

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Durable Medical Equipment - Standard and Non-Standard
Policy Number	1.01.00
Category	Contract Clarification
Original Effective Date	10/18/01
Committee Approval Date	04/25/02, 03/27/03, 05/22/03, 08/26/04, 02/24/05, 02/23/06, 12/07/06, 04/24/08, 04/23/09, 04/29/10, 08/25/11, 08/23/12, 08/22/13, 08/28/14
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. The rental or purchase of standard (i.e., not designed or customized for a specific individual's use) durable medical equipment (DME) is eligible for coverage, if determined to be **medically necessary**, when the equipment:
 - A. is medically useful; and
 - B. is generally not useful in the absence of illness or injury; and
 - C. is ordered by a physician; and
 - D. is primarily for use in the home; and
 - E. can withstand repeated use; and
 - F. can be used by successive patients; and
 - G. provides therapeutic benefits that cannot be achieved by other customary/standard methods.

Please refer to the Description section for additional information.

- II. Precise rationale is required for consideration of DME items for coverage. When non-standard DME items are requested, the individual medical condition of the member will be considered in determining medical necessity.
- III. Coverage is limited to DME items that adequately meet the patient's medical needs. If non-standard equipment (e.g., with special features), is determined to be medically necessary for the patient, coverage of the non-standard item will be authorized.

If the patient purchases or rents an item of DME having more non-standard features than the patient's condition requires, coverage is limited to the DME that is determined to be medically necessary to adequately meet the patient's needs.

- IV. DME benefits may include coverage for the following:
 - A. Rental charges for equipment that can be rented for a cost less than the purchase price of the equipment;

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- B. Purchased equipment, when rental equipment is unavailable or when it is less expensive to purchase than to rent the equipment;
 - C. Supplies and accessories necessary for the effective functioning of the equipment;
 - D. Repair, adjustment or replacement of parts and accessories necessary for the normal and effective functioning of purchased equipment.
- V. Benefits are available for necessary repairs and maintenance of purchased equipment, unless a manufacturer's warranty or a purchase agreement covers such repairs and maintenance. Benefits are available for replacement of equipment when the replacement is more cost-effective than repair. Repair, adjustment, or replacement of equipment in use prior to the member's coverage by the Health Plan is available, if the Health Plan considers the equipment medically necessary.
- VI. Repair, maintenance or replacement of rental equipment is **ineligible for coverage**. The rental price includes expenses incurred by the provider in maintaining equipment in working order.
- VII. Repair or replacement of equipment damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.
- VIII. Duplicate equipment is considered **not medically necessary**; more than one DME item used for the same or similar function is considered a matter of convenience for the member.
- IX. Repair, maintenance, or replacement for noncovered items is **ineligible for coverage**.

Refer to Corporate Medical Policy #1.01.08 Patient Lifts, Seat Lift Chair Mechanisms, and Ceiling Lifts

Refer to Corporate Medical Policy #1.01.18 External Prosthetic Devices

Refer to Corporate Medical Policy #1.01.25 Orthotics

Refer to the appropriate, specific Corporate Medical Policy for a specific DME item, as applicable

