



## SUPPLY AND EQUIPMENT REIMBURSEMENT

File Name: supply\_equipment

Origination: 4/2021

Last Review: 9/2023

Next Review: 12/2023

### Description

This policy describes how supplies and equipment will be reimbursed by Blue Cross Blue Shield North Carolina (Blue Cross NC).

### Policy

**Blue Cross NC will reimburse supplies and equipment according to the criteria outlined in this policy.**

### Reimbursement Guidelines

#### **Blood Glucose Test Strip(s)**

Blood glucose test or reagent strips (A4253) is limited to 20 units (boxes) per quarter for patients with insulin dependent diabetes, and 6 units (boxes) per quarter for patients with non-insulin dependent diabetes.

#### **Breast Pump(s) / Breast Pump Supplies**

Standard member benefits provide coverage for only one (1) manual (E0602) or electric (E0603) breast pump purchase per delivery.

Standard member benefits do not provide coverage for hospital-grade breast pumps (E0604).

Replacement breast pump supplies (A4281-A4286) are not separately reimbursable on the same date of service as the breast pump (E0602-E0603), as they are included in the initial purchase of the pump.

Breast pump supplies (A4281-A4286) are limited to 2 units per code, per year.

#### **Devices, Implants, Blood Products, & Imaging Agents**

Certain implants, devices, blood products, and imaging agents require the applicable procedure to also be billed. Blue Cross NC requires that the relevant associated procedure code for the implant, device, or imaging agent to be billed. Additionally, the related procedure must also be reimbursable, for the implant, device, or imaging agent to be separately reimbursable. For example, an imaging agent should not be billed without the requisite imaging procedure. In this example, the imaging agent will not be reimbursable without the related reimbursable procedure. Similarly, device-dependent procedures will not be eligible for reimbursement in the absence of a device.

Blue Cross NC will not provide reimbursement for autologous blood collection, processing and storage on the same date as a transfusion as these codes are intended to be used when blood is collected but not transfused. Likewise, if Blue Cross received and adjudicated a claim for autologous blood collection, processing and



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storage, then the transfusion of the blood product will not be eligible for reimbursement on the same date of service.

### **Gradient Compression Garment(s)**

Gradient compression garments: upper and lower extremity (A6530 – A6549) are limited to four (4) pairs or eight (8) individual units per year.

Appropriate coding for anatomical area and compression needs are expected.

The following items are not considered gradient compression garments: Anti-embolism stockings (TED hose), elastic stockings, support hose/panty hose, foot coverings, leotards, knee supports, surgical leggings, wraps and bandages, gauntlets, jackets, capris, leggings, and garments for the hands, feet and trunk/chest including the neck region.

E1399 is an inappropriate code to represent gradient compression garments.

### **Mastectomy Bra(s)**

Mastectomy bras (L8000-L8002) are limited to two per year.

### **Medical, Surgical Supplies and DME in a Facility Setting**

Medical and surgical supplies (including drugs and vaccines) and DME are not reimbursable as professional services when billed in a facility setting as they are typically billed by the facility or DME provider. Additionally, DME is not eligible for separate reimbursement in an Ambulatory Surgical Center (ASC) as ASCs are reimbursed at an all-inclusive rate, thus the DME is considered included in the all-inclusive rate.

### **Temporomandibular Joint (TMJ) Splints**

Occlusal orthotic devices (D7880) are limited to one per year.

Adjustments (D7881) performed within 1 year of device (D7880) insertion are included in the reimbursement of the device.

Adjustments (D7881) performed after 1 year of device (D7880) insertion are reimbursable once every 3 months.

### **Supplies and Equipment Billing Requirements**

Supplies are reimbursable on a monthly basis. Regardless of utilization, a supplier must not dispense more than one (1) month quantity at a time.

Supplies and accessories related to DME are not eligible for reimbursement when DME hasn't been previously provided.

PAP mask, nasal interface, or tubing are not eligible for reimbursement more than once every 3 months by any provider.

VAD (Ventricular Assist Device) accessories are not eligible for reimbursement more than one (1) unit per year unless appended with an appropriate modifier (RA, RB).



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The purchase of a new TENS device is not eligible for reimbursement if not previously rented in the prior 90 days by any provider.

A TENS device must be billed with modifier RR or NU to be eligible for reimbursement.

Orthotics and Prosthetics have an expected reasonable life span of 5 years. Therefore, reimbursement is limited to one (1) unit every five (5) years by any provider.

Diabetic therapeutic inserts are not eligible for reimbursement when billed with toe fillers. Reimbursement of therapeutic shoe inserts and modifications for diabetics is limited to 6 units per calendar year.

Reimbursement of diabetic shoes are limited to 2 units per calendar year.

Previously purchased DME is not eligible for additional rental or purchase during the reasonable lifetime period of the equipment.

Indwelling catheter reimbursement is limited to three (3) units every three (3) months by any provider.

Intermittent urinary catheter reimbursement is limited to 600 units every three (3) months by any provider.

Enteral formulas and additives are not eligible for reimbursement.

