Medical Policy

**MP 1.01.501**
Durable Medical Equipment Guidelines

<table>
<thead>
<tr>
<th>Last Review: 01/24/2019</th>
<th>Related Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date: 01/24/2019</td>
<td>None</td>
</tr>
<tr>
<td>Section: Durable Medical Equipment</td>
<td></td>
</tr>
</tbody>
</table>

**DISCLAIMER**

Our medical policies are designed for informational purposes only and are not an authorization, explanation of benefits or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical technology is constantly changing, and we reserve the right to review and update our policies periodically.

**POLICY**

Durable Medical Equipment may be considered **medically necessary** when ALL of the following criteria are met:

- Is eligible for coverage under the terms of the member’s contract.
- Provides a therapeutic benefit because of certain medical conditions or illnesses; **AND**
- Is prescribed by a provider within the scope of his/her license; **AND**
- Does not serve primarily as a comfort or convenience item; **AND**
- Does not have common non-medical uses (e.g., environmental control equipment, safety equipment, sports/exercise safety equipment and clothing etc.); **AND**
- Has final approval from the applicable government regulatory bodies for the requested indication(s) (e.g., the U.S. Food and Drug Administration (FDA)); **AND**
- For custom-built items, clinical documentation including a valid prescription must be provided establishing the inadequacy of standard off-the-shelf items in meeting the individual member’s medical requirements and physical specifications.

**POLICY GUIDELINES**

Criteria Utilized

Appropriate clinical documentation must be provided in order to review requests for coverage. Criteria and resources used in coverage determinations may include but not limited to:

- Eligibility for coverage according to the terms of the member contract
- Medical necessity/Investigational criteria according to the member contract
- The Food and Drug Administration (FDA)
- Blue Cross and Blue Shield Association Center for Clinical Effectiveness (CCE)
- The Blue Cross and Blue Shield Association Medical Policy Reference Manual as adopted by BCI
- Blue Cross of Idaho Medical Policies
- Change Healthcare InterQual® Criteria
- Current published medical literature and peer review publications based upon scientific evidence

Last Review: 01/24/2019
Effective Date: 01/24/2019
Section: Durable Medical Equipment
Related Policies: None
Evidence-based guidelines developed by national organizations and recognized authorities
Other criteria as adopted by the Blue Cross of Idaho

All requested therapies, supplies, and services may be evaluated in accordance with the following criteria:

**Medically Necessary** — the Covered Services or supplies required to identify or treat an Insured’s condition, Disease, Illness or Accidental Injury and which, as recommended by the treating Physician or other Covered Provider and as determined by Blue Cross of Idaho, are:

- The most appropriate supply or level of service, considering potential benefits and harms to the Insured.
- Proven to be effective in improving health outcomes;
- For new treatments, effectiveness is determined by scientific evidence;
- For existing treatments, effectiveness is determined first by scientific evidence, then by professional standards, then by expert opinion.
- Not primarily for the convenience of the Insured or Covered Provider.
- Cost-effective for this condition, compared to alternative treatments, including no treatment. Cost-effectiveness does not necessarily mean lowest price.

**Investigational**— Any technology (service, supply, procedure, treatment, drug, device, facility, equipment or biological product), which is in a developmental stage or has not been proven to improve health outcomes such as length of life, quality of life, and functional ability. A technology is considered investigational if, as determined by Blue Cross of Idaho, it fails to meet any one of the following criteria:

- The technology must have final approval from the appropriate government regulatory body. This applies to drugs, biological products, devices, and other products/procedures that must have approval from the U.S. Food and Drug Administration (FDA) or another federal authority before they can be marketed. Interim approval is not sufficient. The condition for which the technology is approved must be the same as that BCI is evaluating.
- The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes. The evidence should consist of current published medical literature and investigations published in peer-reviewed journals. The quality of the studies and consistency of results will be considered. The evidence should demonstrate that the technology can measure or alter physiological changes related to a disease, injury, illness, or condition. In addition, there should be evidence that such measurement or alteration affects health outcomes.
- The technology must improve the net health outcome. The technology’s beneficial effects on health outcomes should outweigh any harmful effects on health outcomes.
- The technology must be as beneficial as any established alternatives.
- The technology must show improvement that is attainable outside the investigational setting. Improvements must be demonstrated when used under the usual conditions of medical practice.

