 UTILIZATION MANAGEMENT GUIDELINE – 1.01.529

Durable Medical Equipment

Effective Date: Feb. 1, 2020
Last Revised: Jan. 23, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
1.01.526 Durable Medical Equipment Repair/Replacement
10.01.517 Non-covered Services and Procedures

Select a hyperlink below to be directed to that section.

COVERAGE GUIDELINES | DOCUMENTATION REQUIREMENTS
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

Equipment that is used to help a patient heal from a certain medical condition and/or illness is called durable medical equipment. The equipment is mainly used for a medical purpose and would not be useful to someone without an illness, disability, or injury. These items are ordered or prescribed by the patient’s doctor or health care provider and are reusable; they can be used in the patient’s home. While there are many others, some examples are wheelchairs, canes, crutches, walkers, ventilators, monitors, and lifts. This policy explains when durable medical equipment is covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Please see the definition of “durable medical equipment” in the member’s plan document for the purpose of making benefit determinations.
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable medical equipment</td>
<td><strong>Durable medical equipment (DME) also known as home medical equipment (HME) may be considered medically necessary when ALL of the following criteria are met:</strong></td>
</tr>
<tr>
<td></td>
<td>- The patient has a documented physical functional impairment or disability due to disease, trauma, congenital anomaly or prior therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using a DME item <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>- Documentation in the medical record contains a clinical assessment and rationale for the requested DME item (see Documentation Requirements) <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>- The DME is prescribed by a health care practitioner <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>- The piece of equipment meets the definition of DME (see Definition of Terms) <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>- The requested DME item is not considered investigational or unsafe by a regulatory agency, and is not excluded by plan benefits or considered a contractual exclusion</td>
</tr>
<tr>
<td><strong>Durable medical equipment (DME) is considered not medically necessary when criteria are not met.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The following are considered not medically necessary:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Accessory add-ons and upgrades when a basic (standard) DME item meets the member’s functional needs</td>
</tr>
<tr>
<td></td>
<td>- Athletic/exercise/physical fitness equipment (eg, treadmills, stationary bikes)</td>
</tr>
<tr>
<td></td>
<td>- Comfort or convenience items added to basic (standard) equipment</td>
</tr>
<tr>
<td></td>
<td>- Deluxe equipment when basic (standard) equipment is available and meets the member’s functional needs</td>
</tr>
<tr>
<td></td>
<td>- Duplicate equipment that meets the same functional need (eg, a rolling walker, when the member has a properly fitted cane)</td>
</tr>
<tr>
<td></td>
<td>- Elastic garments (eg, stabilizing pressure input orthoses – SPIO)</td>
</tr>
<tr>
<td>Equipment</td>
<td>Medical Necessity</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------</td>
</tr>
<tr>
<td>• Equipment and modifications/upgrades to equipment when used primarily for leisure or recreational activities (eg, special wheelchair wheels for sport activities, adaptations for beach use, skiing and others)</td>
<td></td>
</tr>
<tr>
<td>• Equipment used for environmental control or to enhance the environmental surroundings (eg, air conditioners, air filters, humidifiers, allergy protective pillow/mattress covers, furniture [eg, recliner chairs, over-bed tables], and others)</td>
<td></td>
</tr>
<tr>
<td>• First aid or precautionary equipment (eg, automatic external defibrillator [AED])</td>
<td></td>
</tr>
<tr>
<td>• Home modifications (eg, bath grab bars, electronic door openers, elevators, Jacuzzi/whirlpools, ramps)</td>
<td></td>
</tr>
<tr>
<td>• Institutional equipment (eg, any DME that is used only in a medical facility and is not suitable for use in the home setting)</td>
<td></td>
</tr>
<tr>
<td>• Maintenance and service fees for DME</td>
<td></td>
</tr>
<tr>
<td>• Redundant or back-up DME item(s) not used as the primary device to meet the member’s functional needs (ie, more than one of the same item of durable medical equipment)</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** While there are items that are typically considered convenience devices, in certain situations, these same items may serve a medically therapeutic purpose. Requests for such items will be reviewed for medical necessity.

