



DEFENSE
HEALTH AGENCY

HPOD

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066**

**CHANGE 196
6010.58-M
JUNE 29, 2021**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL FOR
TRICARE REIMBURSEMENT MANUAL (TRM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

**CHANGE TITLE: DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES
(DMEPOS)**

CONREQ: 21773

SUMMARY OF CHANGE(S): This change implements a TRICARE-specific DMEPOS fee schedule for certain DME items that have no Medicare rates.

EFFECTIVE DATE: July 1, 2021.

IMPLEMENTATION DATE: August 2, 2021.

This change is made in conjunction with Feb 2008 TPM, Change No. 257.

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**Jose L. Lozoya
Chief, Manuals Change Section
Defense Health Agency (DHA)**

Claims For Durable Equipment (DE) And Durable Medical Equipment, Prosthetics, Orthotics, And Supplies (DMEPOS)

Issue Date: December 29, 1982

Authority: [32 CFR 199.4\(d\)\(3\)\(ii\)](#), [\(d\)\(3\)\(iii\)](#), [\(d\)\(3\)\(vii\)](#), and [\(d\)\(3\)\(viii\)](#)

1.0 APPLICABILITY

1.1 This policy is mandatory for durable equipment (DE), such as wheelchairs, iron lungs, and hospital beds.

1.2 This policy is mandatory for reimbursement of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided by either network or non-network providers. **The contractor may use** alternative network reimbursement methodologies when approved by the Defense Health Agency (DHA) and **the contractor** specifically includes **them** in the network provider agreement.

2.0 ISSUE

How are claims for DE and DMEPOS to be reimbursed?

3.0 POLICY

For coverage policy on DMEPOS see the TRICARE Policy Manual (TPM), [Chapter 8, Section 2.1](#). Reimbursement for DE and DMEPOS is established by fee schedules. The DMEPOS fee schedule is referred to, all-inclusively, as the DMEPOS fee schedule. **The contractor shall calculate the** maximum allowable amount **as** the lower of the billed charge, the negotiated rate (network providers) or the DMEPOS fee schedule amount.

4.0 REIMBURSEMENT

4.1 Prior to January 1, 2016, the DMEPOS fee schedule was categorized by state. Beginning January 1, 2016, Medicare fee schedule amounts for certain items were adjusted based on information from the DMEPOS competitive bidding program, and for some items, the adjusted DMEPOS fee schedule amounts for items furnished in rural areas within the state will be different than the adjusted DMEPOS fee schedule amounts in other areas of the state. The **ZIP Codes** for areas defined as rural areas are based on current **ZIP Code** boundaries. **The contractor shall calculate the** allowed amount **using what was** in effect in the specific geographic location at the time covered services and supplies **were** provided to a beneficiary. For DMEPOS delivered to the beneficiary's home, **the contractor shall use the** home address **as** the controlling factor in pricing and **the contractor shall use the** home address to determine the DMEPOS allowed amount.

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4.2 The contractor may take into account the following for DE/Durable Medical Equipment (DME) item payment:

4.2.1 The lower of the total rental cost for the period of medical necessity or the reasonable purchase cost; and

4.2.2 Delivery charge, pick-up charge, shipping and handling charges, and taxes.

4.3 The DMEPOS fee schedule classifies most items into one of six categories:

- Inexpensive or other routinely purchased DE/DME;
- Items requiring frequent and substantial servicing;
- Customized items;
- Other prosthetic and orthotic devices;
- Capped rental items; or
- Oxygen and oxygen equipment.

4.4 Inexpensive or routinely purchased DE/DME.

4.4.1 Payment for this type of equipment is for rental or lump sum purchase. The contractor shall ensure the total payment does not exceed the actual charge of the fee for a purchase.

4.4.2 Inexpensive DE/DME. This category is defined as equipment whose purchase price does not exceed \$150.

4.4.3 Other routinely purchased DE/DME. This category consists of equipment that is purchased at least 75% of the time and includes equipment that is an accessory used in conjunction with a nebulizer, aspirator, or ventilators that are either continuous airway pressure devices or intermittent assist devices with continuous airway pressure devices.

