

Durable Medical Equipment (DME) General Policy

Date of Origin: 10/2000

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Dates Reviewed: 01/2001, 08/2003, 08/2004, 08/2005, 08/2006, 05/2007, 05/2008, 11/2009, 02/2011, 11/2012, 09/2013, 08/2014, 08/2015, 10/2016, 09/2017, 09/2018, 04/2019, 01/2021

Developed By: Medical Necessity Criteria Committee

I. Description

Durable Medical Equipment (DME) is any equipment for use in the home setting that provides therapeutic benefits to members with certain medical conditions and/or illness. DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, ventilators, oxygen equipment, monitors, pressure mattresses, nebulizers, prosthetics, continuous positive airway pressure equipment (CPAP), and phototherapy equipment for hyperbilirubinemia. DME is further defined as any equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose.

General DME policy guidelines include:

- Moda Health will provide coverage for DME when it is determined to be medically necessary and it is a covered benefit under the member's health plan.
- DME rental fees will cover the cost of maintenance, repairs, replacement, supplies and accessories. Equipment delivery services and set-up, education and training for patient and family, and nursing visits, are not eligible for separate reimbursement.
- Moda Health will provide coverage for repairs, maintenance and replacement of eligible DME on an individual consideration basis when it is necessary to make the equipment usable.
- A physician's order is required for preauthorization of DME.
- Moda Health will maintain the option to rent or purchase DME.
- Moda Health follows CMS coverage guidelines if no Moda Health medical necessity criteria applies.

II. Criteria: CWQI HCS-0025

- A. DME may be covered when ALL of the following criteria are met:
 - a. The equipment provides therapeutic benefit to a member with certain medical conditions and/or illness.
 - b. The DME is prescribed by a physician within the scope of his/her practice.
 - c. The DME does not serve primarily as a comfort or convenience item.
 - d. The DME meets the criteria outlined in specific DME policy if established.
 - e. The DME that is approved is the least costly item to meet the patient's medical need.
 - f. The equipment can withstand repeated use, (i.e. could normally be rented and used by successive patients)

- g. For specific DME criteria, refer to NCD 280.1 for DME reference list and the Noridian site for specific DME guidelines at: <https://med.noridianmedicare.com/web/jddme/>
- B. Maintenance, Repair, and Replacement of DME:**
- a. Repair or maintenance of equipment that has been purchased may be covered on an individual basis when necessary to make the equipment usable.
 - b. Replacement of rental equipment may be recommended when the rented item is irreparably damaged, or if replacement is required during repair and/or maintenance of a specific item.
 - c. Replacement or repair of an item that has been misused or abused will be the responsibility of the member.
 - d. Moda Health will have the option to repair or purchase new DME.
- C. Durable Medical Equipment and Services are NOT covered when:**
- a. Optional or ancillary DME equipment or features that are primarily for convenience or upgrades beyond what is medically necessary to meet the member's medical needs. Examples include but are not limited to: decorative items, unique materials (e.g. magnesium wheelchair wheels, lights, custom coloring, extra batteries, cup holders, back packs, etc).
 - b. The DME does not provide a therapeutic benefit to a member.
 - c. The DME has not been prescribed by a physician within the scope of his/her practice.
 - d. The DME serves primarily as a comfort or convenience item. Examples include but are not limited to: elevators, wheelchair vans, wheelchair lifts for stairs, etc.
 - e. The equipment is used in a facility that is expected to provide such items to the member.
 - f. It is a device or equipment used to enhance the environmental setting (for example: air conditioners, humidifiers, air filters, portable Jacuzzi pumps, bathroom equipment).
 - g. It is experimental or investigational equipment.
 - h. The equipment is prescribed for other than intended usage.
 - i. The equipment is not FDA approved.
 - j. The DME is prescribed as part of a home exercise program (for example: exercise videos, pool memberships, gym memberships, treadmills, exercise balls, etc)
 - k. The DME was abused, used beyond its specifications, and in a manner to void applicable warranties.
 - l. DME items that assist with care that is primarily custodial in nature (i.e. DME items that help a person with activities of daily living like bathing, toileting, eating, dressing, getting in and out of bed, getting in and out of a vehicle, lifts for going up and down stairs or any similar items).
- D. Electronic Devices:**
- a. Electronic devices such as laptops, tablets, smart phones, PDAs etc. that have multiple uses and are not dedicated solely for the requested service are not covered as they do not meet the definition of DME
 - b. Software or applications that enable the electronic device to provide the requested medically necessary service may be covered if reviewed by medical management and

approved by the Medical Director; however, installation, technical support, additional cables, interfaces, or adapters, etc. are not separately reimbursable.

- c. Monthly fees for services such as internet, data, or cellular phone are not covered.

E. Wheelchair options and accessories NOT considered medically necessary include **ALL** of the following (not an inclusive list):

- a. Tie downs
- b. Personal back packs, baskets, pouches
- c. Lifts, access ramps
- d. Upgrading for racing or sports
- e. Items that allow the patient to perform leisure or sport activities
- f. Lights
- g. Home modifications
- h. Dual mode battery charger (a battery charger for a power wheelchair is included in the allowance for a power wheelchair base)
- i. Generally, a wheelchair/POV accessory or attachment is not covered when it is needed to adapt the wheelchair/POV to the outside environment for convenience, work or to perform recreational or leisure activities.

III. Information Submitted with the Prior Authorization Request:

1. Moda Health may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful but may not be sufficient documentation unless all specific information is included. Additional specific information may be requested for separate criteria for specific DME items.

IV. CPT or HCPC codes covered:

Codes	Description

V. Annual Review History

Review Date	Revisions	Effective Date
11/2012	Annual Review: Added table with review date, revisions, and effective date.	12/01/2012
09/13	Annual Review: Added Criteria IV regarding electronic devices and software. Reformatted with numbering instead of bullets.	09/25/2013
08/2014	Annual Review:	08/30/2014
08/2015	Annual Review: Added Medicare reference	08/26/2015
10/2016	Annual Review: Added website reference for Noridian DME guidelines	10/26/2016
09/27/2017	Annual Review: Updated to new template	09/27/2017

09/26/2018	Annual Review: Added section regarding rental fees covers cost of maintenance	09/26/2018
04/24/2019	Annual Review: No changes	05/01/2019
1/27/2021	Annual Review: Added a section for wheelchair accessories and options considered experimental and investigational. Moda Wheelchairs accessories and options criteria archived	02/01/2021

VI. References

1. OMAP DME Guide accessed on February 21, 2012 at:
<http://www.dhs.state.or.us/policy/healthplan/guides/dme/CRB%20196-122-%20101110.pdf>
2. CMS National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1) 7/5/2005
3. CMS National Coverage Determination (NCD) for Speech Generating Devices (50.1), 1/1/2001
4. Physician Advisors

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC