

MEDICAL POLICY

POLICY TITLE	DURABLE MEDICAL EQUIPMENT AND SUPPLIES
POLICY NUMBER	MP-6.026

Effective Date:	3/1/2023
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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 12 months.

Below is an item listing used 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 list below or related medical policy if one is referenced.

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

- The repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the equipment. 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 DME.
 - Based on actual member usage
 - May be less than the potential maximum allowed
 - Should be documented each billing cycle

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

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<u>DME 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: does not meet the definition of DME.
Air Conditioners	Deny- environmental control equipment; does not meet the definition of DME.
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- does not meet the definition of DME.
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 three pair per rolling six months. More than six 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.

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<u>DME Item</u>	<u>Coverage Status</u>
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.)
Blood Pressure Cuff with or without stethoscope or automatic blood pressure monitor	Covered only for patients on home dialysis.
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; does not meet the definition of DME.
Breast Pumps (Hospital-grade)	Hospital-grade electric breast pumps are considered institutional equipment and thus are not medically necessary for use in the home setting.
Canes	Covered if patient's condition impairs ambulation.
Carafes	Deny- convenience item; does not meet the definition of DME.

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<u>DME Item</u>	<u>Coverage Status</u>
Cast Socks – Heavy or light	Deny- hygienic supply; does not meet the definition of DME.
Catheters	(Urinary) Non reusable disposable supply item. Deny- does not meet the definition of DME. Refer to MP 6.018 Prosthetics and Accessories.
Cold Pad-Water circulating with pump	Refer to MP 6.040 Cooling 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 are met: <ul style="list-style-type: none"> • The patient is confined to bed or room (see commodes); and • 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.
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.

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<u>DME Item</u>	<u>Coverage Status</u>
Crutches	Covered if patient’s condition impairs ambulation.
Cushion Lift Power Seat	(See Seat Lifts.)
Dehumidifiers (room or central heating or cooling system type)	Deny- environmental control equipment; does not meet the definition of DME.
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 (PNT) • 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 and Implantable Tibial Nerve Stimulation • MP 2.372 Occipital Nerve Stimulation
Elevated Toilet seat	Deny- hygienic equipment; not primarily medical in nature.
Elevators (including stairway elevators)	Deny- convenience item; does not meet the definition of DME.
Emesis Basins	Deny- convenience item; not primarily medical in nature.

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<u>DME Item</u>	<u>Coverage Status</u>
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.)
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 greater than or equal to two years old 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: does not meet the definition of DME.
Heating and Cooling Plants	Deny- does not meet the definition of DME.
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.

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<u>DME Item</u>	<u>Coverage Status</u>
Helmet with face guard and soft interface material, prefabricated	Covered when ordered by a physician as medically necessary for patients 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- does not meet the definition of DME.
Home prothrombin Time INR Monitoring Device (CoaguCheck, Prottime)	Covered.
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	Deny- convenience item; does not meet the definition of DME.
Humidifiers (oxygen)	Covered.
Humidifiers (room or central heating system types)	Deny- environmental control equipment; does not meet the definition of DME.
Hydraulic Lift	(See Patient Lifts.)
Hydrocollator Heating Unit	Deny- serves no clear identifiable medical purpose.
Ice Packs	Deny- convenience item; does not meet the definition of DME.
Incontinence Supplies	Deny- non-reusable supply, hygienic item. Includes items such as diapers, briefs, protective underwear, disposable incontinence liners/shields, rubber sheets and underpads.
Infusion Pumps	Refer to MP 1.058 Implantable Infusion Pumps for Pain and Spasticity or MP 6.007 External Infusion Pumps for Insulin Delivery and Artificial Pancreas Device.
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.

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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 Treatment of Lymphedema and Chronic Venous Insufficiency.
Lumbar roll	Deny- does not meet the definition of DME.
Massage Devices	Deny- personal comfort items; does not meet the definition of DME.
Mattress	Refer to MP 6.001 Hospital and Specialized Beds.
Medical Oxygen Regulators	Covered.
Misc. Supplies	Thermometers, bandages, elastic sleeve, gauze dressings, cotton balls, tape, adhesive removers, or alcohol pads Deny- Do not meet the definition of DME.
Mobile Geriatric Chair	(See Rolling Chairs.)
Mobile Monomatic Sanitation System	Deny- inappropriate for home use.
Motorized Wheelchairs	Refer to MP 6.037 Power Wheelchairs, Power Operated Vehicles (POV), and related Options and Accessories.
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 (PNT.) • MP 6.051 Neuromuscular and Functional Neuromuscular Electrical Stimulation.

