

Prevea360 Health Plan Modifier Requirements for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Providers are required to follow Centers for Medicare and Medicaid Services (CMS) requirements for proper modifier usage when submitting charges for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

Per CMS, in order to be considered a piece of durable medical equipment, all of the following criteria must be met. The item must withstand repeated use, be primarily and customarily used to serve a medical purpose, not generally useful to a person in the absence of illness or injury, and be appropriate for use in the home.

A DME POS modifier is a two-character alpha or numeric code that when appended to a HCPCS code, clarifies the services being billed. The following is a summary of the most frequently used DME modifiers that may be required by CMS and some examples of when they are required:

Anatomic Modifiers (RT/LT)

An orthotic is used to support a weak or deformed body part or to restrict motion in a diseased or injured part of the body. A brace is a rigid or semi-rigid device which is used for this purpose.

For those orthotics or prosthetics that may be billed bilaterally, an RT (Right side of body) or LT (Left side of body) modifier must be used to denote which side is being supported (orthotic) or replaced (prosthetic). Orthotics or prosthetics should not be billed with modifier 50 (Bilateral procedure). HCPCS codes defined as "pair" should not be billed with a RT or LT modifier.

Functional Modifiers (K0-K4)

A lower limb prosthetic may be covered when the patient will reach or maintain a defined functional state within a reasonable period of time and is motivated to ambulate. Functional Modifiers have been developed to define ability and are to be used with lower limb prosthetics.

Functional Modifiers:

- K0 – Lower level prosthesis functional level 0 - Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
- K1 - Lower level prosthesis functional level 1 - Has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
- K2 - Lower level prosthesis functional level 2 - Has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs, or uneven surfaces. Typical of the limited community ambulator.
- K3 - Lower level prosthesis functional level 3 - Has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
- K4 - Lower level prosthesis functional level 4 - Has the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels, typical of the prosthetic demands of the child, active adult, or athlete.

Capped Rental Modifiers

Capped rental modifiers identify which rental month the beneficiary is in:

- KH - Month 1
- KI - Months 2-3
- KJ - Months 4-13

Tape (A4450, A4452)

According to CMS policy, tape is billed with one of the following modifiers to indicate its intended use:

- AU - Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
- AV - Item furnished in conjunction with a prosthetic or orthotic device
- AW - Item furnished in conjunction with a surgical dressing
- AX - Item furnished in conjunction with dialysis services

Modifier CG (Policy criteria applied)

According to CMS policy, spinal orthoses are required to be billed with modifier CG (Policy criteria applied).

Modifier KX (Requirements specified in the Medical Policy have been met)

Many DMEPOS policies require the KX modifier to indicate provider attestation that specific policy criteria are met:

- KX - Coverage criteria in policy are met
 - Shows the item is reasonable and necessary and has been ordered by a licensed practitioner
 - Indicates that policy criteria have been met
 - Documentation must be available upon request
- Policies include CMS Local Coverage Determinations (LCDs), Prvea360 Medical Policies or, for a Medicaid patient, policies outlined in the State of Wisconsin Forward Health Manual.
- If the criteria for modifier KX are not met, then modifiers GA, GY, or GZ may be used, depending on the circumstances.

Modifier KS (Glucose monitor supply for diabetic beneficiary not treated with insulin)

Certain glucose monitoring equipment and supplies require a modifier to indicate the beneficiary's treatment status:

- KS - Glucose monitor supply for diabetic beneficiary not treated with insulin
- KX - Documentation on file for diabetic beneficiary treated with insulin

Modifiers to designate Rental or Purchase status

According to CMS Policy, certain items, can only be rented or purchased.

- RR – Rented item
- NU – New purchased item
- UE – Used purchased item

Important Notes

- This policy will apply to professional and facility claims.

If you have any questions, please contact our Customer Care Center at 877-230-7555.