

POLICY TITLE	DURABLE MEDICAL EQUIPMENT
POLICY NUMBER	MP-6.026

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I. POLICY

Durable Medical Equipment (DME) may be considered **medically necessary** when it can be expected to make a meaningful contribution to the treatment of a specific patient's illness or injury or to improve the function of a malformed body part. The continuing need for DME must be verified at least every twelve (12) months.

A list is attached for use in determining the coverage status of certain pieces of DME. The first column lists the generic or brand name of the DME item and the second column identifies the coverage status of that item. Please refer to the attached list or medical policy if one is referenced.

When DME is considered **medically necessary**, coverage may also include:

- The repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the equipment. (For hearing aids, see MP-4.020, Evaluation and Treatment of Hearing Loss.) Repair and maintenance of rental equipment is the responsibility of the vendor/supplier; or
- The rental charges (not to exceed the contracted price except for certain life sustaining items due to the frequency of maintenance), or the purchase of the item; or
- Replacement of an item, when there is a change in the patient's condition; or
- Supplies and accessories necessary for the effective functioning of the durable medical equipment.

Equipment used for environmental control or to enhance the environmental setting or surroundings of an individual is not considered durable medical equipment. Examples of these include but are not limited to: air filters, portable Jacuzzi pumps, humidifiers, etc. and home or vehicle modifications even when needed for the effective functioning of medically necessary equipment.

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The provider requesting/ordering the DME should be a provider with whom the member has established a relationship and is involved in the ongoing care of the member and the condition for which the DME/orthotic is prescribed.

<u>Item</u>	<u>Coverage Status</u>
Accessories	Reimbursement may be made for replacement of essential accessories such as hoses, tubes, mouthpieces, etc. for medically necessary DME, only if the patient owns the equipment.
Abdominal binders	Covered when not used for convenience, appearance or cosmetic purposes
Air Cleaners	Deny--environmental control equipment: not primarily medical in nature
Air Conditioners	Deny- environmental control equipment; not primarily medical in nature
Air-Fluidized Bed	Refer to MP-6.001 Hospital and Specialized Beds
Alternating Pressure Pads including Water and Pressure Pads and Mattresses	Refer to MP-6.001 Hospital and Specialized Beds
American Sonoid Heat and Massage foam Cushion	Deny – not primarily medical in nature
Antiembolism and Gradient Compression Stockings (i.e., Surgical Leggings, Aero-Pulse Surgical Leggings, Jobst, TEDS)	Covered if prescribed by a physician and medically necessary for treatment of illness or injury e.g., bedridden patients. Limited to 3 pair per rolling six months. More than (6) pair per year are considered a convenience item. Refer to MP-4.003 Medical Necessity.
Aquamatic K-Thermia	Deny- institutional type equipment
Audible/Visible Signal Pacemaker Monitor	(See Self-Contained Pacemaker Monitor)
Augmentative Communication Device	Refer to MP-6.032 Speech Generating Devices
Automatic External Defibrillator (AED)(e.g. LifeVest)	Refer to MP-1.081 Cardioverter-Defibrillators (Implantable and External)
Bathtub Lifts including Autolift	Deny - hygienic equipment component; not primarily medical in nature
Bathtub Seats/shower chairs/seats	Deny - hygienic equipment; not primarily medical in nature
Bed Baths (home type)	Deny - hygienic equipment; not primarily medical in nature
Bed Lifter (bed elevator)	Deny - not primarily medical in nature
Bed boards	Deny - not primarily medical in nature
Bed Pans (autoclavable hospital type)	Covered if patient is bed confined
Beds-Lounge (power or manual)	Deny- considered a convenience item, as they are not hospital beds nor primarily medical in nature and therefore non-covered.
Beds-Oscillating	Refer to MP-6.001 Hospital and Specialized Beds
Bidet Toilet Seat	(See Toilet Seats)

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<u>Item</u>	<u>Coverage Status</u>
Blood Pressure Cuff with or without stethoscope or automatic blood pressure monitor	Covered only for patients on home dialysis. For automated ambulatory blood pressure monitoring refer to MP 6.002 Automated Ambulatory Blood Pressure Monitoring for the Diagnosis of Hypertension in Patients with Elevated Office Blood Pressure
Blood Glucose Analyzer (Reflectance Colorimeter)	Deny—unsuitable for home use
Blood Glucose Monitors	Per Diabetes Mandate Act 98. Covered for patients with insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes when provided under the supervision of a licensed health professional with expertise in diabetes
Braille Teaching Texts	Deny-educational equipment; not primarily medical in nature
Breast Pumps (Hospital-grade)	Hospital-grade electric breast pumps are considered institutional equipment and thus are not reasonable and necessary for use in the home setting.
Canes	Covered if patient’s condition impairs ambulation
Carafes	Deny--convenience item; not primarily medical in nature
Cast Socks – Heavy or light	Deny- hygienic supply – not primarily medical in nature
Catheters	(Urinary) Non reusable disposable supply-not covered under the DME benefit.
Cold Pad-Water circulating with pump	Refer to MP-6.040 Cooling, Heating and combined Cooling/Heating Devices Used in the Outpatient Setting
Commodes (including commode chair on wheels)	Covered if patient is confined to bed or room (see additional information below) NOTE: The term ‘room confined’ means that the patient’s condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a patient to his home in a case where there are no toilet facilities in the home may be equated to room confinement. Moreover, payment may also be made if a patient’s medical condition confines him to a floor of his home and there is no bathroom located on that floor
Commode Chair with Seat Lift Mechanism	Covered when all of the following criteria are met: <ul style="list-style-type: none"> • The patient is confined to bed or room (see commodes) • The item is prescribed by a physician for a patient with severe arthritis of the hip or knee and for patients with muscular dystrophy or other neuromuscular diseases when it has been determined that the patient can benefit therapeutically from use of the device.
Communicator	Refer to MP-6.032 Speech Generating Devices
Compression burn garments	Covered when ordered by a physician to reduce hypertrophic scarring and joint contractures following a burn injury.
Continuous Positive Airway Pressure (CPAP)	Refer to MP-2.045 Diagnosis and Medical Management of Obstructive Sleep Apnea
Crutch, underarm, articulating, spring assisted	Covered for patients with Spinal Bifida, Cerebral Palsy, or spinal cord injury

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Crutch Substitute, lower leg platform, with or without wheels (e.g. RollerAid)	Covered when ordered by a physician as medically necessary AND only after bunionectomy, OR foot / ankle surgery when the patient must maintain total non-weight bearing of the affected foot for 4 to 6 weeks.
Crutches	Covered if patients condition impairs ambulation
Cushion Lift Power Seat	(See Seat Lifts)
Dehumidifiers (room or central heating system type)	Deny—environmental control equipment; not primarily medical in nature
Diathermy Machines (standard and pulses wave types)	Deny-inappropriate for home use
Digital Electronic Pacemaker Monitor	(See Self-Contained Pacemaker Monitor)
Disposable Sheets and Bags	Deny—non-reusable disposable supplies
Ear Plugs	Deny – does not meet definition of DME
Electric Air Cleaners	Deny—(See Air Cleaners)
Electric Hospital Beds	Refer to MP-6.001 Hospital and Specialized Beds
Electrical Nerve Stimulation	Refer to the following: <ul style="list-style-type: none"> • MP-6.020 Transcutaneous Electrical Nerve Stimulation • MP-6.045 Sympathetic Therapy for the Treatment of Pain • MP-6.046 Threshold Electrical Stimulation as a Treatment of Motor Disorders • MP-6.047 Interferential Stimulation for Treatment of Pain • MP-6.048 Electrical Stimulation for the Treatment of Arthritis and Miscellaneous Conditions • MP-6.050 Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy • MP-1.069 Spinal Cord Stimulation; • MP-1.042 Deep Brain Stimulation • MP-1.034 Implantable Electrical Nerve Stimulators. • MP-2.092 Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation. • MP-1.134 Percutaneous Tibial Nerve Stimulation
Elevated Toilet seat	Deny - hygienic equipment; not primarily medical in nature
Elevators (including stairway elevators)	Deny -convenience item; not primarily medical in nature
Emesis Basins	Deny - convenience item; not primarily medical in nature
Enema/Enema Bags	Deny – does not meet the definition of DME
Enuresis Monitors	Deny – convenience item; not primarily medical in nature
Esophageal Dilator	Deny - physician instrument; inappropriate for patient use
Exercise Equipment (including exercycle)	Deny - not primarily medical in nature (See also inversion device)

