

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DURABLE MEDICAL EQUIPMENT</b>
<b>POLICY NUMBER</b>	<b>MP-6.026</b>

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### I. POLICY

DME may be considered **medically necessary** when it can be expected to make a meaningful contribution to the treatment of a specific patient's illness or injury or to improve the function of a malformed body part. The continuing need for DME must be verified at least every twelve (12) months.

A durable medical equipment list is attached for use in determining the coverage status of certain pieces of DME. The first column lists the generic or brand name of the DME item and the second column identifies the coverage status of that item. Please refer to the attached list or medical policy if one is referenced.

When DME is considered **medically necessary**, coverage may also include:

- The repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the equipment. (For hearing aids, see MP-4.020, Evaluation and Treatment of Hearing Loss.) Repair and maintenance of rental equipment is the responsibility of the vendor/supplier; or
- The rental charges (not to exceed the contracted price except for certain life sustaining items due to the frequency of maintenance), or the purchase of the item; or
- Replacement of an item, when there is a change in the patient's condition; or
- Supplies and accessories necessary for the effective functioning of the durable medical equipment.

Equipment used for environmental control or to enhance the environmental setting or surroundings of an individual is not considered durable medical equipment. Examples of these include but are not limited to: air filters, portable Jacuzzi pumps, humidifiers, etc. and home or vehicle modifications even when needed for the effective functioning of medically necessary equipment.

<b><u>Item</u></b>	<b><u>Coverage Status</u></b>
Accessories	Reimbursement may be made for replacement of essential accessories such as hoses, tubes, mouthpieces, etc. for medically necessary DME, only if the patient owns the equipment.
Abdominal binders	Covered when not used for convenience, appearance or cosmetic purposes
Air Cleaners	Deny--environmental control equipment: not primarily medical in nature
Air Conditioners	Deny- environmental control equipment; not primarily medical in nature
Air-Fluidized Bed	Refer to MP-6.001 Hospital and Specialized Beds

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<b>POLICY NUMBER</b>	<b>MP-6.026</b>

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Alternating Pressure Pads including Water and Pressure Pads and Mattresses	Refer to MP-6.001 Hospital and Specialized Beds
American Sonoid Heat and Massage foam Cushion	Deny – not primarily medical in nature
Antiembolism and Gradient Compression Stockings (i.e., Surgical Leggings, Aero-Pulse Surgical Leggings, Jobst, TEDS)	Covered if prescribed by a physician and medically necessary for treatment of illness or injury e.g., bedridden patients. Limited to 3 pair per rolling six months. More than (6) pair per year are considered a convenience item. Refer to MP-4.003 Medical Necessity.
Aquamatic K-Thermia	Deny- institutional type equipment
Audible/Visible Signal Pacemaker Monitor	(See Self-Contained Pacemaker Monitor)
Augmentative Communication Device	Refer to MP-6.032 Speech Generating Devices
Automatic External Defibrillator (AED)(e.g. LifeVest)	Refer to MP-1.081 Cardioverter-Defibrillators (Implantable and External)
Autosfig	Deny – physician instrument
Bathtub Lifts including Autolift	Deny - hygienic equipment component; not primarily medical in nature For SeniorBlue Products: Refer to NHIC LCD L5064, Patient Lifts
Bathtub Seats/shower chairs/seats	Deny - hygienic equipment; not primarily medical in nature
Bed Baths (home type)	Deny - hygienic equipment; not primarily medical in nature
Bed Lifter (bed elevator)	Deny - not primarily medical in nature
Bed boards	Deny - not primarily medical in nature
Bed Pans (autoclavable hospital type)	Covered if patient is bed confined
Bed Side Rails	Covered when they are required by the patient's condition and they are an integral part of, or an accessory to, a hospital bed.
Beds-Lounge (power or manual)	Deny- considered a convenience item, as they are not hospital beds nor primarily medical in nature and therefore non-covered.
Beds-Oscillating	Refer to MP-6.001 Hospital and Specialized Beds
Bidet Toilet Seat	(See Toilet Seats)
Blood Pressure Cuff with or without stethoscope or automatic blood pressure monitor	Covered <b>only</b> for patients on home dialysis
Blood Glucose Analyzer (Reflectance Colorimeter)	Deny—unsuitable for home use

