 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTHCARE	JOHNS HOPKINS HEALTHCARE	Policy Number: RPC. 005 Effective Date: 10/1/2016 Revision Date: 3/1/2017
	Subject: Durable Medical Equipment (DME) Rent to Own Department: Provider Relations Lines of Business: PPMCO, USFHP, EHP, Advantage MD	Page 1 of 5

ACTION

- New Policy
- Repealed Policy Date: _____
- Superseded Policy Number: _____

The most current version of the reimbursement policies can be found on www.jhhc.com.


These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member’s Johns Hopkins HealthCare (JHHC) benefit plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services must be billed with CPT codes, HCPCS codes, ICD-10 codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current Reimbursement Policies are not followed, Johns Hopkins HealthCare (JHHC) may:

- Reject or deny the claim
- Recover and/or recoup claim payment

JHHC reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider or state contracts, or state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, JHHC strives to minimize these variations.

JHHC reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy on www.jhhc.com.

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POLICY

Johns Hopkins HealthCare LLC allows reimbursement for durable medical equipment (DME) under specific guidelines. Reimbursement is based on the rental price up to the maximum allowed of a particular DME item. Items are considered purchased once the purchase price has been met.

The reimbursement limit for rented DME is a maximum of 13 months or CAP if it is earlier, with the exception of certain DME outlined in this policy. Once the limit is met, claims submitted for the rental of the item will be denied. When applicable, the provider must obtain prior authorization for the DME rental.

DEFINITIONS

Johns Hopkins HealthCare LLC considers DME to be items that meet the following criteria:


- Are primarily and customarily used to serve a medical purpose rather than convenience or comfort
- Can withstand repeated use
- Generally are not useful to a person without an illness or injury
- Are appropriate for use in the home
- Are prescribed by a licensed physician/practitioner

All requirements in this definition must be met before an item can be considered DME.

Customized DME Items: Per 42 Code of Federal Regulations (CFR) Section 414.224(a), in order to be considered a customized DME item, a covered item (including a wheelchair) must be: 1) Uniquely constructed or substantially modified for a specific beneficiary according to a physician's description and orders; and 2) So different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8158.pdf>

Custom Fitted: 1) Are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use; or 2) Have been assembled by a supplier, or ordered from a manufacturer, who makes available customized features, modification or components for wheelchairs that are intended for an individual patient's use in accordance with instructions from the patient's physician do not meet the definition of customized items. These items are not uniquely constructed or substantially modified

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and can be grouped with other items for pricing purposes. The use of customized options or accessories or custom fitting of certain parts does not result in a wheelchair or other equipment being considered as customized.

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM8158.pdf>

EXCLUSIONS


The following DME are excluded from the 13-month rental limit:

- Prosthetics or orthotics
- Disposable Medical Supplies (DMS)
- Oxygen
- Customized items
- Ventilator codes outlined in the chart below:

Ventilator Codes	Description
E0465	Home ventilator, any type, used with invasive interface
E0466	Home ventilator, any type, used for non-invasive interface


Johns Hopkins HealthCare LLC does not reimburse for the following unless there is a benefit exception:

1. Aesthetic appearance of DME for the preference of the member or caregiver
2. Clinically unproven equipment
3. Dentures
4. Disposable supplies customarily provided as part of a nursing or personal care service or a medical diagnostic or monitoring procedure
5. DME considered to be experimental or investigational
6. DME provided by a skilled nursing facility when the equipment is part of the facility per diem and is not separately reimbursable, unless otherwise stated by a provider contract
7. Electric lifts (manual lifts are covered)
8. Emergency and nonemergency alert devices
9. Enhancements or upgraded of DME for the convenience of members or caregivers
10. Environmental modifications (e.g. home, bathroom, ramps, etc.)
11. Equipment designed for use by a physician or trained medical personnel
12. Experimental equipment

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13. Facilitated communications (FC)
14. Furniture and other items which do not serve a medical purpose
15. Handheld showers
16. Items used for cosmetic purposes
17. Physical fitness equipment
18. Precautionary-type equipment (e.g., power generators)
19. Provision of DME that exceeds the benefit limit
20. Purchase or rental of common household items that are not medically indicated
21. Rehabilitation equipment
22. Reimbursement for delivery or delivery mileage of medical supplies
23. Repair or replacement of DME during the warranty period
24. Repair or replacement of DME necessitated by abuse or neglect
25. Routine and first aid items
26. Safety alarms and alert systems/buttons
27. Scooters
28. Seat lifts and recliner lifts
29. Standard car seats
30. Televisions, telephones, VCR machines and devices designed to produce music or provide entertainment
31. Training equipment or self-help equipment
32. Van lifts
33. Wheelchair lifts
34. Wheelchair ramps

If equipment is lost, stolen or destroyed by fire, the provider must obtain, in a timely manner, a completed police or insurance report describing the specific medical equipment which was stolen or destroyed and submit upon request for authorization of replacement equipment.

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CROSS REFERENCE (with other relevant policies, procedures, and/or workflows)

This policy has been developed through consideration of the following:

- Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
- State Medicaid
- Durable Equipment (DE): Basic Program; TRICARE Policy Manual 6010.57-M, February 1, 2008, Chapter 8, Section 2.1

APPROVALS

Steering Committee Approval Date: 8/12/2016, 1/10/2017

Last Review Dates: 12/19/2016 (Add Advantage MD)