



Billing Reminders for Durable Medical Equipment

UnitedHealthcare Community Plan wants to make claim submission for reimbursement easier for our network care providers who provide durable medical equipment (DME) and supplies to our members. This at-a-glance list of billing reminders can help.

Claim Submission Form and Mailing Address

Claims must be billed on a CMS-1500 form or with an electronic equivalent. Please mail paper claims to:

UnitedHealthcare Community Plan
Attention: Claims
P.O. Box 5220
Kingston, NY 12402-5220

Prior Authorization

DME with a purchase price of more than \$500 or a cumulative rental cost typically requires prior authorization. Prior authorization is only required in outpatient settings, which includes the patient's home. For a list of DME supplies requiring prior authorization, please go to **UHCCommunityPlan.com** > For Health Care Professionals > Iowa > [Prior Authorization](#). If the DME is not listed, regardless of price, it does not require prior authorization.

Claim Submission Instructions/Information

- Pharmacies must be contracted as a DME care provider if supplying medical equipment or supplies to members.
- Codes listed as "By Report" in the DME fee schedule will be priced as follows:
 1. Medicare fee schedule (if Medicare is the primary payer)
 2. Average wholesale price minus 10 percent
 3. Manufacturer's suggested retail price (MSRP) minus 15 percent
Care provider must supply a copy of the MSRP with claim. Please clearly indicate that the information provided is the MSRP.
 4. Cost plus 10 percent
Care provider must supply a copy of the invoice with the claim.
- Rental fees from a single vendor are payable up to either the purchase price of an item or a maximum number of rental months, whichever is less. When the rent-to-purchase maximum, or rental cap, specified in the contract is reached, the item is considered purchased and isn't reimbursable.

Third Party Liability

When a member has primary insurance, care providers must file Third Party Liability (TPL) information if the service billed isn't listed on the Medicare non-covered list or is defined as "Pay and Chase" per the State's TPL policy. Care providers are encouraged to bill claims with TPL electronically through EDI and Clearinghouse Connections, but can also bill on paper with an attached copy of the primary payer Explanation of Benefits.

Please include the following payer information in the form fields:

- **9 - Other Insured's Name:** Enter the name of the policyholder of the primary insurance.
- **9a - Other Insured's Policy or Group Number:** Enter the policy or group number of the primary insurance.
- **9d - Insurance Plan Name or Program Name:** Enter the name of the insurance carrier.
- **11d - Is There Another Benefit Plan:** Select "Yes" if a member has primary insurance.
- **29 - Amount Paid:** Enter the amount paid by primary payer.

Additional Resources

For more information, see the Durable Medical Equipment, Orthotics and Prosthetics Multiple Frequency Policy (2016R0109G) at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Reimbursement Policy](#) or the Durable Medical Equipment chapter in our Provider Manual at UHCCommunityPlan.com > For Health Care Professionals > Iowa > [Provider Administrative Manual](#).

If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. Thank you.