



## durable medical equipment (DME) capped rental payment policy

### ***description of procedure/service***

This policy applies to the payment for capped rental DME when authorized by FCHP and provided by a FCHP contracted DME provider.

### ***policy***

Unless stated differently in a provider's contract, Fallon Community Health Plan will pay a provider for 10 months of the contracted rental allowable up to the applicable DME limit. After 10 months, the member owns the equipment. Once the member owns the equipment, the regular DME rules for maintenance and repair apply.

### ***benefits application***

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care

### ***coverage and reimbursement criteria***

Unless stated differently in a provider's contract, Fallon Community Health Plan will reimburse for capped rental DME for 10 months as described above.

If the 10-month period is interrupted by an inpatient skilled nursing facility or hospital admission which exceeds 30 days, the 10-month rental clock is paused. During the interruption time, all rental payments stop. When the patient begins using the equipment again, the rental clock is restarted and continues from where it had previously stopped. If the interruption is longer than 60 days plus the leftover days in the interrupted month, the rental clock is stopped completely and must start over. When this occurs, a new prescription for the equipment and proof of medical necessity may be required.

If a member changes DME providers, the rental clock does not restart. Likewise, a minor change with the DME equipment does not cause the rental clock to restart. If FCHP determines that a "substantial change" in DME equipment has occurred, the rental clock is restarted and a new 10-month period begins. Determination of "substantial change" is made at the discretion of the FCHP case manager.

### ***preauthorization guidelines***

Please refer to the FCHP Provider Manual for preauthorization requirements for DME.

In the absence of specific FCHP medical policy, FCHP follows the Centers for Medicare and Medicaid Services (CMS) guidelines for medical necessity criteria.

### ***billing/coding guidelines***

Contracted vendors may request reimbursement for capped rental DME using the applicable code with the RR modifier. Professional charges must be submitted on a CMS-1500 form. Hospital charges must be submitted on a UB-92 or in HIPAA standard electronic formats, per industry standard guidelines.

### ***place of service***

This policy applies to all places of service.

### ***policy implementation***

<b>Policy number:</b>	<b>ADM0015</b>
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