**The following are covered without review:**
- Speech generating devices (SGEs)
- A software program to be used with a personal device for essential communication
- Artificial laryngeal devices (prosthetic)

**Durable medical equipment may include the following:**
- Purchased equipment when the purchased DME is less expensive than the rental of the equipment or if the DME is not available for rental
- Rental charges for the DME if rental is less expensive than the purchase price of the equipment
<table>
<thead>
<tr>
<th>Equipment</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the DME (see Related Policies).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Non-Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable medical equipment</td>
<td>Durable medical equipment is not covered when:</td>
</tr>
<tr>
<td></td>
<td>• It is considered experimental or investigational or used for experimental or investigational therapy or interventions</td>
</tr>
<tr>
<td></td>
<td>• It is associated with athletic, scholastic, educational/vocational training of the patient</td>
</tr>
<tr>
<td></td>
<td>• It does not meet a medical need and is dispensed by a DME supplier without a prescription</td>
</tr>
</tbody>
</table>

The following are considered non-covered items:
• Altered auditory feedback (AAF) devices to treat individuals who stutter are considered investigational
• Multiple-function hardware devices that do not meet the definition of durable medical equipment (DME), because they are not primarily intended for medical purposes, include but are not limited to:
  o Desktop and laptop computers
  o Personal digital assistants (PDA)
  o Smartphones
  o Tablet computers
  o Internet or phone services or any modification to a patient’s home to allow use of DME

Note: If there is a specific DME item addressed in another policy please refer to that policy.

Documentation Requirements
Medical necessity for a DME item is determined by the patient’s current condition and not by probable deterioration in the future. There are varying degrees of medical conditions and these medical conditions may contribute to the member’s underlying problem and need for home medical equipment.
Documentation Requirements

- Patients should have a face-to-face clinical evaluation with a physician, or other qualified professional to assess their home equipment needs.
- Documentation from the clinical evaluation should include the following:
  - An order/prescription from the physician/health care provider responsible for the patient's care that states the therapeutic purpose of the DME
  - Details of the patient's physical functional impairment related to completing activities of daily living (ADLs) without the home medical equipment/DME
  - The patient's medical condition that requires DME for long term use (ie, 6-12 months or more) when applicable
  - What assistive devices (eg, canes, walkers, manual wheelchairs) the patient has trialed and found inadequate/unsafe or contraindicated to completely meet their functional needs (when applicable)

Note: Even when a provider orders or prescribes DME and deems the equipment necessary for the patient's functional needs, that does not mean that the item meets the criteria as listed in the guideline. It also does not guarantee that the item will be considered medically necessary by the Plan.

Related Information

Definition of Terms

Activities of daily living (ADLs): Self-care activities done daily where a person lives that include:

- Ambulating (walking)
- Bathing/dressing
- Eating
- Hygiene/grooming
- Toileting
• Transferring

**Convenience items:** Equipment that serves no medical purpose or that is primarily for comfort/convenience. These items are excluded from coverage under most health plan benefits.

**Durable medical equipment (DME):** Consists of items that are:

- Appropriate for and primarily used in the home setting
- Designed to be long-lasting and can stand repeated use (durable)
- Not implantable in the body
- Not solely for the convenience of the patient or caregiver
- Not useful to a person without an illness or injury
- Ordered or prescribed by a physician or other qualified provider
- Primarily and normally used to serve a medical purpose
- Reusable (non-disposable)

**Homebound:** A homebound person has a condition that impairs their ability to leave home independently and as a result, leaving home requires a taxing effort. The patient may leave home, but the time away should be short, infrequent, and mainly for receiving medical treatment. Homebound status may be applied to people with poor resistance to disease or have such poor health that reverse isolation precautions are recommended by their providers to avoid exposure to infection.

Examples of a poor resistance to disease may include but are not limited to:

- Patients undergoing chemotherapy, or
- Patients with a chronic disease that has lowered their immune status or
- Premature infants

Homebound status also applies to those members that require assistance when performing activities of daily living.

