



Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

Reimbursement Policy	
Subject: DME Modifiers for New, Rented and Used Equipment	
Policy Number: G-06053	Policy Section: Coding
Last Approval Date: 06/09/2023	Effective Date: 09/14/2020

**** Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to providerpublic.mybcbswny.com. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Highmark BCBS covered the service for the member's 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 should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Highmark BCBS may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Highmark BCBS strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the

providerpublic.mybcbswny.com

Wellpoint Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield's managed Medicaid. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

NYHM-CD-RP-058178-24 | May 2024

policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

Highmark BCBS allows reimbursement for new, rented, or used equipment appended with the appropriate modifier unless provider, state, federal, or CMS contracts or requirements indicate otherwise. The listed modifiers are considered reimbursement modifiers and must be billed in the primary or first modifier field to determine appropriate reimbursement:

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

These modifiers are appropriate for durable medical equipment (DME), prosthetics, and orthotics. These modifiers are inappropriate for supplies unless required under State or CMS guidelines. Claims for supplies appended with the Modifiers NU, RR, or UE may be denied.

Reimbursement will be based on the applicable fee schedule or contracted/negotiated rate for claims submitted for the equipment with the valid modifier identifying new, rented, or used equipment. Claims submitted for equipment without the appropriate reimbursement modifier may be denied.

Related Coding

Standard correct coding applies

Policy History

06/09/2023	Review approved: updated policy template
09/14/2020	Review approved and effective
10/26/2018	Review approved: policy template updated
01/01/2017	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State contract
- State Medicaid

Definitions

Durable Medical Equipment (DME)	<p>Items that meet the following criteria:</p> <ul style="list-style-type: none"> • 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
---------------------------------	---

Prosthetic Device	An artificial structural and functional replacement of a limb/appendage or internal organ, or all or part of the function of a permanently inoperative or malfunctioning internal body organ.
Orthotic Device	A brace with rigid metal or plastic stays applied to the body for support or immobilization of a body part, to correct or prevent deformity, or to assist or restore function.
General Reimbursement Policy Definitions	

Related Policies and Materials
Durable Medical Equipment (Rent to Purchase)
Modifier Usage
Prosthetic and Orthotic Devices