

Humana managed medical assistance (MMA)/ long-term care (LTC) Provider informational resource

Durable Medical Equipment

The following information details Humana's guidance related to durable medical equipment (DME) services:

1. What Durable Medical Equipment and Medical Supply Services (DME) does Humana cover?

Humana covers all medically necessary DME services. These services can be found on the **Agency for Health Care Administration (AHCA) Fee Schedule**.

2. Does Humana cover services that have a \$0 rate on the DME fee schedule?

Yes, Humana may cover these codes, and when medically necessary, these rates will be established on an individual basis through a letter of agreement (LOA) process when clinically authorized.

3. Will Humana cover services NOT on the DME fee schedule?

Yes, when it becomes medically necessary, these will be covered. Services will be clinically authorized, and payment will be negotiated through a LOA, or listed as mutually agreed upon within individually contracted provider agreements. These are provided and reimbursed within the requirements of national correct coding methodologies.

4. Does Humana cover maintenance of equipment and supplies and/or rental DME items?

Yes, Humana covers both necessary maintenance of equipment and supplies, as well as rental of DME items in accordance with Florida Medicaid Service Policy 59G-4.070 (Durable Medical Equipment and Medical Supplies)

5. Which DME modifiers are considered reimbursement modifiers?

These modifiers are appropriate for DME, prosthetics and orthotics. Reimbursement will be based on the applicable fee schedule or contracted/negotiated rate for claims submitted for the equipment with the valid modifier identifying new, rented or used equipment. Claims submitted for equipment without the appropriate reimbursement modifier may be denied or not paid at the expected allowable. To minimize claims processing errors, the listed reimbursement modifiers must be billed in the primary or first modifier field to determine the appropriate reimbursement.

- Modifier NU: new equipment
- Modifier RR: rented equipment
- Modifier UE: purchase of used equipment

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6. Which DME services require prior authorization?

The DME services listed below require prior authorization. However, we recommend visiting [Humana.com/PAL](https://www.humana.com/PAL) for the most updated information.

DME services rendered by nonparticipating providers:

- Augmentative and alternative communication systems
- Beds and accessories
- Cochlear and auditory brain stem implants
- Continuous glucose monitoring devices and supplies
- Cranial orthotics
- DME for long-term care members
- DME repairs
- High frequency chest compression vests
- Insulin infusion pumps
- Negative pressure wound therapy
- Orthotics
- Other implantable/semi-implantable hearing aids and devices
- Personal emergency response systems (PERS)
- Prosthetics
- Stimulator devices: bone growth, neuromuscular and spinal cord
- Transfer benches
- Volume control ventilators
- Wheelchairs and scooters

7. If I have questions on how a Florida Medicaid claim has processed for payment or denial, whom can I contact?

Please contact your provider account executive directly, or email: FLMedicaidResolution@humana.com