

| HEALTH PLAN POLICY | |
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| Title: Durable Medical Equipment (DME) | Number: MUM78 Revision: F |
| Department: Medical Management | Sub-Department: Utilization Management |
| Applicable Lines of Business: <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non-Insured Business <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid | |
| Effective Date: 09/28/2017 | |
| Revision Date(s): 08/14/2019, 07/21/2020, 12/15/2020, 12/07/2021, 11/21/2022, 05/01/2024 | |

PURPOSE:

The purpose of this policy is to explain how CHRISTUS Health Plan (CHP) Members will be provided with Durable Medical Equipment (DME) services.

DEFINITIONS AND ACRONYMS:

- **CHRISTUS Health Plan (CHP)**
- **Covered Services** – A benefit or service incurred by or on behalf of a Member for those services or supplies which are: (1) administered or ordered by a physician or other qualified provider; (2) medically necessary to the diagnosis and treatment of an injury or illness; (3) not excluded by any provision of the plan coverage; and (4) incurred while the Member's coverage is in effect.
- **Durable Medical Equipment (DME)** – 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, appropriate for use in the home or inpatient setting, and not intended for sports-related or vocational purposes.

POLICY:

Pursuant to the network agreement between provider(s) and CHP, participating providers shall accept, as payment in full the reimbursement rates as defined in the agreement, for Covered Services provided to Members.

CHRISTUS Health Plan covers DME when medically necessary, as described below. The health plan will determine whether it is appropriate to purchase or rent equipment for members.

During an enrollee's first year of enrollment in an MA plan, if the enrollee requests, the plan will provide a 90-day transition period (commencing with the initial time of enrollment) during which the plan provides (and repairs, as applicable) non-preferred DME brands furnished in the previous year;

CHRISTUS Health Plan reimburses covered DME supplied by a participating CHRISTUS network provider. Equipment and/or services must be:

- Medically necessary **and;**
- Ordered by a participating CHRISTUS provider **and;**
- Ordered to address a specific diagnosis.

DME is:

- Used primarily and customarily for a medical purpose **and;**

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- Is intended for repeated use **and**;
- Is not useful in the absence of illness or injury.

DME includes:

- *Prosthetic devices*, defined as those used to replace the function of a missing body part, and that are designed to be fitted to the member's body as an external substitute.
- Most *orthotic devices*, defined as those used to support a weakened part of the member's body,
- Certain medical supplies.

Services and subsequent payment are based on the member's benefit plan and provider agreement. Providers and their office staff may use our electronic technologies to verify effective dates and members' cost share prior to initiating services.

CHP Does Not Pay

The following list of non-reimbursable items is not all-inclusive.

- Repair or replacement of items lost or damaged secondary to abuse, neglect or theft.
- Shipping and handling, or restocking charges associated with obtaining DME.
- "Spare" or "Back-up" equipment.
- Batteries – standard, "off-the-shelf" batteries, (including but not limited to battery sizes AAA, AA, A, C, D, for example).
- Baths / Bathing equipment
- Breast Pumps (Manual).
- Chairs (Auto-Tilt, Kneeling Chair, Orthopedic Chair, Translift Chair etc...)
- Cushions, Pads, Pillows
- Toileting Equipment
- Other miscellaneous items such as:
 - Aids for the blind
 - Car Seats
 - Ceiling Lift
 - Circulator
 - Diapulse Machine
 - Diathermy Machine
 - Exercise Equipment
 - Heat Lamps
 - Heating Pads
 - Hydro Collator Heating Unit
 - Lifeline Emergency Response System (including monthly fee)

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- Massage Device
- Metrionic Scoliosis System

General Billing

- Bill items with valid HCPCS modifiers and procedure codes.
- Bill DME items in accordance with your contract specifications.
- Provider may not bill CHP or the Member for amounts in excess of the allowable and Providers may not bill for both the rental and purchase of the same DME item. Rental charges will be applied toward the purchase price of the DME.
- The Provider is required to perform servicing of the DME, and maintenance, including items already owned by the member that require such service and will be reimbursed according to the applicable maintenance service rate contained within the Provider agreement.
- Maintenance must be performed by an authorized technician when it cannot be safely performed by the member or his/her caregiver.

CHRISTUS Health Plan DME Coverage includes furnishing, arranging for, or making payment for all services that are covered by Medicare Part A and Part B. This includes coverage of durable medical equipment, prosthetics and supplies. CHP is responsible for maintaining continuity of care for its enrollee by ensuring uninterrupted access to the medically necessary covered DME item, including when the item needs to be repaired or replaced. Durable medical equipment can be rented or purchased.

REFERENCES:

- Medicare Managed Care Manual, Chapter 4, Section 10.12
- TRICARE Policy Manual 6010.63-M, April 2021 Chapter 8 Section 2.1

RELATED DOCUMENTS:

- Participating Provider Agreement

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REVISION HISTORY:

| Revision | Date | Description of Change | Approval Committee |
|-----------------|-------------|---|-------------------------------|
| New | 09/28/2017 | Initial release. | Quality Improvement Committee |
| A | 08/14/2019 | Annual review. Updated lines of business and References. | Executive Leadership |
| B | 07/21/2020 | Annual review. No change to policy content. | Executive Leadership |
| C | 12/15/2020 | Compliance review. Updated Definitions and Acronyms. | Executive Leadership |
| D | 12/07/2021 | Annual review. Updated continuation of care and clarified the purpose of the policy. | Executive Leadership |
| E | 11/21/2022 | Annual review. No change to policy content. | Executive Leadership |
| F | 05/01/2024 | Annual review. Moved from Case Management to Utilization Management. Policy number re-assigned to match folder move. Updated definitions and references. Added minor verbiage in the General Billing section. | Executive Leadership |