**Note:** Homebound status is not determined by the lack of available transportation or inability to drive.

**Instrumental activities of daily living (IADLs):** Activities related to independent living but not always done on a daily basis and include:
• Communication (using the phone, computer or other communication devices)
• Housework/home maintenance
• Managing personal medications
• Managing personal finances
• Preparing meals
• Shopping (for basic necessities)
• Transportation (driving or using public transit)

**Mobility limitation:** A limitation that:
• Prevents a person from accomplishing mobility related activities of daily living entirely
• Places a person at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a mobility related activity of daily living
• Prevents a person from completing a mobility related activity of daily living within a reasonable time frame

**Physical functional impairment:** A limitation from normal (or baseline) level of physical functioning. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

Limitations from a normal level of function may include, but are not limited to problems with the following:
• Ambulation (walking)
• Communication
• Eating
• Facial expression
• Malformation/distortion of body parts
• Mobilization
• Obstruction of an orifice
• Respiration
• Skin integrity
• Swallowing
• Vision

Evidence Review

Durable medical equipment (DME) includes items of medical equipment, owned or rented, that are used by patients to facilitate treatment or rehabilitation. DME consists of items that can withstand repeated use by different patients. DME should provide a level of performance and quality of construction for the patient’s functional need and medical condition.

Convenience Item

There are devices that can make life easier for a sick or disabled person, but do nothing to treat the underlying illness, injury or disability. These devices, inventions and many other items available are often confused with DME but do not qualify as DME because they do not meet the definition of DME and/or they are considered to be comfort or convenience items. A convenience item is any object or a device that increases physical comfort without serving a medically necessary purpose, such as a reclining chair, portable whirlpool pump, bedside table or electrical or mechanical features which enhance basic (standard) equipment.

Stabilizing Pressure Input Orthoses (SPIO)

Stabilizing Pressure Input Orthoses (SPIO) fall into a category of therapy called ‘suit therapy”. The garment is made from a Lycra-like blend of material and has a semi rigid but flexible Velcro sensitive neoprene panels against the trunk of the body with adjustment straps. It is a flexible bracing system and intended to provide deep pressure through compression. There is currently insufficient evidence to support the effectiveness of SPIO.
Stuttering Treatment or Prevention

A device that manipulates or alters auditory feedback (AAF) is also known as delayed auditory feedback (DAF) and frequency-shifted auditory feedback (FAF). These devices are used to help with speech dysfluency or stuttering. There is insufficient evidence currently to conclude that stuttering devices are effective in the treatment of stuttering or dysfluency.

Medicare National Coverage

Durable medical equipment regional carriers (DMERC) are responsible for creating coverage policies for Medicare regarding durable medical equipment. When the contractor receives a claim for an item of equipment which does not appear to fit any of the generic categories listed in the NCD guide, the contractor has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each contractor based on the advice of its medical consultants, taking into account:

- The Medicare Claims Processing Manual, Chapter 20, “Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/02/14</td>
<td>New Policy. Durable medical equipment may be considered medically necessary when criteria are met. Durable medical equipment may be considered not medically necessary when it is not for a medical need to meet basic ADLs or duplicates equipment already owned by the member.</td>
</tr>
<tr>
<td>10/23/14</td>
<td>Update Related Policies. Add 10.01.517.</td>
</tr>
<tr>
<td>02/25/15</td>
<td>Annual Review. Moved from Medical Policy to Utilization Management Guideline category. Coverage guideline statements revised for usability. Guideline review did not prompt the addition of new references. Guideline statements edited as noted for readability and understanding, intent is unchanged.</td>
</tr>
<tr>
<td>03/11/15</td>
<td>Update Related Policies. Add 1.01.527.</td>
</tr>
<tr>
<td>05/27/15</td>
<td>Interim Review. Added information on SPIO which is considered not medically necessary. Added reference 6.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. Clarified duplicate and redundant/back up durable medical equipment is considered not medically necessary.</td>
</tr>
<tr>
<td>02/09/16</td>
<td>Interim Review. Added information about non-covered hardware computers, tablets and smartphones. Add list of items covered without review.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. Policy moved to new format. Intent is unchanged.</td>
</tr>
<tr>
<td>02/01/18</td>
<td>Annual Review, approved January 9, 2018. Removed “portable oxygen” from first aid or precautionary equipment section as it is interpreted that portable oxygen is not covered when in fact, it is. Medicare does not cover preset portable oxygen units, which is not the same thing.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>02/01/19</td>
<td>Annual Review, approved January 22, 2019. Some references removed. Guideline statements unchanged.</td>
</tr>
<tr>
<td>08/01/20</td>
<td>Update Related Policies. Title of 1.01.526 is now Durable Medical Equipment Repair/Replacement; it no longer includes “(excludes wheelchairs)”.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
This Notice has Important Information. This notice may have important dates in it. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Information written in other languages
• Qualified interpreters
• Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Qualified sign language interpreters
• Information written in other languages