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Blood Glucose Monitors	Per Diabetes Mandate Act 98. Covered for patients with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes when provided under the supervision of a licensed health professional with expertise in diabetes <b>FEP:</b> Refer to FEP Medical Policy Manual MP- 1.01.03, Blood Glucose Monitors. The FEP Medical Policy manual can be found at: <a href="http://bluewebportal.bcbs.com/landingpagelevel3/504100?docId=23980">http://bluewebportal.bcbs.com/landingpagelevel3/504100?docId=23980</a>
Braille Teaching Texts	Deny-educational equipment; not primarily medical in nature
Breast Pumps (Hospital-grade)	Hospital-grade electric breast pumps are considered institutional equipment and thus are not reasonable and necessary for use in the home setting.
Canes	Covered if patient's condition impairs ambulation
Carafes	Deny--convenience item; not primarily medical in nature
Cast Socks – Heavy or light	Deny- hygienic supply – not primarily medical in nature
Catheters	(Urinary) Non reusable disposable supply-not covered under the DME benefit For SeniorBlue Products: Refer to NHIC LMRP L5080 Urological Supplies for coverage information
Circulator	Deny – institutional equipment
Cold Pad-Water circulating with pump	Refer to MP-6.040 Cooling, Heating and combined Cooling/Heating Devices Used in the Outpatient Setting
Commodes (including commode chair on wheels)	Covered if patient is confined to bed or room (see additional information below) NOTE: The term ‘room confined’ means that the patient’s condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a patient to his home in a case where there are no toilet facilities in the home may be equated to room confinement. Moreover, payment may also be made if a patient’s medical condition confines him to a floor of his home and there is no bathroom located on that floor (See Hospital Beds in 60-18 for definition of “bed confinement”).
Commode Chair with Seat Lift Mechanism	Covered when all of the following criteria are met: The patient is confined to bed or room (see commodes) The item is prescribed by a physician for a patient with severe arthritis of the hip or knee and for patients with muscular dystrophy or other neuromuscular diseases when it has been determined that the patient can benefit therapeutically from use of the device. For SeniorBlue Products: Refer to NHIC LMRP L11533 Seat Lift Mechanism for coverage information
Communicator	Refer to MP-6.032 Speech Generating Devices
Compression burn garments	Covered when ordered by a physician to reduce hypertrophic scarring and joint contractures following a burn injury.
Continuous Positive Airway Pressure (CPAP)	Refer to MP-2.045 Diagnosis and Medical Management of Obstructive Sleep Apnea
Crutch, underarm, articulating, spring assisted	Covered for patients with Spinal Bifida, Cerebral Palsy, or spinal cord injury

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Crutch Substitute, lower leg platform, with or without wheels (e.g. RollerAid)	Covered when ordered by a physician as medically necessary AND only after unionectomy, OR foot / ankle surgery when the patient must maintain total non-weight bearing of the affected foot for 4 to 6 weeks.
Crutches	Covered if patients condition impairs ambulation
Cushion Lift Power Seat	(See Seat Lifts)
Dehumidifiers (room or central heating system type)	Deny—environmental control equipment; not primarily medical in nature
Diathermy Machines (standard and pulses wave types)	Deny-inappropriate for home use
Digital Electronic Pacemaker Monitor	(See Self-Contained Pacemaker Monitor)
Disposable Sheets and Bags	Deny—non-reusable disposable supplies
Ear Plugs	Deny – does not meet definition of DME
Electrocardiocorder	Not covered as a DME- (may be covered only as a hospital or physician diagnostic service.)
Electric Air Cleaners	Deny—(See Air Cleaners)
Electric Hospital Beds	Refer to MP-6.001 Hospital and Specialized Beds
Electrostatic Machines	Deny—(See Air Cleaners and Air Conditioners)
Electrical Nerve Stimulation	Refer to MP-1.069 Spinal Cord Stimulation; MP-1.042 Deep Brain Stimulation; MP-6.020 Electrical Stimulation Modalities; or MP-1.034 Implantable Electrical Nerve Stimulators
Elevated Toilet seat	Deny - hygienic equipment; not primarily medical in nature
Elevators (including stairway elevators)	Deny -convenience item; not primarily medical in nature
Emesis Basins	Deny - convenience item; not primarily medical in nature
Enema/Enema Bags	Deny – does not meet the definition of DME
Enuresis Monitors	Deny – convenience item; not primarily medical in nature
Esophageal Dilator	Deny - physician instrument; inappropriate for patient use
Exercise Equipment (including exercycle)	Deny - not primarily medical in nature (See also inversion device)
Fabric Supports	Deny - non reusable supplies; not rental type items
Face Masks (oxygen)	Covered For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Face Masks (surgical)	Deny - non reusable disposable items
Flow meter	Covered For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Fluidic Breathing Assister	(See IPPB Machines)
Fomentation Device	(See Heating Pads)