4.4.4 Modifiers used in this category are as follows (not an all-inclusive list):

RR Rental

NU Purchase of new equipment. Only used if new equipment was delivered.

UE Purchase of used equipment. Used equipment that has been purchased or rented by someone before the current purchase transaction. Used equipment also includes equipment that has been used under circumstances where there has been no commercial transaction (e.g., equipment used for trial periods or as a demonstrator).

4.5 Items requiring frequent and substantial servicing.

4.5.1 Equipment in this category is paid on a rental basis only. The contractor shall base payment on the monthly DMEPOS fee schedule amounts until the medical necessity ends. The contractor shall not make payment for the purchase of equipment, maintenance and servicing, or for replacement of items in this category.

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4.5.2 Supplies and accessories are not allowed separately.

4.5.3 For oxygen and oxygen supplies see [Section 12](#) and the TPM, [Chapter 8, Section 10.1](#).

4.6 Certain customized items.

4.6.1 In order to be considered a customized item, a covered item (including a wheelchair) must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of a physician and be so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes. See the TPM, [Chapter 8, Section 2.1, paragraph 3.6.2](#).

4.6.2 The beneficiary's physician must prescribe the customized equipment and provide information regarding the patient's physical and medical status to warrant the equipment is medically necessary, reasonable, and appropriate for the beneficiary's condition.

4.6.3 See the TPM, [Chapter 8, Section 2.1](#) for further information regarding customization of DME.

4.7 Capped rental items. **The contractor shall pay for** items in this category on a monthly rental basis not to exceed a period of continuous use of 15 months or on a purchase option basis not to exceed a period of continuous use of 13 months.

4.8 The Purchase Option for Capped Rental Items.

4.8.1 In the tenth month of a rental, the beneficiary is given a purchase option. If the purchase option is exercised by the beneficiary, **the contractor shall** continue to pay rental fees **but** not exceed a period of continuous use of 13 months and ownership of the equipment passes to the beneficiary. Ownership of the equipment **shall** pass to the beneficiary after 13 continuous months of rental.

4.8.2 If the purchase option is not exercised, **the contractor shall** continue to pay rental fees until the 15 month cap is reached and **the contractor shall not make** further payment other than for maintenance and servicing fees, until medical necessity ends.

4.8.3 In the case of electric wheelchairs only, the **contractor shall give the** beneficiary a purchase option at the time the equipment is first provided. The modifiers used with these items are:

- BR Beneficiary has elected to rent
- BP Beneficiary has elected to purchase
- BU Beneficiary has not informed the supplier of his/her decision

4.8.4 Modifiers used for capped rental items are:

- KH First rental month

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- KI Second and third rental months
- KJ Fourth to fifteenth rental months

4.9 Upgrade DE/DME (Deluxe, Luxury, or Immaterial Features).

4.9.1 The **contractor shall apply the** allowable charge for standard equipment or item of DE/DME toward any upgraded item, when the beneficiary chooses to upgrade a covered DE/DME, to include additional features that are intended primarily for comfort or convenience, or features beyond those required by the beneficiary's medical condition. Under this arrangement, **the beneficiary has sole responsibility for** upgraded DE/DME **charges. The contractor shall apply** beneficiary's cost-shares and deductible to the basic DE/DME.

4.9.2 The DE/DME provider **shall** identify non-payable upgrades to DE/DME using the appropriate Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) modifiers.

Example: A beneficiary requests an upgrade DE/DME - the DE/DME provider bills beneficiary for non-payable upgrade, modifier **GA** on first line for item that is provided and modifier **GK** on second line for item that is covered. TRICARE cost-shares medically necessary item only (**GK** line item). The **contractor shall deny** claim line with **GA** modifier as not medically necessary with the beneficiary responsibility (**PR**) message on the Explanation of Benefits (EOB). The claim line with the **GK** modifier will continue through the usual claims processing.

4.9.3 When the beneficiary upgrades an item of DE/DME, the upgrade charge is not managed by TRICARE, but the provider or supplier issuing the equipment **shall calculate the charge**. As a result, upgraded charges, clerical or calculation errors in connection with the upgraded equipment are not subject to appeal but are subject to administrative review by the contractor upon request from the beneficiary.