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<u>Item</u>	<u>Coverage Status</u>
Fabric Supports	Includes suit therapy device (also known as the Adeli Suit, Penguin Suit, Polish Suit, Stabilizing Pressure Input Orthoses, Therapy Suit, Therasuit, and TheraTogs) - Deny - non reusable supplies; not rental type items
Face Masks (oxygen)	Covered.
Face Masks (surgical)	Deny - non reusable disposable items
Flow meter	Covered.
Fluidic Breathing Assister	(See IPPB Machines)
Fomentation Device	(See Heating Pads)
Gait Trainer (Type of walker with upper body support frame)	Basic models (“Crocodile type” or equivalent for those under 100 lbs. And/or “Rifton type” or equivalent for all other weights) are covered when ordered by a physician for patients aged two years or older that require moderate to maximum support for walking AND patient has reciprocal leg motion capability and strength and leg and foot alignment to support upright weight for long periods, and therefore can walk with the device.
Gel Flotation Pads and Mattresses	Refer to MP-6.001 Hospital and Specialized Beds
Gloves	Covered when medically necessary and used for in the home
Grab Bars	Deny - supportive environmental equipment
Haberman Feeder	Covered for infants with cleft lip and/or cleft palate
Heat and Massage Foam Cushion Pad	Deny - not primarily medical in nature: personal comfort item
Heating and Cooling Plants	Deny - environmental control equipment; not primarily medical in nature
Heating Pads or Heat Lamps	Covered-A heating pad or lamp may be considered medically necessary if the medical staff determines the patient’s medical condition is one for which the application of heat in the form of a heating pad or lamp is therapeutically effective.
Helmet with face guard and soft interface material, prefabricated	Covered when ordered by a physician as medically necessary for individuals with seizure or behavior disorders that are at risk for injury to the head and face. For cranial orthosis refer to MP 6.056 Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses
High Chairs	Deny - not primarily medical in nature
Home prothrombin Time INR Monitoring Device (CoaguCheck, Protime)	Refer to MP-6.025 Home Prothrombin Time Monitoring
Hospital Beds	Refer to MP-6.001 Hospital and Specialized Beds
Hospital/ Specialty Beds and bed accessories	Refer to MP-6.001 Hospital and Specialized Beds
Hot Packs	(See Heating Pads)
Humidifiers (oxygen)	Covered.

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Humidifiers (room or central heating system types)	Deny—environmental control equipment; not medical in nature
Hydraulic Lift	(See Patient Lifts)
Hydrocollator Heating Unit	Deny – serves no clear identifiable medical purpose
Ice Packs	Refer to MP-6.040 Cooling, Heating and combined Cooling/Heating Devices Used in the Outpatient Setting
Incontinence Supplies	Deny - non-reusable supply, hygienic item. Including such as diapers, briefs, protective underwear, disposable incontinence liners/shields, rubber sheets and underpads
Infusion Pumps	Refer to MP-1.058 Implantable Infusion Pumps or MP- 6.007 External Infusion Pumps for Insulin Delivery
Injectors (hypodermic jet devices for injection of insulin and supplies for self-administered injections)	Covered for diabetic patients who are unable to use a syringe.
IPPB Machines	Covered if patient’s ability to breath is severely impaired
Inversion, Tilt, or Suspension Device or Table	Deny - not primarily medical in nature
Irrigating Kit	Deny—non reusable supply; hygienic equipment
Jaw Motion Rehabilitation System	Refer to MP-2.062 Temporomandibular Joint Dysfunction (TMJ)
Lamb Wool Pads	Refer to MP-6.001 Hospital and Specialized Beds
Leotards	Deny - (See Pressure Leotards)
Linens-non-allergenic	Deny – does not meet the definition of DME
Lymphedema Pumps	Refer to MP-6.013 Pneumatic Compression Devices for Home Use
Lumbar roll	Deny – does not meet the definition of DME
Massage Devices	Deny - personal comfort items; not primarily medical in nature
Mattress	Refer to MP-6.001 Hospital and Specialized Beds
Medical Oxygen Regulators	Covered.
Mobile Geriatric Chair	(See Rolling Chairs)
Mobile Monomatic Sanitation System	Deny- inappropriate for home use.
	No info found
Motorized Wheelchairs	Refer to MP-6.037 Power Wheelchairs, Power Operated Vehicles (POV), and related Options and Accessories

