

**DURABLE MEDICAL EQUIPMENT (DME) / PROSTHETICS &
ORTHOTICS MODIFIERS**

Date of origin: Dec. 30, 2024

Review dates: 12/24

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise stated
- Medicaid follows MDHHS unless otherwise stated

DEFINITION

Durable medical equipment (DME) is any reusable object or device that provides therapeutic benefits to a patient in the home. DME is used to serve a medical purpose. It's not useful to a person in the absence of illness, disability or injury, and must be ordered or prescribed by a physician.

MEDICAL POLICY

- [Durable Medical Equipment \(#91110\)](#)
- [Orthotics: Shoe Inserts, Orthopedic Shoes \(#91420\)](#)
- [Orthotics/Support Devices \(#91339\)](#)
- [Prosthetics - External \(#91306\)](#)

POLICY SPECIFIC INFORMATION**Capped rental modifiers**

Reminder – Capped rentals must include the RR modifier to identify the capped rental along with modifiers to identify the capped rental period:

- **KH** (DMEPOS item, initial claim, first month rental) is only to be used for the initial claim of the capped rental period
- **KI** (DMEPOS item, second- or third-month rental) is only to be used for the second and third months of the capped rental period
- **KJ** (DMEPOS item, parenteral enteral nutrition (PEN) pump or capped rental, months 4 to 15) is only to be used for the fourth through final month of the capped rental period

Functional modifiers K0-K4

Functional Modifiers have been developed to define ability (DME Medical Review Policy). When a lower limb prosthesis is billed without one of the functional modifiers, the prosthesis will be denied.

- **K0** indicates the prosthesis does not enhance the member's quality of life or mobility and medical policy (or for Medicare, LCD) will drive coverage when modifier is appended.
- **K1** identifies the prosthesis creates a functional level of 1 (see HCPCS for modifier definition)
- **K2** identifies the prosthesis creates a functional level of 2 (see HCPCS for modifier definition)
- **K3** identifies the prosthesis creates a functional level of 2 (see HCPCS for modifier definition)
- **K4** identifies the prosthesis creates a functional level of 2 (see HCPCS for modifier definition)

HCPCS codes that require modifier K2, K3 or K4:

- L5972 (Flexible keel foot)

- L5978 (Multiaxial ankle/foot)
- L5982-L5986 (Axial rotation unit)

HCPCS codes that require K3 or K4:

- L5610, L5613, L5614, L5722-L5780, L5814, L5822-L5840, L5848, L5856-L5858, L5859 (Fluid, pneumatic or electronic knee)
- L5961, L5973 (Endoskeletal ankle foot system)
- L5976, L5979-L5981, L5987 (All lower extremity prosthesis, foot system)

HCPCS code that requires K3:

- L5859

HCPCS code that requires K4:

- HCPCS Code - L5930

Modifier KF

According to CMS policy, external defibrillator (E0617, K0606) and osteogenesis stimulators (E0747-E0748, E0760, E0766) are classified as class III devices which must be submitted with modifier KF.

Wheelchair modifiers

- **KX** – Modifier should be appended to indicate that policy criteria has been met for all wheelchair DME items (includes base, seating, power devices, and additional accessories). Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ** – Per CMS local coverage determinations, one of these modifiers are required for claim processing all wheelchair DME items (includes base, power bases, seating, and additional accessories). Please review applicable LCD for additional guidelines. (Medicare)
- **RT, LT** – Laterality modifiers should be utilized to identify the right or left side when a bilateral accessory is supplied. Missing modifiers will result in a claim denial.

Pressure reducing support surfaces (Groups I, II, III)

- **KX** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)
- **Group I** – E0181, E0182, E0184-E0189, E0196-E0199
- **Group II** – E0193, E0277, E0371- E0373
- **Group III** – E0194

Oxygen and associated equipment modifiers

- **KX** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

Respiratory assist devices, airway pressure devices and oral appliance or devices modifiers

- **KX** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

Glucose monitors modifiers

- **KS** – reported to identify if member is treated with insulin when billing for home glucose monitors. Claims without applicable modifier will be denied.
- **KX** – reported to indicate if member is insulin dependent and policy criteria is met. Claims without applicable modifier will be denied.

Prosthetics and orthotics modifiers

- **KX** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY, GZ** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)

Orthotic footwear modifiers

- **KX** – Modifier should be appended to indicate that policy criteria has been met. Claims reported without KX modifier will deny as non-payable per medical policy. (Commercial, Medicaid products)
- **KX, GA, GY** – Per CMS local coverage determinations, one of these modifiers are required for claim processing. Please review applicable LCD for additional guidelines. (Medicare)
- Diabetic shoes/inserts HCPCS A5500-A5507 or A5512-A5514 – **KX or GY**
- **RT or LT** (Diabetic shoes/inserts) HCPCS A5500 - A5514

Surgical dressing modifiers

- Modifiers **A1-A9** are utilized to identify surgical dressings used for primary or secondary dressing on surgical and debrided wounds. These modifiers also indicate the number of wounds in which the surgical supply is utilized (total number based on wounds with dressings)
- A6010-A6011, A6021-A6024, A6196-A6224, A6228-A6248, A6251-A6259, A6261-A6262, A6266, A6402-A6404, A6407, A6441-A6456, A4461, A4463, A6154 and miscellaneous surgical dressings (A4649) when applicable

Other DME related supplies modifiers

- **KX** – HCPCS codes A4310-A4328, A4332-A4360, or A5102-A5114 (Commercial and Medicaid)
- **KX** – HCPCS codes A6550, A7000 or E2402 (Urological supplies) (Commercial and Medicaid)
- **GA, GY, GZ or KX** – HCPCS codes A4310-A4328, A4332-A4360, or A5102-A5114 (Medicare)
- **GA, GY, GZ or KX** – HCPCS codes A6550, A7000 or E2402 (Medicare)

ESRD supplies modifiers

- When ESRD items are utilized for non-ESRD treatment, HCPCS codes should be reported with **AY** modifier
- HCPCS codes – A4215-A4218, A4244-A4248, A4450-A4452, A6204, A6215-A6216, A6250, A6260, A6402, E0210

Documentation requirements

We align with the Centers for Medicare & Medicaid Services (CMS) standard documentation requirements for supplies and DME. Reference [CMS Article A55426 – Standard Documentation Requirements for All Claims Submitted to DME MACs](#).

Related billing policies

- [Miscellaneous DME](#)
- [Positive airway pressure \(PAP\) devices for treatment of sleep apnea](#)
- [Prosthetic Orthotics and Footwear](#)

Resources

[CMS Medicare Coverage Database](#)

CHANGE / REVIEW HISTORY

Date	Revisions made
Dec. 30, 2024	This policy is comprised of information that has been available on the <i>Durable medical equipment (DME), Prosthetics and Orthotics</i> page in our online Provider Manual.