



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## Durable Medical Equipment (DME)

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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## **Durable Medical Equipment (DME)**

This document is provided as a supplement to the Blue Cross and Blue Shield of Illinois (BCBSIL) Contract Agreement with all Durable Medical Equipment (DME) providers to familiarize you with BCBSIL policies concerning DME, particularly life sustaining and non-life sustaining equipment as specified in your contract. All DME providers are required to abide by these policies and are accountable to deliver services and bill accordingly on a CMS-1500 claim form. Electronic billing of claims is required as well as electronic funds transfer (EFT) and electronic remittance advice (ERA). In addition, all DME providers must have facility accreditation by a nationally recognized accreditation organization such as, The Joint Commission, Accreditation Commission for Health Care (ACHC), Community Health Accreditation Partner (CHAP), etc in order to contract with BCBSIL.

### **DME: Definition**

Equipment which consists of items that primarily and customarily serve a medical rather than a comfort or convenience purpose, are not useful to a person in the absence of illness or injury, withstand repeated use (are reusable), are appropriate for home use, and are ordered or prescribed by the attending physician.

Coverage for DME may include:

- Repair, adjustment or replacement parts and accessories necessary for the normal and effective functioning of the equipment
- Rental charges for the equipment if it can be rented for a cost less than the purchase of the equipment
- Purchased equipment when the purchase of the DME would be less expensive than the rental of the equipment

All DME suppliers must obtain signed physician orders and/or a Certificate of Medical Necessity (CMN) prior to billing of any equipment. All orders/CMNs must contain the following information to be considered for payment:

- Date of order/CMN
- Patient name, address and BCBSIL member number
- Supplier name, address, telephone number
- Physician name, address and telephone number
- Patient diagnosis
- Equipment/supplies ordered
- Duration of need
- Statement of medical necessity for equipment
- Physician signature and date

Physician's orders must be renewed annually. Unless otherwise stated in a provider's contract with BCBSIL, DME that is supplied as part of an inpatient stay is covered by the global rate to the facility, and should not be separately billed by the DME provider to BCBSIL.

## A. Life Sustaining DME:

The following equipment is considered life sustaining and will not be purchased:

1. **E0424:** Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
2. **E0431:** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
3. **E0433:** Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
4. **E0434:** Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
5. **E0439:** Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
6. **E0465:** Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube)
7. **E0466:** Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell)
8. **E0481:** Intrapulmonary percussive ventilation system and related accessories
9. **E0618:** Apnea monitor, without recording feature
10. **E0619:** Apnea monitor, with recording feature
11. **E1390:** Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
12. **E1391:** Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
13. **E1392:** Portable oxygen concentrator, rental
14. **E1590:** Hemodialysis machine
15. **E1592:** Automatic intermittent peritoneal dialysis system
16. **E1594:** Cycler dialysis machine for peritoneal dialysis
17. **K0738:** Portable gaseous oxygen system, home compressor used to fill portable oxygen cylinders

**Note: Stationary and portable oxygen equipment is billed as 1 unit per month.**

All DME delivery, equipment set up and training is included in the equipment reimbursement rate and may not be billed separately.

For coverage of Pulse Oximeters for Home Use see medical policy DME101.047.

Oxygen set up or installation of respiratory support systems, patient/caregiver instructions on equipment use and safety, and equipment maintenance/monitoring are included in the rental fee. DME providers supplying clinical respiratory equipment (oxygen, ventilators) are expected to have a licensed respiratory therapist on staff to provide patient education, clinical assessments and equipment recommendations, as appropriate, as part of their respiratory management program.

#### **Oxygen Contents:**

Oxygen container and contents are included in the allowance for rented oxygen systems and are not separately billable.

#### **Oxygen Accessories:**

Oxygen accessories which are included in the allowance for rented systems include: container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, tubing, supply reservoir, refill adaptor, oxygen carts, racks or stands. These accessories may not be billed separately.

#### **Ventilator Accessories:**

The rental allowance for ventilators (E0465, E0466) includes all accessories and supplies used with a ventilator including, but not limited to, battery, battery cables, battery charger, breathing circuit components, humidifiers, filters, etc.).

#### **Home Apnea Monitors:**

Home Cardiorespiratory Monitoring may be considered medically necessary for premature infants who are at high risk of recurrent episodes of apnea, bradycardia and hypoxemia, for up to three months after hospital discharge, or after the cessation of serious episodes for 14 consecutive days, whichever comes last.

The rental allowance is to include all supplies needed for the use of the apnea monitor. These items include, but are not limited to, belts, electrodes, wires and ambu bag. Also included in the rental allowance is retrieval of recorded data from the event recorder and parental training sessions (instructions on monitor use, CPR, etc.). These items may not be billed separately from the apnea monitor.