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Muscle Stimulators	Refer to the following: <ul style="list-style-type: none"> • MP-6.045 Sympathetic Therapy for the Treatment of Pain • MP-6.046 Threshold Electrical Stimulation as a Treatment of Motor Disorders • MP-6.047 Interferential Current Stimulation • MP-6.048 Electrical Stimulation for the Treatment of Arthritis and Miscellaneous Conditions • MP-6.049 H-Wave Electrical Stimulation • MP-6.050 Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy • MP-6.051 Neuromuscular and Functional Neuromuscular Electrical Stimulation
Nebulizer	Covered if patient’s ability to breathe is severely impaired
Niagara Massage Pillow	Deny – Convenience item
Niagara Thermo-cyclopad	Deny – Convenience item
Nolan Bath Chair	Deny - hygienic supply – not primarily medical in nature
Non-elastic Binders for Extremities (Circ-aid, Med Assist, Reid Sleeve, Tribute)	Covered for Lymphedema
Overbed Tables	Deny - Convenience item
Overtilet Commode	Deny - hygienic equipment not primarily medical in nature
Oxygen	Covered
Oxygen Humidifiers	Covered
Oxygen Regulators (Medical)	Covered
Oxygen Tents	Covered
Paraffin Bath Units (Portable)	Covered when the patient has undergone a successful trial period of paraffin therapy ordered by a physician and the patient’s condition is expected to be relieved by long-term use of this modality. NOTE: Includes coverage of Paraffin, when the unit is considered medically necessary
Paraffin Bath Units (Standard)	Deny - institutional equipment; inappropriate or home use
Parallel Bars	Deny - support exercise equipment; primarily for institutional use; in the home setting other devices (e.g., a walker) satisfy the patient’s need
Patient Lifts	Covered if medical staff determines that patient’s condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition. Not covered if requires home modification.
Peak Flow Meters	Covered for the diagnosis of Asthma
Percussors	Refer to MP-6.015 Airway Clearance Devices
Pneumatic Cervical Traction Unit	May be considered medically necessary when all of the following criteria are met: <ol style="list-style-type: none"> 1) Prescribed by a physician or other eligible provider within the scope of his or her license; and 2) The diagnosis is one (1) or a combination of symptoms below: <ul style="list-style-type: none"> • Tension headache; • Cervical root lesions;

