

## Durable Medical Equipment Reference List (NCD 280.1)

<b>Policy Number</b>	280.1	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	06/25/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 reimbursement policies use 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 (CMS 1450). 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 resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare 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 services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the

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provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

The durable medical equipment (DME) list that follows is designed to facilitate the Medicare Administrative Contractor's (MAC's) processing of DME claims. This section is designed as a quick reference tool for determining the coverage status of certain pieces of DME and especially for those items commonly referred to by both brand and generic names. The information contained herein is applicable (where appropriate) to all DME national coverage determinations (NCDs) discussed in the DME portion of this manual. The list is organized into two columns. The first column lists alphabetically various generic categories of equipment on which NCDs have been made by the Centers for Medicare & Medicaid Services (CMS); the second column notes the coverage status.

In the case of equipment categories that have been determined by CMS to be covered under the DME benefit, the list outlines the conditions of coverage that must be met if payment is to be allowed for the rental or purchase of the DME by a particular patient, or cross-refers to another section of the manual where the applicable coverage criteria are described in more detail. With respect to equipment categories that cannot be covered as DME, the list includes a brief explanation of why the equipment is not covered. This DME list will be updated periodically to reflect any additional NCDs that CMS may make with regard to other categories of equipment.

When the MAC receives a claim for an item of equipment which does not appear to fall logically into any of the generic categories listed, the MAC has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each MAC based on the advice of its medical consultants, taking into account:

- The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

#### Reimbursement Guidelines

##### DME Face to Face Requirement

Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME. The law requires that a physician must document that a physician, nurse practitioner, physician assistant or clinical nurse specialist has had a face-to-face encounter with the patient. The encounter must occur within the 6 months before the order is written for the DME. This section does not apply to Power Mobility Devices (PMDs) as these items are covered under a separate requirement.

Due to concerns that some providers and suppliers may need additional time to establish operational protocols necessary to comply with face-to-face encounter requirements mandated by the Affordable Care Act (ACA) for certain items of DME, the Centers for Medicare & Medicaid Services (CMS) will start actively enforcing and will expect full compliance with the DME face-to-face requirements beginning on October 1, 2013.

Note that the date of the written order must not be prior to the date of the face-to-face encounter. The face-to-face encounter conducted by the physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist CNS must document that the beneficiary was evaluated and/or treated for a condition that

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supports the item(s) of DME ordered. In the case of a DME ordered by a PA, NP, or CNS, a physician (MD or DO) must document the occurrence of a face-to-face encounter by signing/co-signing and dating the pertinent portion of the medical record.

Physicians will be provided an additional payment, using code G0454, for signing/co-signing the face-to-face encounter of the PA/NP/CNS. The physician should not bill the G code when he/she conducts the face-to-face encounter. Note that the G code may only be paid to the physician one time per beneficiary per encounter, regardless of the number of covered items documented in the face-to-face encounter.

CR8304 implements these changes in Chapter 5 of the "Program Integrity Manual" to support 42 Code of Federal Regulations (CFR) 410.38(g) and the revised portion of that manual is attached to CR8304.

### Durable Medical Equipment Reference List



NCD 280.1 DME  
Reference List.pdf

### Questions and Answers

1	<b>Q:</b>	How should HCPCS code G0454 <i>Physician documentation of face-to-face visit for durable medical equipment</i> be used?
	<b>A:</b>	Physicians will be provided an additional payment, using code G0454, for signing/co-signing the face-to-face encounter of the PA/NP/CNS. The physician should not bill the G code when he/she conducts the face-to-face encounter.

### References Included (but not limited to):

#### CMS NCD(s)

NCD 280.1 Durable Medical Equipment Reference List

Reference NCDs:

NCD 20.8.1 Cardiac Pacemaker Evaluation Services

NCD 20.8.2 Self-Contained Pacemaker Monitors

NCD 40.2 Home Blood Glucose Monitors

NCD 50.1 Speech Generating Devices

NCD 150.5 Diathermy Treatment

NCD 160.12 Neuromuscular Electrical Stimulation (NMES)

NCD 180.2 Enteral and Parenteral Nutritional Therapy

NCD 240.2 Home Use of Oxygen

NCD 240.4 Continuous Positive Airway Pressure (CPAP) Therapy For Obstructive Sleep Apnea (OSA)

NCD 240.5 Intrapulmonary Percussive Ventilator (IPV)

NCD 250.1 Treatment of Psoriasis

NCD 270.4 Treatment of Decubitus Ulcers

NCD 270.5 Porcine Skin and Gradient Pressure Dressings

NCD 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

NCD 280.2 White Cane for Use by a Blind Person

NCD 280.3 Mobility Assistive Equipment (MAE)

NCD 280.4 Seat Lift

NCD 280.6 Pneumatic Compression Devices

NCD 280.7 Hospital Beds

NCD 280.8 Air-Fluidized Bed

NCD 280.14 Infusion Pumps

#### UnitedHealthcare Medicare Advantage Coverage Summaries

Cardiac Pacemakers and Defibrillators

Diathermy Treatment

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and

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Medical Supplies Grid  
 Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies  
 Infusion Pump Therapy  
 Mobility Assistive Equipment (MAE)  
 Nutritional Therapy - Enteral and Parenteral Nutritional Therapy  
 Oxygen for Home Use  
 Sleep Apnea - Diagnosis and Treatment  
 Speech Generating Devices  
 Wound Treatments

**MLN Matters**

Article MM8304, Detailed Written Orders and Face-to-Face Encounters

**History**

Date	Revisions
10/09/2014	DME Reference List Attachment updated
06/25/2014	Annual review
12/18/2013	Added the HCPCS Codes E0691-E0694 to the DME Reference List Attachment above
08/14/2013	First presentation to MRPC