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Gait Trainer (Type of walker with upper body support frame)	Basic models (“Crocodile type” or equivalent for those under 100 lbs. And/or “Rifton type” or equivalent for all other weights) are covered when ordered by a physician for patients aged two years or older that require moderate to maximum support for walking <b>AND</b> patient has reciprocal leg motion capability and strength and leg and foot alignment to support upright weight for long periods, and therefore can walk with the device.
Gel Flotation Pads and Mattresses	Refer to MP-6.001 Hospital and Specialized Beds
Gloves	Covered when medically necessary and used for in the home
Grab Bars	Deny - supportive environmental equipment
Haberman Feeder	Covered for infants with cleft lip and/or cleft palate
Heat and Massage Foam Cushion Pad	Deny - not primarily medical in nature: personal comfort item
Heating and Cooling Plants	Deny - environmental control equipment; not primarily medical in nature
Heating Pads or Heat Lamps including Osco-Late	Covered-A heating pad or lamp may be considered medically necessary if the medical staff determines the patient’s medical condition is one for which the application of heat in the form of a heating pad or lamp is therapeutically effective.
Helmet with face guard and soft interface material, prefabricated	Covered when ordered by a physician as medically necessary for individuals with seizure or behavior disorders that are at risk for injury to the head and face.
High Chairs	Deny - not primarily medical in nature
Home prothrombin Time INR Monitoring Device (CoaguCheck, Protime)	Refer to MP-6.025 Prothrombin Time Home Testing
Hospital Beds	Refer to MP-6.001 Hospital and Specialized Beds
Hot Packs	(See Heating Pads)
Humidifiers (oxygen)	Covered For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Humidifiers (room or central heating system types)	Deny—environmental control equipment; not medical in nature
Hydraulic Lift	(See Patient Lifts) For SeniorBlue Products: Refer to NHIC LCD L5064, Patient Lifts
Hydrocollator Heating Unit	Deny – serves no clear identifiable medical purpose
Ice Packs	Refer to MP-6.040 Cooling, Heating and combined Cooling/Heating Devices Used in the Outpatient Setting
Incontinence Supplies	Deny - non-reusable supply, hygienic item. Including such as diapers, briefs, protective underwear, disposable incontinence liners/shields, rubber sheets and underpads
Infusion Pumps	Refer to MP-1.058 Implantable Infusion Pumps or MP- 6.007 External Infusion Pumps.

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Injectors (hypodermic jet devices for injection of insulin and supplies for self-administered injections)	Covered for diabetic patients who are unable to use a syringe.
IPPB Machines	Covered if patient's ability to breath is severely impaired
Inversion, Tilt, or Suspension Device or Table	Deny - not primarily medical in nature
Iron Lungs	(See Ventilators)
Irrigating Kit	Deny—non reusable supply; hygienic equipment
Jaw Motion Rehabilitation System	Refer to MP-2.062 Temporomandibular Joint Dysfunction (TMJ)
Lamb Wool Pads	Refer to MP-6.001 Hospital and Specialized Beds
Leotards	Deny - (See Pressure Leotards)
Limb-o-cycle	Deny – does not meet the definition of DME
Linens-non-allergenic	Deny – does not meet the definition of DME
Lymphedema Pumps	Refer to MP-6.013 Pneumatic Compression Devices for Home Use
Lumbar roll	Deny – does not meet the definition of DME
Massage Devices	Deny - personal comfort items; not primarily medical in nature
Mattress	Refer to MP-6.001 Hospital and Specialized Beds
Medical Oxygen Regulators	Covered. For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Medcolator	Deny - inappropriate for home use.
Medco-Minalator	Deny – inappropriate for home use.
Medco-Sonolator Twin	Deny – inappropriate for home use.
Mobile Geriatric Chair	(See Rolling Chairs)
Mobile Monomatic Sanitation System	Deny- inappropriate for home use.
Moore Wheel	Deny – exercise equipment
Motorized Wheelchairs	Refer to MP-6.037 Wheelchairs, Power Operated Vehicles (POV), and related Options and Accessories
Muscle Stimulators	Refer to MP-6.020 Electrical Stimulation Modalities
Nebulizer	Covered if patient's ability to breathe is severely impaired
Niagara Massage Pillow	Deny – Convenience item
Niagara Thermo-cyclopad	Deny – Convenience item
Nolan Bath Chair	Deny - hygienic supply – not primarily medical in nature