Note: The upgrade charge is the difference between the provider's or supplier's charge for the deluxe or upgraded item, and the allowable charge amount for the "covered" (standard) item.

4.9.4 **The contractor shall not count** upgraded items of DE/DME toward the beneficiary's catastrophic cap. However, the **contractor shall count the** beneficiary's responsibility for the standard DE/DME equipment towards the catastrophic cap. **The beneficiary is responsible for** deluxe or upgraded item **charges** even after the **beneficiary meets the** out-of-pocket maximum for covered services.

4.10 Rental fee schedule.

4.10.1 For the first three rental months, the rental DMEPOS fee schedule is calculated so as to limit the monthly rental of 10% of the average of allowed purchase prices on claims for new equipment during a base period, updated to account for inflation. For each of the remaining months, the monthly rental is limited to 7.5% of the average allowed purchase price.

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4.10.2 After paying the rental DMEPOS fee schedule amount for 15 months, **the contractor shall not make** further payment except for reasonable and necessary maintenance and servicing. Reasonable and necessary charges for maintenance and servicing are those made for parts and labor not otherwise covered under a manufacturer's or supplier's warranty.

4.10.3 Modifiers used in this category are as follows:

RR	Rental
KH	First month rental
KI	Second and third month rental
KJ	Fourth to fifteenth months
BR	Beneficiary elected to rent
BP	Beneficiary elected to purchase
BU	Beneficiary has not informed supplier of decision after 30 days
MS	Maintenance and Servicing
NU	New equipment
UE	Used equipment
NR	New when rented

4.10.4 Claims Adjudication Determinations.

4.10.4.1 **The contractor shall use** a two-step sequential process **adjudication of DE/DME claims**. **The contractor shall determine:**

Step 1: Whether the equipment meets the definition of DE/DME, is medically necessary, and is otherwise covered; and

Step 2: Whether the equipment should be rented or obtained through purchase (including lease/purchase). To arrive at a determination, the following information is required:

- A statement of the patient's prognosis and the estimated length of medical necessity for the equipment.
- The reasonable monthly rental charge.
- The reasonable purchase cost of the equipment.
- The contractor **shall** determine whether, given the estimated period of medical necessity, it would be more economical and appropriate for the equipment to be rented or purchased.

4.10.4.2 If the beneficiary opts to rent/purchase, the contractor **shall** establish a mechanism for making regular monthly payments without requiring the claimant to submit a claim each month. (It is not required or expected that the contractor will automate the automatic payment; the volume

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of this type claim will be quite low.) In cases of "indefinite needs," **the contractor shall evaluate** medical necessity after the first three months and every six months thereafter. **The contractor shall take** special care to avoid payment after termination of TRICARE eligibility or in excess of the total allowable benefit. In making monthly payments, the contractor **shall** report on the TRICARE Encounter Data (TED) only **the** portion of the billed charge which is applicable to that monthly payment. (See the TRICARE Systems Manual (TSM), [Chapter 2](#).) For example, a wheelchair is being purchased for a total charge of \$770. The contractor determines that payments will be made over a 10-month period. The allowed charge is \$600. **In this example, the contractor shall** show the monthly billed charge as \$77 and \$60 as the allowed.

4.10.5 Notice To Beneficiary. When the contractor makes a determination to rent or purchase, the **contractor shall notify the** beneficiary of that determination. The beneficiary is not required to follow the contractor's determination. **The beneficiary** may purchase the equipment even though the contractor has determined that rental is more cost effective. However, payment for the equipment will be based on the contractor's determination. Because of this, the **contractor shall carefully word the notice to the beneficiary** to avoid giving any impression that compliance is mandatory, but **the contractor shall** caution the beneficiary concerning the expenses in excess of the allowed amount. Suggested wording is included in [Addendum B](#).

4.11 Automatic Mailing/Delivery of DMEPOS.

The contractor shall ensure that all DMEPOS services are medically necessary and appropriate, to include refills of repetitive services and/or supplies, and any automatically dispensed quantities of supplies on a predetermined regular basis.

4.12 Oxygen and oxygen equipment. **The contractor shall reimburse** oxygen and oxygen equipment in accordance with [Section 12](#).

