/30/2025	Policy Version Change Policy: Updated Codes with Flexion, Extension, Pronation or Supination in Description List Updated.
3/23/2025	Policy Version Change Attachment Section: Missouri DME Purchase or Repair Code List
2/9/2025	Policy Version Change State Exceptions Section: Florida updated.
1/19/2025	Policy Version Change State Exceptions Section: Kansas updated.
1/13/2025	Policy Version Change State Exceptions Section: Kansas updated.
1/1/2025	Policy Version Change Policy Embedded List “Codes with Flexion, Extension, Pronation or Supination in Description” updated. State Exceptions Section: Kansas updated. History Section: Entries prior to 1/1/2023 archived.
10/11/2024	Policy Version Change Overview Verbiage Updated
3/15/2009	Policy implemented by UnitedHealthcare Community & State

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