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Non-elastic Binders for Extremities (Circ-aid, Med Assist, Reid Sleeve, Tribute)	Covered for Lymphedema
Oakes Controller Unit	Deny – inappropriate for home use.
Overbed Tables	Deny - Convenience item
Overtoilet Commode	Deny - hygienic equipment not primarily medical in nature
Oxygen	For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Oxygen Humidifiers	For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Oxygen Regulators (Medical)	For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Oxygen Tents	For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Pacex	Deny – no clearly identifiable diagnostic or therapeutic purpose
Paraffin Bath Units (Portable)	Covered when the patient has undergone a successful trial period of paraffin therapy ordered by a physician and the patient's condition is expected to be relieved by long-term use of this modality. NOTE: Includes coverage of Paraffin, when the unit is considered medically necessary
Paraffin Bath Units (Standard)	Deny - institutional equipment; inappropriate or home use
Parallel Bars	Deny - support exercise equipment; primarily for institutional use; in the home setting other devices (e.g., a walker) satisfy the patient's need
Patient Lifts	Covered if medical staff determines that patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition. Not covered if requires home modification. For SeniorBlue Products: Refer to NHIC LCD L5064, Patient Lifts
Peak Flow Meters	Covered for the diagnosis of Asthma
Percussors	Refer to MP-6.015 Airway Clearance Devices

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Pneumatic Cervical Traction Unit	<p>For SeniorBlue Products: Refer to DME MAC A NHIC LCD L15844, Cervical Traction Devices</p> <p>For Commercial Products:</p> <p>May be considered medically necessary when all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) Prescribed by a physician or other eligible provider within the scope of his or her license; and</li> <li>2) The diagnosis is one (1) or a combination of symptoms below: <ul style="list-style-type: none"> <li>■ Tension headache;</li> <li>■ Cervical root lesions;</li> <li>■ Cervical spondylosis without myelopathy;</li> <li>■ Displacement cervical disc;</li> <li>■ Cervical disc degeneration;</li> <li>■ Degeneration intervertebral disc, site unspecified;</li> <li>■ Cervicalgia;</li> <li>■ Cervical radiculopathy;</li> <li>■ Cervicocranial syndrome;</li> <li>■ Cervicobrachial syndrome;</li> <li>■ Osteoarthritis, of the cervical spine localized, primary;</li> <li>■ In addition, the following diagnoses will be considered medically necessary with a documented trial of physical therapy: <ul style="list-style-type: none"> <li>○ Osteoarthritis, involving more than one site, but not specified as generalized</li> <li>○ Spinal stenosis unspecified region</li> <li>○ Muscle spasm</li> <li>○ Myofascitis</li> <li>○ Neuralgia, radiculopathy</li> <li>○ Fasciitis unspecified</li> <li>○ Headache</li> <li>○ Cervical sprain/strain; or</li> <li>○ Spinal stenosis in cervical region</li> </ul> </li> </ul> </li> </ol>
Portable Oxygen Systems: <ul style="list-style-type: none"> <li>■ Regulated (adjustable flow rate)</li> <li>■ Preset (flow rate not adjustable)</li> </ul>	Preset – Deny - emergency, or first-aid, equipment; essentially not therapeutic in nature. For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Portable Room Heaters	Deny-environmental control equipment not primarily medical in nature
Portable Whirlpool Pumps	Deny - not primarily medical in nature; personal comfort items
Positioning Support System (Vitrectomy chair)	Covered for several weeks (up to six weeks) to assist in maintaining a suggested postoperative position following surgery, such as vitrectomy and repair of a retinal tear via intraocular gas.
Positioning cushion/pillow/wedge	Deny – does not meet the definition of DME
Postural Drainage Boards	Covered if patient has a chronic pulmonary condition



