
Medical Policy



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Joint Medical Policies are a source for BCBSM and 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.

Current Policy Effective Date: 1/1/24
(See policy history boxes for previous effective dates)

Title: Durable Medical Equipment

Description/Background

Durable medical equipment (DME) is defined as equipment that provides therapeutic benefits to a patient who has specific needs due to a medical condition or illness. To be considered durable medical equipment, the item must meet the following conditions:

- Can withstand repeated use.
 - Is reusable.
 - Is primarily used to serve a medical purpose.
 - Is generally not useful to a person in the absence of illness, injury or disease.
 - Is appropriate for use in the member's home. A member's home may be defined as the member's own dwelling, relative's home, apartment, home for the aged or other type of institution **AND**
 - Requires a prescription for purchase, and is prescribed by a qualified health care provider.
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Medical Policy Statement

The safety and effectiveness of durable medical equipment (DME) have been established. An item may be considered useful and/or therapeutic if it meets the definition of DME and is required for the treatment/assistance of the patient. Specific certificate exclusions may apply.

Inclusionary and Exclusionary Guidelines

The following criteria define DME:

- Can withstand repeated use.
- Is primarily and customarily used to serve a medical purpose.
- Is appropriate for use in a patient's home or alternate place of residence, and

- Is not useful to a person in the absence of illness or injury.
- Guidelines are generally based on Medicare Part B.

The following items do *not* meet the required definition of durable medical equipment:

- Comfort/convenience items (e.g., bedboards, bathtub lifts, overbed tables, adjust-a-beds, telephone arms, air conditioners, etc.)
- Construction or installation of permanent equipment (e.g., stair-lifts, elevators, etc.). An exception to this would be the installation of dialysis equipment.
- Deluxe equipment (ex: chrome wheels for a wheelchair, special colored equipment, seat attachment for a walker, etc.)
- Disposable medical supplies (disposable sheets, off-the-shelf elastic stockings, etc.)
- Equipment not prescribed by a qualified health care provider
- Exercise and hygienic equipment such as exercycles, Moore wheels, bidet toilet seats, bathtub seats, shower chairs, hand-held showerheads, etc.)
- Experimental/research equipment
- Institutional equipment
- Items not medical in nature (e.g., saunas, whirlpool tubs etc.)
- Physician's equipment such as sphygmomanometers and stethoscopes.
- Self-help devices (e.g., reacher/grabbers, dressing aids, etc.)
- Home pelvic traction
- Therapeutic pillows and cushions unless it is an integral part of, or a medically necessary accessory to, covered DME (e.g., an approved wheelchair, etc.). Excluded items would include, but are not limited to,
 - Backrest cushions and lumbar pillows including lumbar cushions, lumbar pads, lumbar rolls
 - Cervical pillows (cervical pillow rolls, neck cushions)
 - Custom-molded cushions
 - Massage pillows
 - Positioning pillows
 - Sleeping pillows (ergonomic pillows, orthopedic pillows, orthopedic foam wedges)
 - Specialized pillows for disabled children (e.g., Grasshopper Pillow, Tumble Form Pillow)
 - Standard pillows made of allergy-free materials
 - Traction pillows (e.g., Dutchman's roll, flexion pillow, pelvic sacral blocks, sternal roll, etc.)

The following conditions must be met:

- The DME must *require* a prescription for purchase from a qualified healthcare provider
- The rental or purchase of DME is limited to basic equipment plus medically necessary special features prescribed by a qualified health care provider.
- The prescription for the durable medical equipment must include the description of the equipment, the reason why it is needed, the diagnosis and duration of time the equipment will be required.
- The provider must be a certified DME vendor.

Check individual contract/certificate language regarding repair or replacement of medically appropriate DME that is necessitated by wear or damage.

Specific Medicare criteria for durable medical equipment may be obtained in the Medicare DMERC manual.

Repairs and replacement of equipment

Repair, replacement, fitting and adjustments of approved durable medical equipment are covered when made necessary by normal wear and tear or by body growth or change. For example, a child's wheelchair may need to be adjusted or replaced due to growth or due to progression of spinal deformity. Repair and replacement made necessary because of loss, theft or damage caused by misuse or mistreatment are not covered. Check individual contract/certificate language regarding repair or replacement of medically appropriate DME that is necessitated by wear or damage.

