

Provider Memorandum

Reminder: Durable Medical Equipment Claims

Molina Healthcare of Illinois (Molina) requires providers to meet specific claims submission standards to facilitate payment. To help ensure correct claims submission, the following provider types should observe these guidelines when submitting claims:

- Durable medical equipment (DME) providers (type 063)
- Pharmacy providers (type 060) with category of service 048 (medical supplies)

NU and RR Modifiers

A common reason a provider may receive a DME claim denial could be related to the modifier.

- Providers should use the NU modifier only if there is **both** rental and purchase price on the fee schedule, as follows:
 - If the member is assigned to Molina’s HealthChoice Illinois Medicaid plan, refer to the Medicaid fee schedule.
 - If the member is assigned to Molina Dual Options Medicare-Medicaid Plan, refer to the Medicare fee schedule.
- Do not use the NU modifier when only a purchase price is present for the member’s assigned line of business (Molina HealthChoice Illinois or Molina Dual Options).
- Providers should use the RR modifier for DME rental.

Examples*

- Code E0248 and E0249 are used for purchases only.
 - No modifier is required.

HCPS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0248		TRANS BENCH, HD FOR TUB OR TOILET W/WO COMMODE	041	N		Y	N	\$407.15		1	1,095
E0249		PAD FOR WATER CIRCULATING HEAT UNIT, REPLACE ONLY	041	N		Y	Y	\$21.20		1	365

- Codes E0250, E0265 and E0266 fall under both purchase and rental.
 - Use the NU modifier for a purchase.
 - Use the RR modifier for a rental.

HCPS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0265		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y	Y	\$1,008.53	\$100.85		
E0266		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/O MATTRESS	041	B		Y	Y	\$1,004.86	\$100.48		
E0250		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/MATTRESS	041	B		Y	Y	\$574.50	\$57.45		

- Codes E0431, E0434 and E0439 only have a rental price.
 - Use the RR modifier for a rental.

HCPS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0431	NR	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER TUBING	041	R		Y	Y		\$27.66	1	30
E0434	NR	OXYGEN-LIQUID, PORT; W/HUMIDIFIER TUBING MASK/CA	041	R		Y	Y		\$27.66	1	30
E0439	NR	OXYGEN-LIQUID, STATIONARY, W/HUMIDIFIER TUBE MASK	041	R		Y	Y		\$165.50	1	30

* The details provided in these fee schedule examples are as of January 4, 2019. Prior to billing, please verify using the appropriate Medicaid or Medicare fee schedule appropriate for the date of service.

Resources

For information on the different fee schedules, please refer to the following:

- HealthChoice IL: [HFS DME fee schedule for Medicaid](#)
- Molina Dual Options: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/index.html

Questions

Providers who have questions, concerns or would like additional training, including how to use the Molina Provider Portal, may contact their provider network managers or email the Provider Network Management Department, MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your provider network manager, visit Molina's Service Area page at www.MolinaHealthcare.com.