4.13 Parenteral **and** enteral nutrition (PEN) therapy. PEN pumps can be either rented or purchased. **The contractor shall base reimbursement rates for these items on pricing set forth in paragraphs 4.17 through 4.18.4.**

4.14 Splints and casts. **The contractor shall base** reimbursement rates for these items of DMEPOS on pricing **set forth in paragraphs 4.17 through 4.18.4.**

4.15 Refer to [Addendum D](#) for breastfeeding supply payment.

4.16 Replacement And Repair

4.16.1 **The contractor shall cover** extensive maintenance which, based on manufacturer recommendations, must be performed by authorized technicians as medically necessary. This may include breaking down sealed components and performing tests that require specialized testing equipment not available to the beneficiary. **The contractor shall cover** maintenance for patient owned-DME when such maintenance **is** performed by an authorized technician.

4.16.2 Replacement and Repair of DMEPOS. The following modifiers are to be used to identify repair and replacement of an item.

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4.16.2.1 RA - Replacement of an item. The **RA** modifier on claims denotes instances where an item is furnished as a replacement for the same item which has been lost, stolen, or irreparable damaged.

4.16.2.2 RB - Replacement of a part of DME furnished as part of a repair. The **RB** modifier indicates replacement parts of an item furnished as part of the service of repairing the item.

4.17 For service dates on or before June 30, 2021, the contractor shall base reimbursement rates on Medicare's DMEPOS and PEN fee schedule amount. If there is no Medicare rate, the contractor shall reimburse the DE or DMEPOS item or service using state prevailing rates. For more information regarding the reimbursement of items and supplies under the state prevailing rate, refer to [Chapter 3, Section 1](#), and [Chapter 5, Sections 1 and 3](#).

4.18 The contractor shall use the following reimbursement methodology for service dates on or after July 1, 2021:

4.18.1 The contractor shall base the reimbursement rate on Medicare's DMEPOS and PEN fee schedule amount. The contractor shall download and implement these pricing files within 10 days of publication on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule>.

4.18.2 If there is no Medicare rate, the contractor shall reimburse the DE or DMEPOS item or service using TRICARE's DMEPOS fee schedule rates.

4.18.2.1 DHA will establish, update, and calculate the TRICARE DMEPOS fee schedule rates. DHA will update TRICARE fee schedule annually (January 1) by the same update factor used in Medicare's DMEPOS and PEN fee schedule. DHA will make quarterly updates (April 1, July 1, and October 1) as necessary to add new codes and adjust rates in the fee schedule. DHA will post the fee schedule and periodic adjustments on the DHA website at <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Durable-Medical-Equipment-Prosthetics-Orthotics-and-Supplies>.

4.18.2.2 The contractor shall download and implement these pricing files within 10 days of publication on DHA's website (see [paragraph 4.18.2.1](#)).

Note: The TRICARE fee schedule includes wigs and breastfeeding supplies assigned to a specific procedure code (i.e. a code not classified as unlisted, miscellaneous, not otherwise classified, or custom). DHA calculated the base-year rates using the amounts established in [Addendum D](#), and the TRICARE Policy Manual (TPM), [Chapter 8, Section 12.1](#).

4.18.3 If there is no Medicare or TRICARE DMEPOS fee schedule rate, the contractor shall reimburse the DE or DMEPOS item or service using state prevailing rates. Refer to [Chapter 3, Section 1](#), and [Chapter 5, Sections 1 and 3](#).

4.18.4 See the TRICARE Operations Manual (TOM), [Chapter 1, Section 4](#) regarding updating and maintaining TRICARE reimbursement systems.

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5.0 EXCLUSIONS AND LIMITATIONS

5.1 A cost that is non-advantageous to the government shall not be allowed even when the equipment cannot be rented or purchased within a "reasonable distance" of the beneficiary's current address. The charge for delivery and pick up is an allowable part of the cost of an item; consequently, distance does not limit access to equipment.

5.2 Line-item interest and carrying charges for equipment purchase shall not be allowed. A lump-sum payment for purchase of an item of equipment is the limit of the government cost-share liability. Interest and carrying charges result from an arrangement between the beneficiary and the equipment vendor for prorated payments of the beneficiary's cost-share liability over time.

