



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	DME Billing Guidelines	<b>Policy #</b>	6.19-P
<b>Policy Owner</b>	Claims	<b>Original Effective Date</b>	12/2001
<b>Revision Effective Date</b>	06/21/2025	<b>Approval Date</b>	7/30/2025
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

## I. PURPOSE

To establish claims handling for Durable Medical Equipment (DME) claim submissions.

## II. POLICY

All DME services must be billed by the provider using the Centers for Medicare and Medicaid Services (CMS) CMS1500 form and the appropriate Health Care Procedure Coding System (HCPCS) codes and modifiers in accordance with the guidelines and restrictions set forth in this policy and procedure.

## III. DEFINITIONS

TERMS	DEFINITIONS
DME	Durable medical equipment (DME) is defined as equipment that: 1) can withstand repeated use, 2) is primarily and customarily used for a medical purpose, 3) is typically not useful to a person in the absence of illness or injury, 4) is appropriate for use in a patient's home, and 5) has an expected life of at least 3 years (for items classified after January 1, 2012)

## IV. PROCEDURES

### A. BILLING PREPARATION AND SUBMISSION

Claims should be submitted to Kern Health Systems (KHS) in accordance with KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement.

Providers must submit a complete CMS1500 form to bill for services provided. Applicable HCPCS codes, including modifiers, should be used to properly identify the equipment provided.

Contracted providers should check the Prior Authorization List to determine if an authorization is required prior to rendering the service. Non-contracted providers are required to get a prior authorization for all services, not just the ones listed on the authorization list.

Claims should be submitted electronically unless an invoice is required by contract to determine payment. If an invoice is required to determine payment, claim and invoice should be submitted via paper form.

## V. ATTACHMENTS

N/A	
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## VI. REFERENCES

Reference Type	Specific Reference
Other KHS Policies	#6.01 – Claims Submission/Reimbursement

## VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revision	2025-06	Annual Compliance Review with minor updates	Robin Dow-Morales
Revision	2015-04	Procedure codes reviewed and updated. Review requested by Compliance Department.	Trannie Ryan

## VIII. APPROVALS

Committees   Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Human Resources Officer		
Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



## Policy and Procedure Review

**KHS Policy & Procedure:** 6.19-P DME Billing Guidelines

**Last approved version:** 04/20/2015

**Reason for revision:** Compliance with annual policy reviews.

Director Approval		
Title	Signature	Date Approved
Senior Director of Claims Robin Dow-Morales		

Date posted to public drive: \_\_\_\_\_

Date posted to website ("P" policies only): \_\_\_\_\_