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Preset Portable Oxygen Units	Deny—emergency, first-aid, or precautionary equipment; essentially not therapeutic in nature
Pressure Leotards	Deny—non reusable supply, not rental-type item
Pulse Oximeters & replacement probes	Covered when a clear plan is in place for physician endorsed patient initiated therapy changes based on pulse-ox levels. This includes initial oxygen weaning for newborns after hospital discharge.
Pulse Tachometer	Deny—not reasonable or necessary for monitoring pulse of homebound patient with or without a cardiac pacemaker
Puritan Bennet MA-1 Respiration Unit	Deny – Institutional type equipment
Quad-Canes	(See Walkers)
Reflectance Colorimeters	(See Blood Glucose Analyzers)
Respirators	(See Ventilators.)
Restorator	Deny – does not meet the definition of DME
Rib Belts	Covered when not used for convenience, appearance or cosmetic purposes
Rolling Chairs	Deny- not primarily medical in nature. For SeniorBlue Products: Refer to NCD 280.1 Durable Medical Equipment Reference List
Safety Roller	Based on medical necessity- Covered for some patients who are obese, have severe neurological disorders, or restricted use of one hand, which makes it impossible to use a wheeled walker that does not have the sophisticated breaking system found on safety rollers. For SeniorBlue Products: Refer to NCD 280.3 Mobility Assistive Equipment
Sauna Baths	Deny - not primarily medical in nature; personal comfort items
Seat Lift (mechanism only)	Covered when prescribed by a physician for the following indications: 1) The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease. 2) The seat lift mechanism must be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition. 3) The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism..) 4) Once standing, the patient must have the ability to ambulate.  A seat lift mechanism which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position. is considered not medically necessary.
Seat Tilt	Deny – does not meet the definition of DME
Self-Contained Pacemaker	Covered when prescribed by a physician for a patient with a cardiac pacemaker
Silverware/utensils	Deny – not primarily medical in nature
Sitz Bath	Covered if the medical staff determines patient has an infection or injury of the perineal area and the item has been prescribed by the patient's physician as a part of his planned regimen of treatment in the patient's home.

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Spacers	Covered when used to assist the patient in administration of inhaled breathing medications
Spare Tanks of Oxygen	Deny - convenience, duplicate item For SeniorBlue Products: Refer to NHIC LCD L11468 Oxygen and Oxygen Equipment
Speech Generating Devices	Commercial - MP-6.032 Speech Generating Devices.
Speech Teaching Machine	Deny - education equipment; not primarily medical in nature
Stairway Elevators	Deny - (See Elevators)
Standing Table	Deny-convenience item; not primarily medical in nature
Standers (Standing Frames)	Basic models (Rifton or equivalent) are covered for patients with cerebral palsy, spasticity, multiple sclerosis, lower extremity weakness (paraparesis) and hypotonia if patient has evidence of 2 or better muscle strength (0-5 scale with 5 being normal strength) which will only be maintained or improve with the long periods of standing facilitated by the Standers.
Steam Packs	These packs are covered under the same condition as a heating pad (See Heating Pads)
Strollers, non-specialized (non-adaptive)	Deny – does not meet the definition of DME
Strollers, specialized (adaptive)	May be considered medically necessary for young children with severe neuromuscular disorders.
Suction Machine	Covered if the medical staff determines that the machine specified in the claim is medically required and appropriate for home use without technical or professional supervision.
Support Hose	Deny (See Fabric Supports)
Surgical Masks	Deny- non-reusable disposable item.
Surgical Stockings	Deny - non-reusable supplies
Telemedic II	Not covered as DME
Telephone Alert Systems	Deny - these are emergency communications systems and do not serve a diagnostic or therapeutic purpose
Telephone Arms	Deny - convenience item; not medical in nature
Thermometers	Deny – does not meet the definition of DME
Toilet Seats	Deny-not medical equipment
Traction Equipment	For SeniorBlue Products: (Cervical Traction) Refer to DME MAC A NHIC LCD L15844, Cervical Traction Devices For SeniorBlue Products (for other than cervical traction) and Commercial Products: Covered if patient has orthopedic impairment requiring traction equipment which prevents ambulation during the period of use (Consider covering devices usable during ambulation; e.g., cervical traction collar under the brace provision)
Tractomatic Electrical Intermittent Traction Unit	Deny- inappropriate for home use.
Translift chair	Deny – institutional type equipment
Trapeze Bars	Covered if patient is bed confined and the patient needs a trapeze bar to sit up because of respiratory condition, to change body position for other medical reasons, or to get in and out of bed.

