

<b>PCHP Reimbursement Policy</b>		
Topic: Take-Home Durable Medical Equipment (DME)	Policy Number: PCHP.RI.020	Policy Section: DME
Last Modification Date:	Effective Date: 5/15/2025	

**Policy Disclaimer:**

Please ensure adherence to correct billing and submission protocols. Utilize industry-standard, compliant codes when submitting claims. Services should be coded using Current Procedure Terminology® (CPT), Healthcare Common Procedure Coding System (HCPCS), and/or revenue codes. These codes specify the services or procedures rendered and must be fully substantiated in the medical record or office notes upon billing. Our reimbursement policies apply uniformly to both participating and non-participating professional providers and facilities, unless stated otherwise.

Failure to comply with appropriate coding/billing guidelines or current reimbursement policies may result in actions by PCHP, including claim rejection or denial, claim payment recovery/recoupment, or reimbursement adjustment to accurately reflect the services provided.

These reimbursement policies are designed to support you in submitting accurate claims and to clarify the criteria for reimbursement if PCHP covers the service under the member's benefit plan; however, coverage determination for items such as, but not limited to service, procedure, item, do not guarantee reimbursement. All billed services must align with authorization and medical necessity guidelines.

These reimbursement policies may be overridden by mandates in provider contracts, state or federal regulations, or Centers for Medicare & Medicaid Services (CMS) requirements. PCHP strives to implement policy changes promptly; any delays may necessitate recoupment of claims payment to the effective date as outlined in the policy. We reserve the right to periodically review and update these policies as needed, with the most current version available on our website upon any revisions.

**Policy:**

PCHP does not reimburse for Durable Medical Equipment (DME) and medical supplies dispensed by a facility for take-home use, whether provided to inpatient or outpatient hospital settings. Claims from facilities billing DME and medical supplies with revenue codes indicating take-home use will be denied.

For reimbursement consideration, claims related to take-home DME and medical supplies should be submitted by a DME/supply vendor. Reimbursement rates are determined by:

- Contracted or negotiated rates for participating vendors.
- Out-of-network fee schedule or negotiated rates for non-participating vendors.

PCHP does permit reimbursement of facility claims for medical supplies provided to the member at discharge, billed with revenue codes other than those for take-home use. This includes items such as



crutches and up to 72 hours of medical supplies if the provider was unable to obtain them from a vendor by the time of discharge.

**References:**

This policy has been developed through consideration of the following:

CMS, Department of Health and Human Services, Texas Health and Human Services and all applicable agencies, National Correct Coding Initiative.

**Policy History:**

<b>Description</b>	<b>Date</b>
Policy Created	May 9, 2024
Policy Approved	January 30, 2025