
Medical Policy



BCN Medical Policies are a source for BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

BCN Policy Effective Date: 3/11/21

Title: Durable Medical Equipment, Prosthetics and Orthotics while Traveling

Description/Background

Blue Care Network (BCN) members have insurance coverage while they are away from home. This coverage includes the use of durable medical equipment (e.g., wheelchairs, hospital beds, oxygen equipment), prosthetics (e.g., artificial limbs, speech aids) or orthotics (e.g., splints, corrective shoes). The fact that some members have certain health conditions requiring use of durable medical equipment does not necessarily prevent them from being able to travel.

Certain circumstances may require a member to stay with a family member out of state for a recuperation period that may require the use of durable medical equipment, prosthetics or orthotics. The BCN member has coverage for procurement and use of equipment while they may be living at another location for a specified length of time. Coverage would include those services as defined by their certificate of benefit coverage and the applicable durable medical equipment, prosthetics and orthotics BCN policies.

CPT/HCPCS Level II Codes and Description *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure)*

Established codes:

Multiple

Medical Policy Statement

Blue Care Network will cover durable medical equipment, prosthetics or orthotics while the member is traveling or staying at another location for a specified period of time as defined by the member's certificate of benefit coverage and the applicable durable medical equipment, prosthetics and orthotics BCN medical policies. Repair, maintenance and replacement will also be covered as defined by the member's certificate and the applicable medical policies.

Rationale

Programs and benefits are aligned to improve members' health status and quality of life. __

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

BCN covers durable medical equipment, prosthetics or orthotics as defined in the member's certificate and applicable medical policies.

Coverage is not available for equipment needed to travel if it is not needed in the patient's place of residence. __

Related Policies

Active BCBSM/BCN joint medical policies

- Bone (Osteogenic) Stimulators
- Continuous Passive Motion (CPM) Machines
- Continuous Subcutaneous Insulin Infusion Pumps
- Cranial Orthosis
- Durable Medical Equipment
- Home Apnea Monitoring
- Intermittent or Continuous Invasive Glucose Monitors
- Magnetic Pelvic Floor Stimulation for Urinary Incontinence
- Orthotic Devices
- Positive Pressure Airway Devices
- Prosthetic Devices

Active BCN medical policies

- Augmentative Alternative Communication Devices
 - Breast Pumps
 - H-Wave Stimulation
 - Patient Lifts
 - Pressure Gradient Garments and Support Stockings
 - Ultraviolet Light Therapy in the Home.
 - Wheelchairs
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Medicare Information

Medicare does not specifically address the use of durable medical equipment, prosthetics or orthotics while traveling or away from home in their National Coverage Decisions.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicaid Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

References

Certificate language

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through February 2021, the date the research was completed.

BCN Medical Policy History

Date	Rationale
3/13/06	BCN policy established.
5/1/07	Routine maintenance
5/21/08	Routine maintenance
11/16/11	Routine maintenance
1/16/13	Routine maintenance; no changes made
2/19/14	Routine maintenance; updated related policies
3/18/15	Routine maintenance
6/23/16	Routine maintenance.
5/17/17	Routine maintenance, no changes in policy.
6/14/17	Deleted Blue Cross Complete section.
3/21/18	Routine policy maintenance.
3/20/19	Routine policy maintenance. No change in policy status.
3/12/20	Routine policy maintenance, no change in policy status.
3/11/21	Routine policy maintenance. No change in policy status.

Next Review: 1st Qtr. 2022

MEDICAL POLICY TITLE: DME WHILE TRAVELING
BCN BENEFIT ADMINISTRATION

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered certificate guidelines apply Personal Plus-not covered
BCNA (Medicare Advantage)	See government section
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service. Exception: If BCN65 member has an “exact-fill” option, BCN may cover the service even if Medicare does not.

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.
- Appropriate copayments will apply. Refer to certificate section, “**Durable Medical Equipment**” and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Duplicate (back-up) equipment is not a covered benefit.