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Treadmill Exerciser	Deny - exercise equipment; not primarily medical in nature
Tub seat, stool or bench	Deny – not primarily medical in nature.
Ultraviolet Cabinet	Refer to MP-2.046 Ultraviolet Light Therapies
Ultrasonic Nebulizer	Covered only where patient is unable to clear bronchopulmonary secretions using a standard nebulizer or when used by a patient with cystic fibrosis
Urinals (autoclavable hospital type)	Covered if patient is bed confined
Vaporizers	Covered if patient has a respiratory illness
Ventilators	Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types.
Walkers	Covered if patient's condition impairs ambulation
Wheelchairs, Manual	For Commercial Products: Refer to Interqual Guidelines Wheelchairs, Manual For SeniorBlue Products: Refer to DME MAC A NHIC LCDs: L11465, Manual W/C Bases and L11473, Wheelchair Options/Accessories
Wheelchairs (power operated) and wheelchairs with other special features	Refer to MP-6.037 Wheelchairs, Power Operated Vehicles (POV), Options and Accessories
Whirlpool Bath Equipment	Covered if patient is homebound and has a standard condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, payment is restricted to the cost of providing the services elsewhere; e.g., an outpatient department of a participating hospital, if that alternative is less costly. In all cases, refer claim to medical staff for a determination.
Whirlpool Pumps	Deny - (See Portable Whirlpool Pumps)
White Cane	Deny

### ***Cross-Reference:***

**MP-6.018** Prosthetics **MP-4.003** Medical Necessity

**MP-6.028** Orthotics

## **II. PRODUCT VARIATIONS**

*[N] = No product variation, policy applies as stated*

*[Y] = Standard product coverage varies from application of this policy, see below*

[N] Capital Cares 4 Kids

[N] PPO

[N] HMO

[Y] SeniorBlue HMO\*

[Y] SeniorBlue PPO\*

[N] Indemnity

[N] SpecialCare

[N] POS

[Y] FEP PPO\*\*

\*See table for Medicare variations.\*\* See table, Blood Glucose Monitor, for FEP variation

The FEP Medical Policy manual can be found at: <http://bluewebportal.bcbs.com>

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### III. DESCRIPTION/BACKGROUND

Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), is any equipment, which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. Examples of DME include, but are not limited to, hospital beds, wheelchairs, canes, crutches, traction, walkers, ventilators, oxygen, monitors, lifts, commodes, suction machines, nebulizers, pressure mattresses, bilirubin lights, and hemodialysis equipment.

Back-up or secondary DME refers to an identical or similar piece of equipment to the one already in use, which could be utilized to meet the same medical needs of the patient.

### IV. DEFINITIONS

**MEDICAL SUPPLIES** are medical goods that support the provision of therapeutic and diagnostic services but cannot withstand repeated use and are disposable or expendable in nature.

**DURABLE MEDICAL EQUIPMENT** consists of items which are primarily and customarily used to serve a medical purpose; are not useful to a person in the absence of illness or injury; are ordered by a physician; are appropriate for use in the home; are reusable; and can stand repeated use.

**MEDICAL PURPOSE** – Medical equipment is equipment that is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. Equipment that is primarily and customarily used for a non-medical purpose may not be considered “medical” equipment for which payment can be made under the DME benefit. This applies even though the item has some remote medically related use.

