

REIMBURSEMENT POLICY

Durable Medical Equipment (DME) Repairs, Maintenance and Replacement

Active

Policy Number: DME – 003
Policy Title: Durable Medical Equipment (DME) Repairs, Maintenance and Replacement
Section: DME
Effective Date: 06/09/16

Description

The following policy addresses Blue Cross and Blue Shield of Minnesota's (Blue Cross) durable medical equipment (DME) repair and maintenance guides, as well as the DME replacement policy.

Definitions

Repairs to medically necessary equipment may be required to make the equipment serviceable.

Non-routine maintenance may have performed by authorized technicians per manufacturer recommendations.

- K0739 Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
- K0740 Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
- RA Modifier: Replacement of a DME, orthotic or prosthetic item
- RB Modifier: Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair
- MS Modifier: Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty

Policy Statement

Repair

Repair of **rental** DME is not covered.

Repair may be allowed for **purchased** DME.

To submit repair, report the HCPCS code for the DME being repaired with the –RB modifier.

On a separate line submit K0739 (repair or non-routine service for DME other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes) or K0740 (repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes).

Include the appropriate number of units (one unit per 15 minutes). The cost of the repair (including parts and loaner fee) should not exceed our allowable for the purchase of the equipment.

Follow general rounding rules for reporting more than the code's time value. If the time spent results in more than one and one-half times the defined value of the code and no additional time increment code exists, round up to the next whole number.

Maintenance

Charges for maintenance of DME are not covered. Maintenance would be indicated with the – MS modifier appended to the DME being maintained.

Replacement of Purchased Equipment

Blue Cross' policy is to pay for replacement of DME, due to normal use and wear, every five (5) years, unless unusual circumstances necessitate replacement of an item sooner than five years.

Replacement of obsolete or inoperable DME equipment, which has been purchased, is subject to the same pre-authorization guidelines as the purchase of the original equipment.

Recalled Equipment

Items recalled by the manufacturer are not covered.

Medicare Advantage Policy and Medicare Cost Plan

Repair

For Medicare Advantage subscribers, repair may be billed using modifier -RA or -RB with the HCPCS code for the item serviced.

- RA Replacement of a DME orthotic or prosthetic item.
- RB Replacement of a part of DME orthotic or prosthetic item furnished as part of a repair.

Maintenance

For Medicare Advantage subscribers, maintenance and service will be allowed on capped rental and where the subscriber chose the rental option only.

Documentation Submission

Documentation must identify and describe the DME item supplied prescribed to the subscriber and if the item is rented or owned and if that item is repaired, maintained or replaced. The necessity for the item need must also be documented.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: MS, RA, RB

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: K0739, K0740

Revenue Codes: N/A

Deleted Codes: N/A

Policy History

Initial Committee Approval Date: June 9, 2016

Code Update: N/A

Policy Review Date: March 20, 2018

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Cross Reference: DME: DME and Supplies

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