Reimbursement for DME rental is limited to the first provider billing in any given month. DME rental is limited to CMS capped rental period guidelines.

Reimbursement for the rental of a stationary or portable oxygen delivery system is limited to once per month by any provider.

Reimbursement for oxygen accessories and supplies are not eligible for separate reimbursement when billed on the same day or during the same month as a monthly oxygen rental billing.

Maintenance, repairs, replacements, adjustments, supplies, and accessories are not eligible for separate reimbursement from DME rental.

Inexpensive or Routinely purchased DME is not eligible for reimbursement if submitted without a modifier to indicate it is new, used or a rental.

### **Non-Reimbursable Supplies and Equipment**

The following Supplies and Equipment are not eligible for separate reimbursement:

- Pulsed irrigation and evacuation systems
- Enema systems
- Belt, strap, sleeve, garment, or covering
- Non-covered item or service
- Thermal therapy
- Dressings, bandages, surgical stockings and non-elastic binder for extremity
- Orthopedic footwear (L3000-L3595, L3649) billed with diabetic diagnoses
- Diabetic shoes, inserts, and modifications billed without diabetic diagnoses
- Socks



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- DME with category IN, CMS considers “purchase only” that are billed with modifier KR, RR or UE.

## Rationale

Please refer to the “Guidelines for purchasing DME” section in [Provider Manual](#) for more information related to claim filing.

## Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at [Blue Cross NC](#).

Supplies and Equipment HCPCS Code	Description
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A6530 – A6549	Gradient compression garments
D7880	Occlusal orthotic device
D7881	Occlusal orthotic device adjustment
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Hospital-grade breast pump
L8000-L8002	Mastectomy bras

Non-Reimbursable Supplies and Equipment	
HCPCS Code	Description
A4458	Enema bag with tubing, reusable
A4459	Manual pump-operated enema system
A4465	Non-elastic binder for extremity
A4467	Belt, strap, sleeve, garment, or covering, any type
A4490-A4510	Surgical stockings
A5508, A5510	Diabetic only shoe mold/inserts
A6025	Gel sheets used for the treatment of keloids or other scars.
A6250	Skin sealants or barriers



A6260	Wound cleansers
A6413	First-aid type adhesive bandage
A9270	Non-covered item or service
E0215	Electric heat pad, moist
E0217	Water circulating heat pad with pump
E0218	Fluid circulating cold pad with pump, any type
E0236	Pump for water circulating pad
E0249	Durable replacement pad used with a water circulating heat pump system
E0350	Colorectal irrigation system that consists of an irrigation fluid holding chamber, a rectal catheter with an inflatable balloon and an electric pump
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
K0740	Repair or nonroutine service
L2840, L2850	Socks
L3000-L3595	Orthopedic footwear
L3649	Orthopedic footwear, unlisted

## Related policy

[Ambulatory Surgical Center \(ASC\)](#)

[Bundling Guidelines](#)

[Durable Medical Equipment \(DME\) \(medical policy\)](#)

## References

Centers for Medicare & Medicaid Services, CMS Manual System, and Medicare Claims Processing Manual 100-04 [CMS](#)

Blue Cross NC Provider Manual [Provider Blue Book](#)

## History

4/30/2021	New policy developed. Gradient compression garment limit reduced from 6 pair to four (4) pair or eight (8) individual units per year. Breast pump supplies limited to 2 units per code, per year. TMJ splint limits added. <b>Notification on 4/30/2021 for effective date 7/1/2021.</b> (eel)
12/30/2021	Supply Billing Requirements clarification added to Reimbursement Guidelines. Routine policy review. Medical Director approved. (eel)
6/1/2022	Policy language updated throughout. Added “ <b>Medical, Surgical Supplies and DME in a Facility Setting</b> ” and “ <b>Devices, Implants, Blood Products, &amp; Imaging Agents</b> ” to Reimbursement Guidelines. Medical Director approved. <b>Notification on 3/31/2022 for effective date 6/1/2022.</b> (eel)
8/23/2022	Alphabetized Guidelines. Removed medical necessity reference from Compression Garment section for clarity. Removed examples of items not considered gradient compression garments. No change to policy intent. (ckb)



12/31/2022	Routine Policy Review. Minor Revisions only. (cjw)
5/16/2023	Added sections: Supplies and Accessories billing requirements, non-reimbursable equipment and DME rental. Coding section updated. Medical Director approved. <b>Notification on 5/16/2023 for effective date 7/18/2023.</b> (tlc)
7/18/22023	Examples added as clarification to Gradient Compression Garment section. No change to policy intent. (tlc)
9/12/2023	Policy language added to Supplies and Equipment Billing Requirements. Added TENS device modifier requirements, therapeutic mold inserts for diabetics, intermittent catheter, reimbursement of portable oxygen and accessories, routinely purchased DME. Added diabetic shoes and inserts and category "IN" DME to Non-Reimbursable Supplies and Equipment. Medical Director approved. <b>Notification on 9/12/2023 for effective date 11/12/2023.</b> (tlc)

## Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

## Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing, and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

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