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<u>DME Item</u>	<u>Coverage Status</u>
Nebulizer	Covered if patient's ability to breathe is severely impaired.
Niagara Massage Pillow	Deny- convenience item; does not meet the definition of DME.
Niagara Thermo-cyclopad	Deny- convenience item; does not meet the definition of DME.
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.
Overtoilet 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 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 are met:

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<u>DME Item</u>	<u>Coverage Status</u>
	<ul style="list-style-type: none"> • Prescribed by a physician or other eligible provider within the scope of his or her license; and • The diagnosis is one or a combination of symptoms below: <ul style="list-style-type: none"> ○ Tension headache; or ○ Cervical root lesions; or ○ Cervical spondylosis without myelopathy; or ○ Displacement cervical disc; or ○ Cervical disc degeneration; or ○ Degeneration intervertebral disc, site unspecified; or ○ Cervicalgia; or ○ Cervical radiculopathy; or ○ Cervicocranial syndrome; or ○ Cervicobrachial syndrome; or ○ Osteoarthritis, of the cervical spine localized, primary; or ○ In addition, one of 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; or ▪ Spinal stenosis unspecified region; or ▪ Muscle spasm; or ▪ Myofasciitis; or ▪ Neuralgia, radiculopathy; or ▪ Fasciitis unspecified; or ▪ Headache; or ▪ 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 (flow rate not adjustable): Deny- emergency, or first-aid, equipment; essentially not therapeutic in nature.
Portable Room Heaters	Deny- environmental control equipment; does not meet the definition of DME.
Portable Whirlpool Pumps	Deny- not primarily medical in nature; does not meet the definition of DME.

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<u>DME Item</u>	<u>Coverage Status</u>
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.
Rolling Chairs	Deny- convenience item; does not meet the definition of DME.
Safety Roller	Based on medical necessity, covered for 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; does not meet the definition of DME.

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<u>DME Item</u>	<u>Coverage Status</u>
Seat Lift (mechanism only)	<p>Covered when prescribed by a physician for any of the following indications:</p> <ul style="list-style-type: none"> • The patient must have severe arthritis of the hip, knee or severe neuromuscular disease; or • The seat lift mechanism must be prescribed to effect improvement, arrest or retard deterioration in the patient's condition; or • The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (<i>The fact that a patient has difficulty or is incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism</i>) ; or • Once standing, the patient must have the ability to ambulate. <p>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.</p>
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- does not meet the definition of DME.
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	See MP 6.032 Speech Generating Devices.
Speech Teaching Machine	Deny- education equipment; not primarily medical in nature- does not meet the definition of DME.
Stairway Elevators	Deny- (See Elevators.)
Standing Table	Deny- convenience item; not primarily medical in nature- does not meet the definition of DME.

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<u>DME Item</u>	<u>Coverage Status</u>
Standers (Standing Frames)	Deny- convenience item; not primarily medical in nature- does not meet the definition of DME.
Steam Packs	These packs are covered under the same condition as a heating pad (See Heating Pads.)
Sterile Gloves	Covered when medically necessary and used in the home.
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 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.
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- does not meet the definition of DME.
Thermometers	Deny- does not meet the definition of DME.
Toilet Seats	Deny- does not meet the definition of DME.
Traction Equipment	Covered if patient has orthopedic impairment requiring traction equipment which prevents ambulation during the period of use.
Tractomatic Electrical Intermittent Traction Unit	Deny- inappropriate for home use.
Treadmill Exerciser	Deny- exercise equipment; does not meet the definition of DME.
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.

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<u>DME Item</u>	<u>Coverage Status</u>
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 above criteria are 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. <p>Multifunctional ventilators, which perform any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation will not be covered the same rental month as other single function devices which are a component of the multifunction device.</p>
Walkers	Covered if patient's condition impairs ambulation.
Wheelchairs, Manual	Refer to MP 6.059 Manual Wheelchairs and Accessories.
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; does not meet the definition of DME.
Whirlpool Pumps	Deny- not primarily medical in nature; does not meet the definition of DME.
White Cane	Deny- does not meet the definition of DME.

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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 only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP PPO -

Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies> .

Note* - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

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 health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

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Capital Blue Cross's 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. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross 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

[TOP](#)

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MEDICAL POLICY

POLICY TITLE	DURABLE MEDICAL EQUIPMENT AND SUPPLIES
POLICY NUMBER	MP-6.026

6. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Glucose Monitors L33822. Accessed December 8, 2022.*
7. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Seat Lift Mechanisms L33801. Accessed December 8, 2022.*
8. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Urological Supplies L33803. Accessed December 8, 2022.*
9. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Commodes L33736. Accessed December 8, 2022.*
10. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Oxygen and Oxygen Equipment L33797. Accessed December 8, 2022.*
11. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Heating Pads and Heat Lamps L33784 Accessed December 8, 2022.*
12. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Cervical Traction Devices L33823. Accessed December 8, 2022.*
13. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Speech Generating Devices (SGD) L33739. Accessed December 8, 2022.*
14. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Suction Pumps L33612. Accessed December 8, 2022.*
15. *Durable Medical Equipment Regional Carrier (DME MAC A) Region A Local Coverage Determination (LCD) Manual Wheelchair Bases. Accessed December 8, 2022.*
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18. *U.S. Department of Health and Human Service. Health Resources and Services Administration (HRSA) Women’s Preventive Services Required Health Plan Coverage Guidelines Accessed December 8, 2022.*

IX. POLICY HISTORY

[TOP](#)

MP 6.026	6/22/2020 Consensus review. Policy statement unchanged. Product variation, benefit variation, and disclaimer updated. References and tables reviewed.
	8/12/2021 Minor review. Additional criteria for the DME supplies. References updated.
	12/8/2022 Consensus review. No changes to policy statement. Updated referenced policy titles in table, FEP, references.

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