Additional or duplicate items of DME used for the same purpose, but not at the same time (e.g. for home/work/school) are considered convenience items (e.g., additional and/or "backup" glucometers, wheelchairs, etc.).

Durable Medical Equipment when provided by a Durable Medical Equipment Provider and prescribed by a provider is limited to the most cost-effective Durable Medical Equipment that meets the member’s needs.
Although convenience items may be associated with secondary medical uses, the principal or primary use of a convenience item is usually not medical, (e.g. an elevator or an over-bed table).

Optional DME equipment or accessories are generally considered contract exclusions and are not eligible for coverage, unless otherwise covered per specific contract benefits and when medical necessity criteria are met. Optional equipment or features are intended primarily for convenience or upgrades beyond what is necessary to meet the member’s legitimate medical needs. Examples include decorative items, unique materials (e.g., magnesium, wheelchair wheels), lights, extra batteries, etc.

Equipment delivery services and set-up, education and training for patient and family, and nursing visits, are not eligible for separate reimbursement regardless of agreement to rent or purchase.

Equipment considered to be used for comfort, convenience, and/or personal hygiene and therefore not eligible for coverage (unless otherwise covered per specific contract benefit) includes, but is not limited to:

- Acupressure blankets (i.e. Bed of Nails)
- Air cleaner/purifier
- Air conditioners
- Automated external defibrillator (AED)
- Automobile modifications/lifts
- Baskets for wheelchairs and walkers
- Bath benches/chairs
- Bath systems/lifts
- Back Brace (i.e. Dr. Ho’s Back Brace)
- Braces used for athletic or sporting purposes
- Car seats
- Cervical pillow(s)
- Cleaning equipment (e.g. used to clean other DME i.e. So-Clean)
- Commode chair with integrated seat lift mechanism (electric or non-electric)
- Comfort equipment (i.e. weighted blankets)
- Cranial Orthotic Devices
- Cold therapy units
- Dehumidifier
- Dressing sticks/aids
- Diapers
- Disposable gloves
- Disposable undergarments
- Duplicate Items
- Eating Utensils
- Eggcrate mattress pad
- Electric patient lift
- Environmental Enhancement items or devices
- Ergonomic chairs
- Exercise/physical fitness equipment (examples: treadmills, exercise bikes (includes those that use neuromuscular stimulation), bicycles, foam roller, resistance bands, hand weights etc.)
- Feeding aids
- Furniture which is commercially available (i.e., including but not limited commercially available beds, bed wedges, reclining chairs, etc.);
- Grab bars
- Grooming aids
- Heating pad
- High intensity light units
- Home bathtub spas
- Home lumbar traction devices
- Home cervical traction devices (e.g., traction frame, freestanding stand)
- Home massage equipment
- Home modifications (tract lift systems, ceiling lifts [patient lifts mounted on tracks attached to ceiling], platform lifts, stair lifts/chairs, elevators and stairway elevators [e.g., Stair Glide chair])
- Humidifiers
- Intense physical therapy suits
- Lamb’s wool sheepskin padding
- Lap trays not used for trunk support
- Lumbar roll/cushion
- Massagers/Theracane
- Mobile floor sitters/stands
- Neoprene or elastic sleeves/braces
- Inogen® Oxygen
- Occipital release board
- Orthotic socks
- Oral hygiene products (toothbrushes, toothettes, etc.)
- Pectus Excavatum or Carinatum braces
- Physician’s equipment (examples: stethoscopes, blood pressure cuffs, otoscopes, etc.)
- Pillows/Positioning wedges
- Pneumatic cervical collar
- Pneumatic thoracic-lumbo-sacral back support/brace (example; orthotrac Pneumatic Vest™)
- Portable car/travel nebulizer
- Postural enhancement garments (shirts, vests, cervical pumps, etc.)
- Raised toilet seats
- Reachers
- Safety equipment such as gait belts, helmets, knee and elbow pads, safety glasses, bed rails, braces used to maintain joint stability when participating in athletic activities
- Scales
- Seasonal Affective Disorder light units
- Seat lift/patient lift for toilet
- Shower chairs
- Spinal unloading or decompression devices
- Sports equipment (i.e. safety equipment used to play sports)
- Sports clothing (i.e. Copper Fit products)
- Strollers
- Stroller/wheelchair canopy
- Tanning beds
- Toileting systems/lifts
- Tongue Depressors
- Vaporizers
Durable Medical Equipment Guidelines

