

Durable Medical Equipment (DME)



Independent licensees of the Blue Cross and Blue Shield Association

Note: Contents are subject to change and are not a guarantee of payment.





- Durable Medical Equipment (DME)
- Eligibility and Benefits
- Filing DME Claims
- Group Updates
- Resources



What is DME?

DME is any equipment that ...

- Provides therapeutic benefits to a patient in need due to certain medical conditions and/or illnesses.
- Can withstand repeated use and is primarily and customarily used to serve a medical purpose.
- Is used to treat any illness or injury, and is appropriate for home use.

CAM 115 – Durable Medical Equipment (DME) <u>www.SouthCarolinaBlues.com</u> www.BlueChoiceSC.com



What is DME?

DME is any equipment that ...

- Patient must be capable of operating the equipment unassisted.
- Certificate of Medical Necessity (CMN) should be completed by the prescribing physician.
 - BlueCross BlueShield of South Carolina may request additional medical records or documentation.

CAM 115 – Durable Medical Equipment (DME) <u>www.SouthCarolinaBlues.com</u> www.BlueChoiceSC.com



What is DME?

DME is any equipment that ...

- Repair or maintenance of rented DME is the responsibility of the participating DME supplier at no additional charge to the member.
- Repair and maintenance of purchased equipment is the responsibility of the member (subject to warranty provisions or medical necessity).

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What is DME?

DME includes and is not limited to:

Crutches	Oxygen	Traction Equipment
Hospital Beds	Pressure Mattresses	Ventilators
Kidney Machines	Prosthesis	Walkers
Monitors	Shoe Inserts	Wheelchairs



Other Medical Policy Highlights

- BlueCross will review the option to rent or purchase eligible
 DME on an individual basis based on specific contract verbiage.
- Durable medical equipment will be considered "under warranty" for two years after initial rental or purchase.
- DME and prosthetic/orthotic fees include these things:
 - Sales Tax
 - Delivery and/or Installation
 - Casting, Molding, Fabrication, Fitting and/or Adjustments
 - Materials and Hardware (i.e., screws, bolts, etc.)
 - Labor





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Methods to Verify Eligibility and Benefits

- My Insurance ManagerSM
 - Preferred method
- Call the provider services number on the back of the ID card
- Submit a HIPAA 270 electronic inquiry
- BlueCard[®] Eligibility Line
 - 800-676-BLUE(2583)
 - For out-of-area members



My Insurance Manager

- Secure online tool to access ...
 - ✓ Eligibility and Benefits
 - ✓ Claims Entry
 - ✓ Claims Status
 - ✓ Prior Authorization (PA)
 - ✓ PA Status
 - ✓ Remittance Information
 - ✓ Ask Provider Services
 - ✓ Electronic Data Interchange (EDI) Reports



Utilization Review

- Call the utilization management/precertification number on the back of the card.
- Call BlueCard Eligibility.
 - 800-676-BLUE (2583)
- Submit a HIPAA 278 transaction.



Utilization Review

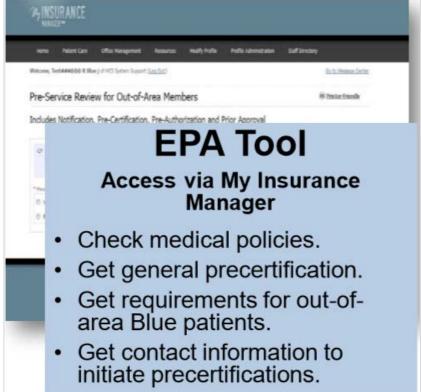
- Use the Precertification/Referral option on My Insurance Manager.
 - FEATURE! Clinical Attachments
 - Submit clinical information for pending precertification.
 - PDF documents created in Adobe Acrobat version 1.3 or higher and documents a maximum of 30 MB each.
 - Up to 10 attachments per request.



