

33 Durable Medical Equipment (DME), Disposable and Prosthetics

Durable Medical Equipment (DME) is medical equipment that can withstand repeated use. Disposable medical supplies are those items that are not reusable. Both durable and disposable medical equipment/supplies are primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of an illness or injury.

Covered Services

DME, orthosis, prosthesis and disposable medical supplies including nutritional supplements are a covered benefit for Nevada Medicaid recipients. Nevada Medicaid provides coverage for standard medical equipment that meets the basic medical need of the recipient. Equipment repair and replacement requires medical documentation and may be subject to limitations of model, cost and frequency, which are deemed reasonable by the program.

The supplier must have an order from the treating physician before dispensing any DME, orthotic, prosthetic or disposable product. Without this order, Medicaid will not reimburse for the equipment or product.

Disposable medical supplies are covered by Nevada Medicaid for eligible recipients only if they are necessary for the treatment of a medical condition and would not generally be useful to a person in the absence of an illness or injury.

Non-Covered Services

Items that are classified as educational or rehabilitative in nature are not covered for DME providers.

Prior Authorization Requirements

Most non–disposable prosthetics, orthotics, oxygen and durable medical equipment require prior authorization from First Health Services.

Disposable supplies do not require prior authorization. Quantity limitations are listed on the Nevada Medicaid Fee Schedule on the web at <http://dhcfp.state.nv.us>. (Select “Rates” from the navigation bar on the left side of the page.)

Notes

Only those products included in the Product Classification List published by the Statistical Analysis DME Regional Carrier (SADMERC) may be billed using code B4154 or B4155.

B4150 - Enteral formulas consisting of semi-synthetic intact protein/protein isolates are appropriate for the majority of patients requiring enteral nutrition.

B4151 - Formulas consisting of natural intact protein/protein isolates are covered for patients with an allergy or intolerance to semi-synthetic formulae (B4150).

B4152 - Calorically dense formulas are covered if they are ordered and are medically necessary.

B4151, B4153-B4156 - The medical necessity for special enteral formulas will need to be justified for each patient. If the medical necessity for these formulas is not substantiated, payment will be based on the allowance for the least costly alternative, code B4150.

Payment for a catheter/tube anchoring device is included in the allowance for enteral feeding supply kits (B4034-B4036). Do not bill code A5200 separately. Medicaid does not pay for this in addition to the supplies for enteral nutrition.

When enteral nutrition is covered, dressings used in conjunction with a gastrostomy or enterostomy tube are included in the supply kit code (B4034-B4036) and should not be billed separately using dressing codes.

When an IV pole (E0776) is used for enteral nutrition administered by gravity or a pump, the XA modifier should be added to the code. Intravenous therapy supplies are billed through the DME program (provider type 33, not provider type 37).