



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: DME Billing Guidelines			POLICY #: 6.19-P		
DEPARTMENT: Claims					
Effective Date: 12/2001	Review/Revised Date: <i>04/20/2015</i>	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date *4/20/15*

[Signature]

 Chief Operating Officer

Date *4/20/15*

Jannie B.

 Director of Claims

Date *4-16-15*

POLICY:

All DME services must be billed by the provider using the HCFA 1500 form and the appropriate HCPCS codes and modifiers in accordance with the guidelines and restrictions set forth in this policy and procedure.

PROCEDURES:

1.0 BILLING PREPARATION AND SUBMISSION

Claims should be submitted to KHS in accordance with *KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement*.

Providers must submit a complete HCFA 1500 form to bill for services provided. Applicable HCPCS codes, including modifiers, should be used to properly identify the equipment provided.

2.0 RESTRICTIONS AND REQUIREMENTS FOR ADDITIONAL DOCUMENTATION

Claims should be submitted in accordance with the restrictions and requirements for additional documentation in the following table.

Procedure Code	Description	Restriction/Requirement
E0601	CPAP	Requires prior authorization. Rented for a maximum of twelve months or until purchase price is reached. Initial supplies are included in the rental rate. Replacement supplies require prior authorization.
E0470, E0472	BIPAP	Requires prior authorization. Rented for a maximum of twelve months or until purchase price is reached. Initial supplies are included in the rental rate. Replacement supplies require prior authorization.
E1390	O ₂ Concentrator	Requires prior authorization. Rental only.

REFERENCE:

2015-02: Procedure Codes reviewed and updated. Review requested by Compliance Department.