



**MedStar Family Choice Maryland  
Durable Medical Equipment Capped Rental  
Private Duty Nursing Service**

**Effective November 25, 2025**

**Updated**

As MedStar Family Choice (MFC) continues its partnership with Payment Integrity partner, Advanced Medical Pricing Solutions (AMPS), we continue our prospective (pre-payment) reviews to include additional edits based on guidance from the Maryland Department of Health (MDH), the Centers for Medicare & Medicaid Services (CMS) Coverage Policies.

The following policies will be effective for claims received on or after November 25, 2025.

**Durable Medical Equipment Capped Rental Policy**

As defined by the MDH, providers shall be reimbursed for a monthly rental of covered Durable Medical Equipment (DME) items for which Medicare has established a purchase price.

- After ten (10) monthly rental payments, the items are considered purchased.

To determine if the DME item is a purchase or a rental, it shall be based on the prescriber's best faith estimate of the duration of medical necessity for the member.

- Ten (10) or more months, the provider shall charge for a purchase.
- Less than ten (10) months, the provider shall charge for rental of the DME item for the duration of medical necessity.

If the DME item is still medically necessary after ten (10) months of the rental and the DME item is purchasable, the 10<sup>th</sup> rental payment is the final rental payment, and the DME item is considered purchased.

**Billing Modifiers for Capped Rental DME-UPDATED**

When billing for a DME item, providers should bill each DME capped Rental Code with the appropriate modifier to reflect the correct rental, ensuring units are reported accurately per month and across months without exceeding allowed limits. Avoid billing the same code with both rental and new purchase modifiers within the restricted timeframe.

All new equipment must be billed with modifier NU (New Equipment) or UE (Used Durable



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Medical Equipment). Claims billed without modifiers NU or UE for new and used durable medical equipment will be denied. DO NOT leave the modifier field blank when billing for new or used durable medical equipment.

Modifier RR in medical billing signifies that DME is being rented rather than purchased. It ensures correct reimbursement by indicating a rental arrangement, typically billed monthly.

- The MDH provides the following limitations for additional capped rentals:
  - One (1) per month
  - Ten (10) per 10 months

When billing modifier RR in combination with LT or RT and billed more than the allowed units a ten (10) calendar-month period, additional units shall deny for exceeding the allowed maximum.

An additional rental rate in the same Calendar Month is allowed for services billed in with modifier RR and modifiers RT and LT for the same HCPCS code on separate lines.

Any claim billed with a DME Capped Rental Code with a modifier RR when the same code has previously been billed with modifier NU or modifier UE on the same date of service or within the previous 10 calendar month will be denied and considered previously purchased.

## **Repair of DME Including Prosthetic and Orthosis Items-UPDATE**

Prosthesis repair has a limit of twelve (12) units (1 unit equal to 15 minutes) per calendar year, as indicated on the MDH DME/DMS fee schedule. This limitation is based on the expected frequency of prosthetic repairs under normal wear and use conditions. Routine maintenance and repairs typically do not require labor charges exceeding one (1) unit (15 minutes) per year unless there are unusual circumstances (e.g., extensive damage, complex fittings, or acute changes in the members' medical condition impacting prosthesis use).

Repair or non-routine service codes for non-oxygen DME will be denied when billed with oxygen equipment codes.

When repair HPCPS codes (K0739, L4205, or L7520) are billed with any DME HCPCS code with modifier RR, the repair codes will be denied.

## **Private Duty Nursing Under the Age of 21**

Nursing services, which are determined to be medically necessary for members under the age of 21 for the member to benefit from educational or early intervention services and must be performed by a licensed nurse (RN or LPN), of 21 when medically necessary.



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When billing Private Duty Nursing Services provided by an RN or LPN with units greater than eight (8) in a day, and the member is under the age of 21, the billed units will be adjusted.

When billing for shift nursing services with units greater than 240 in a week, and the members age is greater than or equal to 21, the units will be denied for exceeding the maximum allowed units and for the members age is greater than or equal to 21.

For questions or additional information, contact us via email at [MFC-ProviderRelations2@MedStar.net](mailto:MFC-ProviderRelations2@MedStar.net) or by telephone at 800-261-3371.