5.3 Routine periodic servicing such as testing, cleaning, regulating, and checking that is generally expected to be done by the owner. Normally, the purchasers are given operating manuals that describe the type of service an owner may perform. **The contractor shall not make payment** for repair, maintenance, and replacement of equipment that requires frequent substantial servicing, oxygen equipment, and capped rental items that the **beneficiary** has not elected to purchase.

6.0 EFFECTIVE DATES

6.1 September 1, 2005, for the DMEPOS system.

6.2 April 1, 2011, for reimbursement of splints and casts.

6.3 July 1, 2021, for the TRICARE-specific DMEPOS fee schedule.

- END -

Maximum Allowable Charge For Breastfeeding Supplies

1.0 APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, **the contractor may use** alternative network reimbursement methodologies when approved by the Defense Health Agency (DHA) and **the contractor** specifically included **them** in the network provider agreement.

2.0 DESCRIPTION

This addendum provides the payment amounts and procedures for reimbursing breastfeeding supplies for which Medicare does not have an established fee schedule rate, in accordance with the procedures established in [32 CFR 199.14\(j\)\(1\)](#). For network providers, the contractor may negotiate rates that **are** less than the rates established under this addendum, in accordance with contractual agreements.

3.0 POLICY

For coverage policy and allowable limits on breast pumps, breast pump supplies, and breastfeeding counseling, see the TRICARE Policy Manual (TPM), [Chapter 8, Section 2.6](#). Effective for service dates on or after July 5, 2018, the maximum allowable charge is limited to the lower of the billed charge, negotiated rate, or the national prevailing charge, as established by this Addendum.

4.0 REIMBURSEMENT

4.1 Effective for service dates on or after July 5, 2018, for breastfeeding supplies that have a specific Health Common Procedure Coding System (HCPCS) code:

4.1.1 The national prevailing charge was calculated by using the 80th percentile of all the billed charges during the 12 month period ending June 30, 2017. In the process of calculating the national prevailing charge, **DHA removed** outliers that were above an upper limit threshold of what the Government established to be “customary and reasonable”, in accordance with [32 CFR 199.9](#) definitions of abusive and excessive charges.

4.1.2 The national prevailing charge for these items are in [Figure 1.D-1](#) and TRICARE Overseas Program (TOP) [Figure 1.D-2](#). To account for local currency, exchange rate fluctuation, limits on availability, shipping, and other considerations, for claims that are processed under the TOP the national prevailing charge for the electric breast pump (HCPCS E0603) is \$500 and twice the rate established for the other supplies. The **contractor shall only apply** TOP rates to items purchased overseas (all locations outside of the 50 United States and the District of Columbia) and received from an overseas supplier. **The contractor shall apply rates in Figure 1.D-1 to** suppliers located in the United States who ship overseas.

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FIGURE 1.D-1 NATIONAL PREVAILING CHARGE FOR BREASTFEEDING SUPPLIES WITH A SPECIFIC HCPCS CODE FOR SERVICE DATES ON OR AFTER JULY 5, 2018

HCPCS CODE	DESCRIPTION	RATE PER UNIT
A4281	Tubing for breast pump	\$10.00
A4282	Adapter for breast pump	\$19.09
A4283	Cap for breast pump bottle	\$2.00
A4284	Breast shield and splash protector	\$9.99
A4285	Polycarbonate bottle	\$3.00
A4286	Locking ring	\$1.50
E0602	Manual breast pump purchase	Refer to the CMS DMEPOS fee schedule
E0603	Electric breast pump purchase	\$312.50
E0604	Hospital grade breast pump purchase	\$1,500.00
K1005	Breast Milk Storage Bags (Effective 01/01/2020)	\$0.20

FIGURE 1.D-2 TOP NATIONAL PREVAILING CHARGE FOR BREASTFEEDING SUPPLIES WITH A SPECIFIC HCPCS CODE FOR SERVICE DATES ON OR AFTER JULY 5, 2018