- Vehicle travel safety/tie down restraints
- Wheelchair attendant controls
- Magnesium wheelchair wheels
- Wearable therapeutic ultrasound
- Weighted blankets
- Wheelchair backpack/clips
- Wheelchair lights
- Wheelchair racing equipment
- Wheelchair swingaway, retractable or removable hardware when not needed for slide transfers
- Wheelchair work or cut out trays
- Wigs

“Incident to” Services - “incident to” services are defined as those services furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of a condition. A physician may be reimbursed directly for “incident to” services performed by auxiliary personnel only when an employer relationship exists between the physician and the auxiliary personnel, and when the place of service code indicates the service was performed at a location typical for such an employer relationship (typically a physician office or other non-facility clinic). When the place of service code indicates the service was performed at a location not typical of a physician employer relationship (such as, but not limited to, inpatient or outpatient hospital), the service is considered an “incident to” service and is not eligible for separate reimbursement. In the unusual circumstance when an employer relationship exists between the physician and auxiliary personnel performing a service in an inpatient or outpatient facility, documentation of this arrangement could be submitted for reconsideration.

TENS Units

TENS (Transcutaneous Electrical Nerve Stimulation) Devices will be reviewed utilizing the following criteria:

Change Healthcare InterQual® Criteria (Transcutaneous Electrical Nerve Stimulation (TENS) - Senior)

When coverage is authorized for acute pain, the TENS device and necessary supplies will be covered for the duration of the acute episode (defined as no more than three months)

Requests not meeting these criteria will be denied as not medically necessary.

BACKGROUND

Please refer to the individual's Certificate of Coverage for availability of benefit and any pre-authorization necessary for the rental/purchase of Durable Medical Equipment (DME). Certain items of covered DME are off-the-shelf items with standard design. Others, however, must be custom-built for the patient to their physical specifications and/or a physician’s prescription. Requests for such items are always subject to medical review.

This policy may not apply to some health plans, such as Federal Employee Program (FEP), Medicare Advantage and some self-funded group plans. Blue Cross of Idaho reserves the right to update its policy periodically.

Durable Medical Equipment is defined as: items which can withstand repeated use, are primarily used to serve a therapeutic purpose, are generally not useful to a person in the absence of Accidental Injury, Disease or Illness, and are appropriate for use in the Insured’s home. Medical supplies that may be
needed for patients to care for themselves at home (e.g., ostomy supplies) are a separate issue from supplies needed to maintain durable medical equipment. These types of medical supplies are not addressed in this guideline.

Items are considered "deluxe" when the basic equipment is enhanced beyond its basic function or exceeds the cost of the standard most economical equipment that is consistent, according to generally accepted medical treatment practices, with the member’s condition. These items may be considered convenience items and are not eligible for coverage.

All requested supplies and services may be reviewed according to standards of medical necessity as described below.

**CODING**

The appropriate HCPCS code should be used describing the durable medical equipment

Documentation and rationale for use of temporary codes will be required (K0000-K9999) - (K0001-K0902)

**POLICY HISTORY**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
<th>Reason</th>
</tr>
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<tbody>
<tr>
<td>02/12/16</td>
<td>Add to Durable Medicine section</td>
<td>New policy</td>
</tr>
<tr>
<td>09/21/16</td>
<td>Update policy</td>
<td>Add items to list. Add &quot;incident to&quot; statement.</td>
</tr>
<tr>
<td>10/30/17</td>
<td>Replace policy</td>
<td>Blue Cross of Idaho annual review; no change to policy.</td>
</tr>
<tr>
<td>01/30/18</td>
<td>Replace policy</td>
<td>Blue Cross of Idaho added weighted blankets and posture garments as investigational, effective 04/30/2018.</td>
</tr>
<tr>
<td>03/29/18</td>
<td>Update policy</td>
<td>Medical policy renumbered from 1.01.01 to 01.01.501</td>
</tr>
<tr>
<td>05/30/18</td>
<td>Replace policy</td>
<td>Added pneumatic thoracic-lumbo-sacral back support/brace to list of equipment not eligible for coverage.</td>
</tr>
<tr>
<td>01/24/19</td>
<td>Replace policy</td>
<td>Specific items added for clarification purposes only: i.e. sport equipment/clothing, exercise equipment/clothing and comfort or sanitation items.</td>
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