Specific Medicare criteria for durable medical equipment may be obtained in the Medicare DMERC manual.

Durable medical equipment 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 policies. Repair, maintenance and replacement will also be covered as defined by the member's certificate and the applicable medical policies.

*Extended warranties do not meet the definition of DME and are therefore excluded.

CPT/HCPCS Level II Codes (*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:

A7003-A7016 E0100-E8002 K0001-K0886 K0890-K0891 K0898 K0899

Note: Not all codes in these ranges may be covered.

Rationale

Guidelines are generally based on Medicare Part B and typical BCBSM contract/BCN certificate language. Specific language may vary.

Government Regulations

National:

Medicare Claims Processing Manual, Chapter 20, revised 05/2/23:

Section 10.1.1

Definition of Durable Medical Equipment:

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose rather than convenience or comfort;

- Generally is not useful to a person in the absence of an illness or injury
- Is appropriate for use in the home

For detailed coverage requirements (including definitions and discussion) associated with the following DME terms and circumstances see the Medicare Benefit Policy Manual, Chapter 15:

- "Durability"
- "Medical Equipment"
- "Equipment Presumptively Medical"
- "Equipment Presumptively Nonmedical"
- "Special Exception Items"
- "Necessary and Reasonable"
- "Necessity for the Equipment"
- "Reasonableness of the Equipment"
- "Payment Consistent With What is Necessary and Reasonable"
- "Beneficiary's Home"
- "Establishing the Period of Medical Necessity"
- "Repairs, Maintenance, Replacement and Delivery"
- "Leased Renal Dialysis Equipment"
- "Coverage of Supplies and Accessories"
- "Beneficiary Disposal of Equipment"
- "New Supplier Effective Billing Date"
- "Incurred Expense Date"
- "Partial Months-Monthly Payment"
- "Purchased Equipment Delivered Outside the U.S."

For coverage information on specific situations and items of DME, see the Medicare National Coverage Determinations Manual.

Medicare Benefit Policy Manual, chapter 15. Revised 08/03/23:

Section 110-Durable Medical Equipment

Covered DME includes but is not limited to items such as

- Standard oxygen delivery systems
- Hospital beds
- Wheelchairs
- Walkers
- Traction apparatus (cervical only)
- Intermittent positive pressure breathing machines
- Braces
- Crutches
- Any other items that are determined medically necessary.

Replacement of equipment which the beneficiary owns or is purchasing or is a capped rental item is covered in cases of loss, or irreparable damage or wear, and when required because of a change in the patient's condition subject to the following provisions:

- Expenses for replacement required because of loss or irreparable damage may be reimbursed without a physician's order when, in the contractor's judgment, the equipment as originally ordered, considering the age of the order, still fills the patient's medical needs.
- Claims involving replacement equipment necessitated because of wear or a change in the patient's condition must be supported by a current physician's order.

Contractors do not pay for replacement of *rented* equipment except capped rental items. However, they pay for replacement of purchased equipment in the following classes:

- Inexpensive or routinely purchased
- Customized items
- Capped rental (where the beneficiary has elected to purchase the item)

They do not pay for purchase or replacement of items that require frequent and substantial servicing or oxygen equipment.

Non-covered DME includes:

- Non-medically necessary optional attachments and modifications to DME for the comfort or convenience of the member
- Accessories for portability or travel
- A second piece of equipment with or without additional accessories that is for the same or similar medical purpose as existing equipment
- Home and car remodeling, including but not limited to the purchase and/or installation of elevators and/or stair lifts, air conditioners, etc.

Special Exception Items

Specified items of equipment may be covered under certain conditions even though they do not meet the definition of DME because they are not primarily and customarily used to serve a medical purpose and/or are generally useful in the absence of illness or injury. These items would be covered when it is clearly established that they serve a therapeutic purpose in an individual case and would include:

- a. Gel pads and pressure and water mattresses (which generally serve a preventive purpose) when prescribed for a patient who had bed sores or there is medical evidence indicating that they are highly susceptible to such ulceration; and
- b. Heat lamps for a medical rather than a soothing or cosmetic purpose, e.g., where the need for heat therapy has been established.

In establishing medical necessity for the above items, the evidence must show that the item is included in the physician's course of treatment and a physician is supervising its use.