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	<ul style="list-style-type: none"> • Cervical spondylosis without myelopathy; • Displacement cervical disc; • Cervical disc degeneration; • Degeneration intervertebral disc, site unspecified; • Cervicalgia; • Cervical radiculopathy; • Cervicocranial syndrome; • Cervicobrachial syndrome; • Osteoarthritis, of the cervical spine localized, primary; • In addition, the following diagnoses will be considered medically necessary with a documented trial of physical therapy: <ul style="list-style-type: none"> ○ Osteoarthritis, involving more than one site, but not specified as generalized ○ Spinal stenosis unspecified region ○ Muscle spasm ○ Myofascitis ○ Neuralgia, radiculopathy ○ Fasciitis unspecified ○ Headache ○ Cervical sprain/strain; or ○ Spinal stenosis in cervical region
Portable Oxygen Systems: <ul style="list-style-type: none"> ▪ Regulated (adjustable flow rate) ▪ Preset (flow rate not adjustable) 	Regulated (adjustable flow rate)- covered Preset – Deny - emergency, or first-aid, equipment; essentially not therapeutic in nature.
Portable Room Heaters	Deny-environmental control equipment not primarily medical in nature
Portable Whirlpool Pumps	Deny - not primarily medical in nature; personal comfort items
Positioning Support System (Vitrectomy chair)	Covered for several weeks (up to six weeks) to assist in maintaining a suggested postoperative position following surgery, such as vitrectomy and repair of a retinal tear via intraocular gas.
Positioning cushion/pillow/wedge	Deny – does not meet the definition of DME
Postural Drainage Boards	Covered if patient has a chronic pulmonary condition
Pressure Leotards (also see Fabric supports)	Deny—non reusable supply, not rental-type item
Pulse Oximeters & replacement probes	Covered when a clear plan is in place for physician endorsed patient initiated therapy changes based on pulse-ox levels. This includes initial oxygen weaning for newborns after hospital discharge.
Pulse Tachometer	Deny—not reasonable or necessary for monitoring pulse of homebound patient with or without a cardiac pacemaker
Quad-Canes	(See Walkers)
Reflectance Colorimeters	(See Blood Glucose Analyzers)
Respirators	(See Ventilators.)
Rib Belts	Covered when not used for convenience, appearance or cosmetic purposes

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Rolling Chairs	Deny- not primarily medical in nature.
Safety Roller	Based on medical necessity- Covered for some patients who are obese, have severe neurological disorders, or restricted use of one hand, which makes it impossible to use a wheeled walker that does not have the sophisticated breaking system found on safety rollers.
Sauna Baths	Deny - not primarily medical in nature; personal comfort items
Seat Lift (mechanism only)	Covered when prescribed by a physician for the following indications: 1) The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease. 2) The seat lift mechanism must be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition. 3) The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism.) 4) Once standing, the patient must have the ability to ambulate. A seat lift mechanism which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position is considered not medically necessary.
Seat Tilt	Deny – does not meet the definition of DME
Self-Contained Pacemaker	Covered when prescribed by a physician for a patient with a cardiac pacemaker
Silverware/utensils	Deny – not primarily medical in nature
Sitz Bath	Covered if the medical staff determines patient has an infection or injury of the perineal area and the item has been prescribed by the patient's physician as a part of his planned regimen of treatment in the patient's home.
Spacers	Covered when used to assist the patient in administration of inhaled breathing medications
Spare Tanks of Oxygen	Deny - convenience, duplicate item
Speech Generating Devices	Commercial - MP-6.032 Speech Generating Devices.
Speech Teaching Machine	Deny - education equipment; not primarily medical in nature
Stairway Elevators	Deny - (See Elevators)
Standing Table	Deny-convenience item; not primarily medical in nature
Standers (Standing Frames)	Deny-convenience item; not primarily medical in nature
Steam Packs	These packs are covered under the same condition as a heating pad (See Heating Pads)
Strollers, non-specialized (non-adaptive)	Deny – does not meet the definition of DME
Strollers, specialized (adaptive)	May be considered medically necessary for young children with severe neuromuscular disorders.
Suction Machine	Covered if the medical staff determines that the machine specified in the claim is medically required and appropriate for home use without technical or professional supervision.
Support Hose	Deny (See Fabric Supports)
Surgical Masks	Deny- non-reusable disposable item.

