



<b>Policy Title</b>	DME Limits Reimbursement Policy
<b>Policy Department</b>	Payment Strategy and Operations
<b>Effective Date</b>	1/1/2022
<b>Revision Date(s)</b>	3/1/2022
<b>Next Review Date</b>	

**Disclaimer:**

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

**Description:**

This policy addresses Durable Medical Equipment (DME) frequency limitations. It defines the Clover Health policy on how the frequency is calculated based on CMS rules and regulations. These calculations are based on Medically Unlikely Edits (MUEs) as published by CMS.

**Definitions:**

- **Durable Medical Equipment (DME)**
  - DME is covered under Part B as a medical or other health service (§1861(s)(6) of the Social Security Act [the Act]) and is equipment that:
    - Can withstand repeated use;
    - Is primarily and customarily used to serve a medical purpose;
    - Generally is not useful to a person in the absence of an illness or injury; and
    - Is appropriate for use in the home.
    - All requirements of the definition must be met before an item can be considered to be durable medical equipment.
- **Medically Unlikely Edit (MUE)**

- An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Not all HCPCS/CPT codes have an MUE.

**Policy:**

DME items and services cover a broad range of supplies. CMS has defined limitations, how many items may be billed per day and/or month for certain codes. Those limitations can be found on the CMS DME Supplier MUE Table.

For some DME items, Clover Health members may be required to have a prescription or order from a physician.

The reordering of supplies and accessories is based upon actual beneficiary usage. Suppliers may not automatically ship supplies to Clover members as refills to the original order/prescription, as auto shipping is prohibited by CMS. In order to refill, the supplier must contact the Clover member at least 14 days prior to dispensing the refill in order to ensure that the item is still reasonable and necessary. Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers should stay attuned to atypical utilization patterns on behalf of their clients and verify with the ordering physicians that the atypical utilization is, in fact, warranted.

If a claim is billed and the DME supply exceeds the CMS allowed amount, the claim line will be denied as medically unlikely.

**References**

[CMS DME Center](#)

[Medicare Claims Processing Manual - Chapter 20](#)

[DME Fee Schedule](#)

[CMS Program Integrity - Chapter 5](#)

[CMS Medically Unlikely Edits](#)

[CMS DME Supplier MUE Table](#)