HCPCS CODE	DESCRIPTION	RATE PER UNIT
A4281	Tubing for breast pump	\$20.00
A4282	Adapter for breast pump	\$38.18
A4283	Cap for breast pump bottle	\$4.00
A4284	Breast shield and splash protector	\$19.98
A4285	Polycarbonate bottle	\$6.00
A4286	Locking ring	\$3.00
E0602	Manual breast pump purchase	Contact International SOS
E0603	Electric breast pump purchase	\$500.00
E0604	Hospital grade breast pump purchase	\$3,000.00
K1005	Breast Milk Storage Bags (Effective 01/01/2020)	\$0.40

Note: Hospital grade breast pumps may be provided on a rental or purchase basis. As of 2018, market research **showed** the average rental rate for a hospital pump **was** \$70 (and \$140 under the TOP). Therefore, **the contractor shall evaluate** any charges that are significantly higher from these amounts for the rental of HCPCS code E0604 for excessive and abusive charges. **The contractor shall base coverage** on the price most advantageous to the Government in accordance with [32 CFR 199.4\(d\)\(3\)\(ii\)\(D\)](#).

4.1.3 **DHA will publish** updates to the national prevailing charge annually, and adjust **rates** by the same update factor used to update the annual CHAMPUS Maximum Allowable Charge (CMAC) file. **The contractor shall not wage adjust** these rates for localities.

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4.1.4 Effective with the 2019 CMAC update and subsequent updates, **DHA will include** the updated rates for these items in the annual CMAC file that is supplied to the contractors. The annual update usually takes place February 1. However, circumstances may cause the updates to be delayed. **DHA will notify the contractor** when the annual update is delayed. **Effective for service dates on or after July 1, 2021, refer to Section 11 for annual and periodic adjustments to these rates.**

4.1.5 **DHA will not publish** future pricing in this manual, since **DHA will provide the most up-to-date** rates at <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Durable-Medical-Equipment-Prosthetics-Orthotics-and-Supplies>.

4.2 Effective for service dates on or after July 5, 2018, for breastfeeding supplies that do not have a specific HCPCS code:

4.2.1 The **Government set the** national prevailing charge at the upper limit of what the Government has established as a “customary and reasonable” charge, in accordance with the definitions of abusive and excessive billing practices found in [32 CFR 199.9](#).

4.2.2 The national prevailing charge for these items are in [Figure 1.D-3](#) and TOP [Figure 1.D-4](#). The TOP rates shall only apply to items that are purchased overseas (all locations outside of the 50 United States and the District of Columbia) and received from an overseas supplier. **The contractor shall only apply the rates in Figure 1.D-3 to suppliers located in the United States who ship overseas.**

FIGURE 1.D-3 NATIONAL PREVAILING CHARGE FOR BREASTFEEDING SUPPLIES WITHOUT A SPECIFIC HCPCS CODE FOR SERVICE DATES ON OR AFTER JULY 5, 2018

HCPCS CODE	DESCRIPTION	RATE PER UNIT
N/A	Valves	\$15.00
N/A	Breast milk storage bags (prior to 01/01/2020)	\$0.20
N/A	Nipple shields	\$7.50
N/A	Supplemental Nursing Systems (SNS)	\$75.00

FIGURE 1.D-4 TOP NATIONAL PREVAILING CHARGE FOR BREASTFEEDING SUPPLIES WITHOUT A SPECIFIC HCPCS CODE FOR SERVICE DATES ON OR AFTER JULY 5, 2018

HCPCS CODE	DESCRIPTION	RATE PER UNIT
N/A	Valves	\$30.00
N/A	Breast milk storage bags (prior to 01/01/2020)	\$0.40
N/A	Nipple shields	\$15.00
N/A	Supplemental Nursing Systems (SNS)	\$150.00

4.2.3 **DHA will publish** updates to the national prevailing charge annually, and adjust **the rates** by the same update factor used to update the annual CMAC file. **The contractor shall not wage adjust** these rates for localities. **Effective July 1, 2021, DHA will publish updates annually on January 1, and use the same update factor used in Medicare’s DMEPOS fee schedule.**

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4.2.4 DHA will not supply updated rates for these items in the annual CMAC file.

4.2.5 DHA will not publish future pricing in this manual, since DHA will provide the most up-to-date rates at <https://health.mil/Military-Health-Topics/Business-Support/Rates-and-Reimbursement/Durable-Medical-Equipment-Prosthetics-Orthotics-and-Supplies>.

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