### V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

### VI. DISCLAIMER

*Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

<b>POLICY TITLE</b>	<b>DURABLE MEDICAL EQUIPMENT</b>
<b>POLICY NUMBER</b>	<b>MP-6.026</b>

## **VII. REFERENCES**

- Center for Medicare and Medicaid Services (CMS) Coverage Issues Manual: Durable Medical Equipment [website]: <http://www.cms.hhs.gov>. Accessed July 1, 2013..*
- Center for Medicare and Medicaid Services (CMS) Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services Section 110: Durable Medical Equipment. Revised 12/18/09 [Website]: <http://www.cms.hhs.gov>. Accessed July 1, 2013.*
- Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) 280.1 NCD for Durable Medical Equipment Reference List Effective 05/05/05. CMS [Website]: <http://www.cms.gov> Accessed July 1, 2013.*
- Durable Medical Equipment Regional Carrier (DMERC AMAC A)- DMERC DME MAC A Supplier Manual. [Website]: <http://www.medicarenhic.com> Accessed. July 1, 2013.*
- Durable Medical Equipment Regional Carrier (DMERC DME MAC A)- DME MAC A Supplier Manual [Website]: <http://www.medicarenhic.com> Accessed. July 1, 2013.*
- Durable Medical Equipment Regional Carrier DME MAC A NHIC LCD Index [Website]: <http://www.medicarenhic.com>. Accessed Accessed. July 1, 2013.*
- Durable Medical Equipment Regional Carrier DME MAC AL11533 Seat Lift Mechanisms. Effective 02/04/11. [Website]: <http://www.medicarenhic.com>. Accessed July 1, 2013.*
- FEP 2013 Benefit Plan Brochure [Website]: [http://www.fepblue.org/downloads/2013-service-benefit-plan-brochure\\_100512.pdf](http://www.fepblue.org/downloads/2013-service-benefit-plan-brochure_100512.pdf) Accessed July 1, 2013.*
- U.S. Department of Health and Human Service. Helath Resources and Services Administration (HRSA) Women's Preventive Services Required Health Plan Coverage Guidelines [Website]: <http://www.hrsa.gov> Accessed Accessed. July 1, 2013.*

## **VIII. CODING INFORMATION**

**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

*Specific Codes do not apply to this medical policy.*

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>DURABLE MEDICAL EQUIPMENT</b>
<b>POLICY NUMBER</b>	<b>MP-6.026</b>

### IX. POLICY HISTORY

<b>MP 6.026</b>	<b>CAC 1/28/03</b>
	<b>CAC 10/26/04</b>
	<b>CAC 1/31/06</b>
	<b>CAC 6/27/06</b>
	<b>CAC 1/30/07</b>
	<b>CAC 3/27/07</b>
	<b>CAC 3/25/08</b>
	<b>CAC 9/30/08</b>
	<b>CAC 5/26/09</b>
	<b>CAC 5/25/10</b> Consensus
	<b>CAC 4/26/11</b> Minor Revision. Blood Glucose Monitor reference to MP. 6.004 deleted. Added information regarding Diabetes Mandate Act 98. Medical necessity criteria for the use of a heat lamp or pad added to this policy. Medicare variation added to the policy. DME item table moved to front of policy. Medical necessity criteria for the use of a heat lamp or pad added to this policy. Positioning Support Systems changed to covered for up to six weeks to assist in maintaining a suggested postoperative position following surgery, such as vitrectomy and repair of a retinal tear via intraocular gas.
	<b>FEP 10/14/11</b> Added FEP variation for Blood Glucose Monitors to refer to FEP medical policy manual MP-1.01.03, Glucose Monitors.
	<b>CAC 4/24/12</b> Minor Revision- Breast pumps added to the policy. The Patient Protection and Affordable Care Act (PPACA) mandates under Women's Preventive Benefits for providing for breast feeding equipment. The configuration sub-group of the Women's Preventive Services Team met on 2/20/12. It was felt the best place to address coverage of breast pumps is the Durable Medical Equipment policy. This benefit becomes effective 8/1/12.
	<p><b>CAC 3/26/13</b> Minor revision. Policy revised to remove refer to "Milliman criteria" from table in several locations:</p> <ul style="list-style-type: none"> <li>▪ Antiembolism and Gradient Compression Stockings (i.e., Surgical Legging)s,</li> <li>▪ Face Masks (oxygen)</li> <li>▪ Flow meter</li> <li>▪ Humidifiers (oxygen)</li> <li>▪ Medical Oxygen Regulators</li> <li>▪ Seat Lift</li> </ul> <p>For manual wheelchairs, refer to Interqual guidelines. References updated.</p>
	<b>CAC 7/30/13</b> Minor revision. Policy criteria for breast pumps revised to provide clarification.

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