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<u>Item</u>	<u>Coverage Status</u>
Surgical Stockings	Deny - non-reusable supplies
Telephone Alert Systems	Deny - these are emergency communications systems and do not serve a diagnostic or therapeutic purpose
Telephone Arms	Deny - convenience item; not medical in nature
Thermometers	Deny – does not meet the definition of DME
Toilet Seats	Deny-not medical equipment
Traction Equipment	Covered if patient has orthopedic impairment requiring traction equipment which prevents ambulation during the period of use (Consider covering devices usable during ambulation; e.g., cervical traction collar under the brace provision)
Tractomatic Electrical Intermittent Traction Unit	Deny- inappropriate for home use.
Treadmill Exerciser	Deny - exercise equipment; not primarily medical in nature
Tub seat, stool or bench	Deny – not primarily medical in nature.
Ultraviolet Cabinet	Refer to MP-2.046 Ultraviolet Light Therapies
Ultrasonic Nebulizer	Covered only where patient is unable to clear bronchopulmonary secretions using a standard nebulizer or when used by a patient with cystic fibrosis
Urinals (autoclavable hospital type)	Covered if patient is bed confined
Vaporizers	Covered if patient has a respiratory illness
Ventilators	<p>Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types.</p> <p>When the criteria above is met a second ventilator may be medically necessary when it is required to serve a different purpose as determined by the member’s medical needs. Examples (not all-inclusive) of situations in which multiple ventilators may be considered medically necessary are:</p> <ul style="list-style-type: none"> • An individual requires one type of ventilator (e.g., a negative pressure ventilator with a chest shell) for part of the day and needs a different type of ventilator (e.g., positive pressure ventilator with a nasal mask) during the rest of the day. • An individual who is confined to a wheelchair requires a ventilator mounted on the wheelchair for use during the day and needs another ventilator of the same type for use while in bed. Without both pieces of equipment, the individual may be prone to certain medical complications, may not be able to achieve certain appropriate medical outcomes, or may not be able to use the medical equipment effectively.
Walkers	Covered if patient’s condition impairs ambulation
Wheelchairs, Manual	For Commercial Products: Refer to MP-6.059 Manual Wheelchairs
Wheelchairs (power operated) and wheelchairs with other special features	Refer to MP-6.037 Power Wheelchairs, Power Operated Vehicles (POV), Options and Accessories
Whirlpool Bath Equipment	Deny - not primarily medical in nature; personal comfort item
Whirlpool Pumps	Deny - (See Portable Whirlpool Pumps)
White Cane	Deny

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Cross-Reference:

- MP-6.018** Prosthetics and Accessories
- MP-4.003** Medical Necessity
- MP-6.028** Foot Orthotics and Other Podiatric Appliances
- MP-6.061** Therapeutic Shoes for Persons with Diabetes

II. PRODUCT VARIATIONS

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

FEP PPO - See FEP Benefit Plan Brochure and Policy Manuals. The FEP Medical Policy Manual and Benefit Plan Brochure can be found at: <https://www.fepblue.org>

III. DESCRIPTION/BACKGROUND

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Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), is any equipment, which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. Examples of DME include, but are not limited to, hospital beds, wheelchairs, canes, crutches, traction, walkers, ventilators, oxygen, monitors, lifts, commodes, suction machines, nebulizers, pressure mattresses, bilirubin lights, and hemodialysis equipment.

Back-up or secondary DME refers to an identical or similar piece of equipment to the one already in use, which could be utilized to meet the same medical needs of the patient.

IV. DEFINITIONS

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MEDICAL SUPPLIES are medical goods that support the provision of therapeutic and diagnostic services but cannot withstand repeated use and are disposable or expendable in nature.

DURABLE MEDICAL EQUIPMENT consists of items which are primarily and customarily used to serve a medical purpose; are not useful to a person in the absence of illness or injury; are ordered by a physician; are appropriate for use in the home; are reusable; and can stand repeated use.

MEDICAL PURPOSE – Medical equipment is equipment that is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. Equipment that is primarily and customarily used for a non-medical purpose may not be considered “medical” equipment for which payment can be made under the DME benefit. This applies even though the item has some remote medically related use.

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V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital BlueCross for benefit information.

VI. DISCLAIMER

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Capital BlueCross medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

- *Specific Codes do not apply to this medical policy.*

VIII. REFERENCES

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Martins E, Cordovil R, Oliveira R, et al. Efficacy of suit therapy on functioning in children and adolescents with cerebral palsy: A systematic review and meta-analysis. Dev Med Child Neurol. 2016;58(4):348-360.