The following services for patients who require Home Apnea Monitoring are considered **not medically necessary**:

- A back-up electrical system or alterations to the living quarters required for the monitor

The following services are considered part of the rental/purchase fee for the monitor:

- Retrieval of recorded data from the monitor event recorder
- Parental training sessions (e.g., CPR classes and/or instructions on monitor use)

Please see medical policy number DME 101.020 for additional information.

## **B. Non-Life Sustaining DME:**

Items such as insulin pumps and external bone stimulation devices are generally available only as a purchase. All other equipment not listed as life sustaining (as above) will be paid as rental up to the allowed purchase price.

### **Continuous Positive Airway Pressure (CPAP)/Bi-level Positive Airway Pressure (BIPAP):**

Sleep Lab Study results must be available and provided upon request. Although all DME is billed and paid as a rental up to the BCBSIL purchase price amount, there may be situations in which the BCBSIL member requests that the CPAP/BIPAP be converted to a purchase at an earlier date to avoid the continued need to pay monthly coinsurance amounts and or to meet a deductible. In this situation CPAPs/BIPAPs may not be converted to a purchase until after three months of patient usage (exception: HMO Illinois<sup>®</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Precision HMO<sup>SM</sup>, BlueCare Direct<sup>SM</sup> and Blue FocusCare<sup>SM</sup> members require Medical Group/IPA approval) and proven compliance. The DME provider must obtain evidence of continued CPAP/BIPAP usage/compliance from the patient and/or treating physician before converting to the purchase price. A memory card reading or electronic download is recommended. This information must be retained in the supplier's files and be available to BCBSIL upon request. Memory card/electronic downloading as well as CPAP/BIPAP initiation and management is included in the rental/purchase price and is not separately billable.

Masks must be fitted to individual patients by a qualified respiratory professional. The CPAP/BIPAP machines should include the necessary carrying case. This carrying case may not be billed separately.

### **CPAP Supply Utilization Limits:**

BCBSIL follows the Medicare guidelines pertaining to limits on dispensing CPAP/BIPAP supplies.

### **Continuous Passive Motion (CPM) Device:**

The CPM device may be eligible for coverage for use postoperatively, as an adjunct to conventional physical therapy in the following situations only:

- Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a knee arthroplasty or arthroplasty revision. This may include patients with complex regional pain syndrome (reflex sympathetic dystrophy), extensive arthrofibrosis or tendon fibrosis, or physical, mental or behavioral inability to participate in active physical therapy. **Use of the CPM device must begin within 48 hours of the surgical procedure (or on discharge from facility following the procedure) and may continue for ONLY up to 21 days postoperatively. OR**
- For up to six weeks during the non-weight bearing rehabilitation period following knee surgery for microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures, and reconstruction of the anterior cruciate ligament (ACL)].

All other uses of a CPM device **are considered experimental, investigational, and unproven.**

Please see medical policy number DME 101.023 for additional information.

### **Pneumatic Compression Devices:**

- A pneumatic compression device may be eligible for coverage when utilized in the home for conditions as outlined in the HCSC Medical Policy, Outpatient Use of Pneumatic Compression Devices (MED202.060).
- Pneumatic compression devices utilized in an inpatient facility or Ambulatory Surgery Center are the responsibility of the inpatient facility and/or Ambulatory Surgery Center and may **not** be billed by the DME provider to BCBSIL.

Please see medical policy number MED 202.060 (Outpatient Use of Pneumatic Compression Devices) for specific medical necessity criteria.

## Orthotics and Prosthetics:

Any custom orthotic or prosthetic services rendered by a DME provider are subject to the state law governing disbursement of these services. Services must be rendered by an Illinois State licensed orthotist, prosthetist and/or pedorthist. In addition, the DME provider must have dual facility accreditation to include the American Board for Certification in Orthotics and Prosthetics (ABC), and each licensed professional must be credentialed and certified by the American Board for Certification in Orthotics and Prosthetics, or the Board for Certification in Pedorthics (BCP), as applicable.

All orthotic/prosthetic charges/reimbursement are inclusive of the following: (i) patient evaluation and measurement; (ii) Covered Person/caregiver training; (iii) instruction literature; (iv) device fitting, casting, alterations and adjustments; (v) professional support, at no additional charge.

All providers are encouraged to review relevant [BCBSIL Medical Policies](#) prior to rendering services. It may be appropriate in some cases to submit an electronic predetermination of benefits request via the [Availity® Provider Portal using the Attachments tool](#) or by completing a [Predetermination Request Form](#) for predetermination of benefit and medical necessity which may be submitted along with the appropriate medical necessity documentation.

Remember to refer to the [BlueCard Program Provider Manual](#) for important information to assist you when you are providing care and services to out-of-area Blue Cross and Blue Shield members.

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BCBSIL reserves the right to update the Provider Manual as necessary.

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