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Discrimination is Against the Law
Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

Oromo (Cushite):

Italiano (Italian):

Français (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

Hmoo (Hmong):

Iloko (Ilocano):
Daytoy a Pakdaar kat naglaon iti Napateg nga Impomarson. Daytoy a pakdaar mabalini nga adda kat naglaon iti napateg nga impomarson maipeangee i aplikasyonu yowo coverage babena iti Premera Blue Cross. Daytoy ket mabalini dagiti importante a pelta iti daytoy a pakdaar. Mabalini nga adda rumbeng nga aramideng nga adda sakkay dagiti partikular a naituding nga adda aldaw tapno mapagtalaineyo ti coverage ti salun-ayno yowo tulung kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomarson ken tulung iti bukodyo a pagasaso nga awan ti bayadanyo. Tumawig ti numero nga yoo 800-722-1471 (TTY: 800-842-5357).

Illok (Illoko):
Daytoy a Pakdaar kat naglaon iti Napateg nga Impomarson. Daytoy a pakdaar mabalini nga adda kat naglaon iti napateg nga impomarson maipeangee i aplikasyonu yowo coverage babena iti Premera Blue Cross. Daytoy ket mabalini dagiti importante a pelta iti daytoy a pakdaar. Mabalini nga adda rumbeng nga aramideng nga adda sakkay dagiti partikular a naituding nga adda aldaw tapno mapagtalaineyo ti coverage ti salun-ayno yowo tulung kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomarson ken tulung iti bukodyo a pagasaso nga awan ti bayadanyo. Tumawig ti numero nga yoo 800-722-1471 (TTY: 800-842-5357).

Afrikaans (Afrikaans):
Premera Blue Cross is a health plan and is an independent licensee of the Blue Cross and Blue Shield Association. This Notice contains important information.

Este Aviso contiene información importante. Es posible que se requiera tomar medidas dentro de ciertos plazos.


হল্মৈনলোকের (Bengali): এই আবেদনের তথ্য দেওয়া থাকবেন এবং যে অংশগুলি Premera Blue Cross দিয়ে কেরিবেন তাদের জন্য। তা আমাদের শপথ এবং বিশ্বাস করে মনে করা হয় যে, Premera Blue Cross দিয়ে করা শুধুমাত্র আবেদন এবং সহায্য দানের জন্য। আমি এই আবেদনের তথ্য দেওয়া থাকবেন। 800-722-1471 (TTY: 800-842-5357)

Bosanski (Bosnian): Ovaj izvještaj sadrži važne informacije. Zamenjava doba za održavanje i održavanje službi Premera Blue Cross.

Български (Bulgarian): Този изявление съдържа важна информация. Може да бъде необходимо да вземете дейности преди даден срок.

日本語 (Japanese): この通報には重要な情報が含まれています。この通報により、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれています。この通報により記録されている情報が非常に重要な日を確認してください。健康保険や保険サービスを維持するには、特定の期間までに行動を取る必要があります。ご使用の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。