NOTE: The above items represent special exceptions and no extension of coverage to other items should be inferred

Local:

Follow National guidelines above

(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 & Medicare 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.)

Related Policies

- Prosthetic Devices
 - Orthotic Devices
 - DME and P & O While Traveling (BCN policy)
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References

- Centers for Medicare & Medicaid Services (CMS) Medicare Coverage Database, NCD for Durable Medical Equipment Reference List. Manual Section Number 280.1, effective date of this version 08/03/23. Available at <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=28&NcaName=Electrostimulation+for+Wounds&IsPopup=y&bc=AAAAAAAAAgAAAA%3D%3D&> (accessed September 2023).
- Centers for Medicare and Medicaid Services (CMS). Medical Claims Processing Manual. Chapter 20. Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). Last updated 05/02/23. Available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c20.pdf> (accessed September 2023)
- Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 15. Revision date 08/03/23. Available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>. (accessed September 2023)
 - Contract and certificate language.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through September 2023, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
4/24/02	4/24/02	4/24/02	Joint medical policy established
1/7/05	1/7/05	2/11/05	Routine maintenance
12/30/05	12/30/05	12/02/05	Routine maintenance
5/1/07	2/17/07	2/17/07	Routine maintenance
9/1/08	7/28/08	4/27/08	Routine maintenance
11/1/10	8/28/10	8/17/10	<ul style="list-style-type: none"> • Routine maintenance • Deleted specific references to numerous Medicare LCDs for specific types of DME that were quoted in the Medicare section. • Added an inclusionary statement to indicate that the item in question MUST REQUIRE a prescription from a qualified health care provider.
5/1/12	2/21/12	2/21/12	Corrected policy to reflect Medicare's coverage of DME needed due to loss or irreparable damage.
5/1/13	2/19/13	3/4/13	Updated BCN benefit page.
3/1/15	12/12/14	12/29/14	Routine maintenance.
3/1/16	12/10/15	12/10/15	<p>Routine maintenance. Add language regarding special exceptions. No change in policy status.</p> <p>9/22/16: discussed and developed extended warranty language exclusion at EWG. Deleted Blue Cross Complete section.</p>
3/1/17	12/13/16	12/13/16	Routine policy maintenance. Removed duplicate information, updated Medicare language.
3/1/18	12/12/17	12/12/17	Routine policy maintenance. No change in policy status.
1/1/19	10/16/18	10/16/18	Routine policy maintenance. No change in policy status.
1/1/20	10/15/19		Routine policy maintenance. No change in policy status.
1/1/21	10/20/20		Added "Durable medical equipment 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 policies. Repair, maintenance and replacement will also be covered as defined by the member's certificate and the applicable medical policies" to inclusion section. No change in policy status.
1/1/22	10/19/21		Routine policy maintenance, no change in policy status.
1/1/23	10/18/22		Routine maintenance (ds)
1/1/24	10/17/23		Routine policy maintenance, no change in policy status. Vendor managed: Northwood (ds)

Next Review: 4th Qtr. 2024

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 3/7/90	Revised 1/20/00
BCBSM: N/A	Revised: N/A

**BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: DURABLE MEDICAL EQUIPMENT**

I. Coverage Determination:

<p>Commercial HMO (includes Self-Funded groups unless otherwise specified)</p>	<p>Covered; criteria apply. Repairs and replacement of durable medical equipment:</p> <p>Repair, replacement, fitting and adjustments of approved durable medical equipment are covered when made necessary by normal wear and tear or by body growth or change. For example, a child’s wheelchair may need to be adjusted or replaced due to growth or due to progression of spinal deformity. Repair and replacement made necessary because of loss, theft or damage caused by misuse or mistreatment are not covered.</p> <p>No coverage for repairs to equipment that would not have met BCN criteria for approval. If a repair is needed for a DME item that the patient received <i>prior</i> to becoming effective with BCN, repairs to that item will be covered only if the specific piece of DME in question is an item that BCN would normally cover and would not consider to be deluxe or not medically necessary.</p>
<p>BCNA (Medicare Advantage)</p>	<p>See government section</p>
<p>BCN65 (Medicare Complementary)</p>	<p>Coinsurance covered if primary Medicare covers the service.</p>

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 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.