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	CAC 10/26/04
	CAC 1/31/06
	CAC 6/27/06
	CAC 1/30/07
	CAC 3/27/07
	CAC 3/25/08
	CAC 9/30/08
	CAC 5/26/09
	CAC 5/25/10 Consensus
	CAC 4/26/11 Minor Revision. Blood Glucose Monitor reference to MP. 6.004 deleted. Added information regarding Diabetes Mandate Act 98. Medical necessity criteria for the use of a heat lamp or pad added to this policy. Medicare variation added to the policy. DME item table moved to front of policy. Medical necessity criteria for the use of a heat lamp or pad added to this policy. Positioning Support Systems changed to covered for up to six weeks to assist in maintaining a suggested postoperative position following surgery, such as vitrectomy and repair of a retinal tear via intraocular gas.
	FEP 10/14/11 Added FEP variation for Blood Glucose Monitors to refer to FEP medical policy manual MP-1.01.03, Glucose Monitors.
	CAC 4/24/12 Minor Revision- Breast pumps added to the policy. The Patient Protection and Affordable Care Act (PPACA) mandates under Women’s Preventive Benefits for providing for breast feeding equipment. The configuration sub-group of the Women’s Preventive Services Team met on 2/20/12. It was felt the best place to address coverage of breast pumps is the Durable Medical Equipment policy. This benefit becomes effective 8/1/12.
	CAC 3/26/13 Minor revision. Policy revised to remove refer to “Milliman criteria” from table in several locations: <ul style="list-style-type: none"> ▪ Antiembolism and Gradient Compression Stockings (i.e., Surgical Leggings) ▪ Face Masks (oxygen) ▪ Flow meter ▪ Humidifiers (oxygen) ▪ Medical Oxygen Regulators ▪ Seat Lift For manual wheelchairs, refer to InterQual guidelines. References updated.
CAC 7/30/13 Minor revision. Policy criteria for breast pumps revised to provide clarification.	
CAC 3/24/15 Consensus review. No change to policy statements. References updated. No codes apply.	

POLICY TITLE	DURABLE MEDICAL EQUIPMENT
POLICY NUMBER	MP-6.026

	<p>11/2/15 Administrative change. LCD numbers changed due to NHIC update to ICD-10</p>
	<p>CAC 3/29/16 Consensus review. No changes to the policy statements. References updated. Hospital/ Specialty Beds and bed accessories added to the DME table. Manual wheelchair reference changed. Coding reviewed.</p>
	<p>Admin Update 7/15/16 Medicare admin changed NHIC changed to Noridian.</p>
	<p>Admin update 1/1/17: Product variation section reformatted. Policy information DME item/coverage table updated.</p>
	<p>CAC 7/25/17 Minor review. Updated and added Medicare variations. Added criteria for a second ventilator. Added statement addressing the provider requesting/ordering the DME and member relationship. No coding review due to no codes on the policy.</p>
	<p>1/1/18 Admin Update: Medicare variations removed from Commercial Policies.</p>
	<p>3/27/18 Minor review. Deleted outdated DME items – Circulator, electrocardiocarder, electrostatic machine, limb o cycle, iron lung, oscolate, Pacex, Oakes Controller Unit, Moore wheel, translift chair, Medcolator, Medco Minalator, Medco Sonolator Twin, Pacex, Telemedic II, Puritan Bennet MA 1 respiration unit, and Restorator. Deleted information on trapeze bars and bed side rails since these are addressed in MP 6.001 Hospital and Specialized Beds. Added information on suit therapy device (also known as the Adeli Suit, Penguin Suit, Polish Suit, Stabilizing Pressure Input Orthoses, Therapy Suit, Therasuit, and TheraTogs) to fabric support section. Changed coverage of standing frames to deny-convenience item; not primarily medical in nature. Changed whirlpool bath equipment to match whirlpool pumps - deny - not primarily medical in nature; personal comfort items.</p>

TOP

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