



Status

Active

Medical and Behavioral Health Policy

Section: Allied Health

Policy Number: VII-07

Effective Date: 10/22/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

DURABLE MEDICAL EQUIPMENT (DME)

Description: Durable medical equipment (DME) refers to items of medical equipment, owned or rented, which are used in a patient's home to facilitate treatment and/or rehabilitation. The term home medical equipment (HME) may also be used to describe DME. Examples of DME include walkers, wheelchairs and hospital beds. DME excludes structural changes to a patient's home (e.g., ramps, staircases and elevators).

Durable medical equipment (DME) is defined as medical equipment that meets all of the following:

- Prescribed by a physician within the scope of his/her license;
- Able to withstand repeated use;
- Used primarily for a medical purpose;
- Generally not useful in the absence of illness or injury;
- Determined to be reasonable and necessary; and
- Represents the most cost-effective alternative.

Policy:

- I. Rental or purchase of DME is **ELIGIBLE FOR COVERAGE** if the equipment is determined to be **MEDICALLY NECESSARY**. Precise rationale is required for consideration of coverage of DME items.
- II. Coverage is limited to those DME items that adequately meet the patient's medical needs. If special features, or alternative equipment, are determined to be **MEDICALLY NECESSARY** for the patient, coverage of the appropriate item will be authorized.
- III. The following equipment and/or services are **ELIGIBLE FOR COVERAGE**:
 - A. Rental charges for the equipment, if it can be rented for a cost less than the purchase price of the equipment;
 - B. Purchase of the equipment, when the purchase would be less expensive than rental of the equipment or if the equipment is

- not available for rental;
- C. Supplies and accessories necessary for the effective functioning of the DME;
- D. Medical supplies needed to make a piece of DME medically effective, provided the DME item is covered;
- E. Necessary repairs and maintenance of purchased equipment, unless a manufacturer's warranty or a purchase agreement covers such repairs and maintenance. Benefits are available for replacement of equipment when the replacement is more cost-effective than repair.

IV. The following equipment and/or services are INELIGIBLE FOR COVERAGE:

- A. Repair, maintenance or replacement of rental equipment. The rental price includes expenses incurred by the provider for maintaining equipment in working order.
- B. Repair or replacement of equipment damaged due to patient neglect or abuse.
- C. Durable medical equipment or supplies purchased from internet auction sites (such as eBay) or from private parties.
- D. Duplication of DME. If coverage has been provided for a current piece of DME any further requests for a second item of the same type are considered duplicates and are not covered.
- E. Equipment that is presumptively non-medical in nature and is used primarily and customarily for a non-medical purpose, even though the item may have some remote medically-related use. Examples of this type of equipment include:
 - 1. Devices and equipment used for convenience or for environmental control or enhancement (e.g., air conditioners, air filters, dehumidifiers, humidifiers, and heat appliances);
 - 2. Home modifications or improvements (e.g., ramps, elevators and built-in lifts);
 - 3. Vehicle modifications (e.g., hand controls, vehicle lifts, transit accessories, and car seats);
 - 4. Mechanical or electrical features that serve only a convenience function;
 - 5. Computer software and hardware.

Coverage: In the absence of a medical policy addressing a specific DME item, the medical criteria of the regional DME Medicare Administrative Contractor (MAC) Centers will be used in determining the medical necessity of the item.

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is

subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

HCPCS:

Multiple codes apply

Policy History: **Developed January 3, 1986**

Most recent history:

Reviewed October 12, 2011

Reviewed October 10, 2012

Reviewed/Updated, no policy statement changes October 9, 2013

Reviewed October 8, 2014

Cross Reference:

Bone Growth Stimulators, II-104

Humanitarian Use Devices, IV-11

Wheelchairs, VII-04

Microprocessor-Controlled Prosthesis for the Lower Limb, VII-16

Oscillatory Devices for the Treatment of Cystic Fibrosis and Other

Respiratory Disorders in the Home, VII-35

Communication Assist Devices, VII-52

Pressure-Reducing Support Surfaces, VII-54

Spinal Unloading Devices: Patient-Operated, VII-59

Myoelectric Protheses for the Upper Limb, VII-60

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