Utilization Review

- Use the Electronic Provider
 Access (EPA) Tool in My
 Insurance Manager.
 - Allows access to out-of-area members' Blue Plan provider portals.
 - EPA Tool Guide

www.SouthCarolinaBlues.com







- General Information
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DME	Cla	ims

Drovidar type	How to file: (required fields)	Where to file	Example
Provider type	How to file: (required fields)	where to me	Example
DME and Supplies: Types of service include, but are not limited to: hospital beds, oxygen tanks, crutches, etc.	 Patient's Address: Field 5 on CMS 1500 Health Insurance Claim Form or Loop 2010CA on the 837 Professional Electronic Submission. Ordering Provider: Field 17 on CMS 1500 Health Insurance Claim Form or Loop 2420E (line level) on the 837 Professional Electronic Submission. Place of Service: Field 24B on the CMS 1500 Health Insurance Claim Form or Loop 2300, CLM05-1 on the 837 Professional Electronic Submissions. Service Facility Location Information: Field 32 on CMS 1500 Health Insurance Form or Loop 2310C (claim level) on the 837 Professional Electronic Submission. 	File the claim to the Plan in whose state the equipment was shipped to or purchased in a retail store.	 A. Member purchased the wheelchair at a retail store in South Carolina. File to: BlueCross BlueShield of South Carolina. B. Member purchased the wheelchair on the Internet from an online retail supplier in Ohio and it shipped to South Carolina. File to: BlueCross BlueShield of South Carolina.



Claim Filing Tips

- Verify a member's eligibility and benefits.
- Use in-network participating ancillary providers to reduce the possibility of additional member liability for covered benefits.
 - Find a Doctor Provider Directory
 - <u>www.SouthCarolinaClues.com</u>
 - www.BlueChoiceSC.com
- Members are financially liable for ancillary services their benefit plan doesn't cover.



Claim Filing Tips

- Request payment directly from the member for non-covered services.
- Prior authorizations do not guarantee payment of benefits.
- Claim payments are subject to the rules of the plan.



ClaimsXtenTM

- Claims-auditing system to better align our claims adjudication with:
 - Benefit plans
 - Medical policies
 - Centers for Medicare & Medicaid Services' (CMS') National Correct Coding Initiatives (NCCI)
- NU Modifier has been corrected not to deny.





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BlueChoice® HealthPlan of South Carolina

- BlueChoice HealthPlan directly manages prior authorizations, claims and network management processes for DME.
- Physician's offices can supply DME under \$500 without prior authorization.
 - File it under the physician's tax ID number.
- Verify eligibility and prior authorization requirements and use network providers.



Other Groups

- State Health Plan (SHP)
 - SHP requires prior authorization for DME over \$500.00.
 - SHP requires DME rental for more than six months.
- Preferred Blue®
 - Most Preferred Blue policies require prior authorization for DME over \$500.00.

Always verify eligibility and benefits.



Other Groups

- Federal Employee Program (FEP)
 - FEP does not require prior authorization for DME.
 - DME suppliers must file all initial claims for the rental or purchase of DME with a completed CMN.
 - Providers can submit the CMN form found at <u>www.fepblue.org</u> or Medicare's website at <u>www.CMS.gov</u>.

Always verify eligibility and benefits.



Other Groups

- Affordable Care Act
 - Blue OptionSM
 - List of DME that require prior authorization
 - Visit www.BlueOptionSC.com.
 - DME rental or purchase price over \$500.00 requires prior authorization.
- BlueEssentialsSM
 - DME rental or purchase price over \$500.00 requires prior authorization.

Always verify eligibility and benefits.



What's New for 2019

- Effective Jan. 1, 2019, life-sustaining equipment will no longer pay up to the purchase price., it will be paid on a rental basis only.
- If the rental fee has been paid up to the purchase price before Jan. 1, 2019, it will be considered purchased and no further payment will be made.

"Payment is based on the monthly fee schedule amounts until medical necessity ends. No payment will be made for the purchase of equipment, maintenance and servicing, or for replacement of these items. Supplies and accessories are not allowed separately."



What's New for 2019

HCPCS Code	Description
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask and tubing
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, & tubing
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
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392	Portable oxygen concentrator, rental
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing





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Visit our websites for information:

- 2019 Provider Office Administrative Manual
- 2019 BlueChoice Provider Office Administrative Manual
- 2019 BlueCard Program Provider Manual
- Bulletins
- Web Blasts
- Webinar Trainings
- DME CAM Policy 115

www.SouthCarolinaBlues.com

www.BlueChoiceSC.com



Reminders

If you have questions, please contact us by using the <u>Provider Education Contact Form</u>.