POLICY GUIDELINES

- I. Eligibility for reimbursement is based upon:
- A. The benefits set forth in the member's subscriber contract;
 - B. For items of DME not addressed by a specific Corporate Medical Policy, the decision to cover standard and/or non-standard items will be based on the medical necessity criteria set forth in this policy. Documentation and the individual patient situation will be considered in these determinations.
- II. Non-standard DME will be covered only when necessary and reasonable, as described more fully below. When a request is received for equipment with extra aesthetic features, or medical features that are not required by the patient's condition; or when there is a reasonably feasible and medically appropriate alternative pattern of care that is considered standard compared to the equipment requested, the Health Plan will authorize coverage of standard equipment or alternative treatment that meets the patient's medical needs.
- A. Reasonableness - Although an item of DME may serve a useful medical purpose, it must also be reasonable for coverage. The following will be considered:
 - 1. Would coverage of the non-standard item be clearly disproportionate to the therapeutic benefits that could ordinarily be derived from the use of the standard alternative pattern of care?
 - 2. Does the item serve essentially the same purpose as the standard equipment or pattern of care already available to the patient?
 - B. Medical equipment - Medical equipment is primarily and customarily used for medical purposes, and is not generally useful in the absence of illness or injury. Equipment that can be useful in the absence of illness or injury (e.g., a blood pressure cuff) is **ineligible for coverage**.
 - C. Equipment that is presumptively non-medical in nature and used primarily and customarily for a non-medical purpose, even though the item may have some remote medically related use, will be considered a convenience item and not "medical equipment." Convenience items are **ineligible for coverage**.

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For example, devices and equipment used for environmental control or to enhance the environmental setting of the patient are not covered DME. While a cardiac patient may use an air conditioner to lower room temperature in an effort to reduce fluid loss or to maintain the proper fluid balance, the primary and customary use of the air conditioner is non-medical; therefore, the air conditioner is not considered medical equipment and is **ineligible for coverage**.

- III. In the absence of a Corporate Medical Policy addressing a specific DME item, nationally recognized InterQual standards for DME may be utilized, if available; otherwise, the medical criteria of the Centers for Medicare and Medicaid Services (CMS) may be utilized in determining the medical necessity of the item.

DESCRIPTION

- I. **Durable Medical Equipment (DME)** is any equipment that provides therapeutic benefits to a patient in need due to certain medical conditions and/or illness. DME consists of items, usually "equipment," that patients use at home. Many in the industry find the term "home medical equipment" (HME) to be more representative of the products supplied, and the terms are often used interchangeably. Walkers, wheelchairs, ventilators, and hospital beds are examples of DME. DME excludes structural changes to a patient's home (e.g., ramps).

To qualify as standard DME, an item must be **ALL** of the following:

- A. **Durable.** The item must be able to withstand repeated use (e.g., it could normally be rented) and used by successive patients.
- B. **Used at home** - The patient must live in one of the following places:
1. A "private residence" where the patient receives care;
 2. The patient's "dwelling," i.e., a house or an apartment;
 3. A "relative's home;"
 4. A "place of residence used as a home;" or
 5. A "home for the aged" or retirement home.
- Many institutions do not qualify as a "home." For example, a skilled nursing facility (SNF) or a hospital cannot be a DME "home"; however, a residential nursing home where the patient resides can be.
- C. **Medically useful.**
1. The item's primary use must be medical. It must be ordered by a physician and is something that a healthy person would not ordinarily need.
 2. DME is not used solely for the purpose of hygiene (e.g., a shower chair). A bedside commode (or appropriate toileting device for those individuals unable to use a commode) is only considered DME for a patient who is bed bound, room-confined, or without toileting facilities in the home; or whose condition confines him/her to a floor of the home where no toileting facilities are located.
 3. A signed physician order (e.g., prescription) is required to document that the item is ordered by a physician.
 4. DME is primarily and customarily used for a medical purpose and generally is not useful to a person in the absence of illness or injury.
- D. Standard DME is not designed or customized for a specific individual's use.

- II. **Non-standard Durable Medical Equipment** is any item of DME that has certain convenience or luxury features that make it more expensive than a standard item that will adequately meet the medical needs of the patient.

- III. Medical supplies needed for the routine use of a DME item are eligible for coverage if the DME item is covered, even though the supplies, themselves, are not durable.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

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CPT Codes

Code	Description
No code(s)	

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HCPCS Codes

Code	Description
Numerous	

ICD10 Codes

Code	Description
Numerous	

REFERENCES

Centers for Medicare and Medicaid Services. Medicare Carriers Manual §3045.3 [Home - Centers for Medicare & Medicaid Services | CMS](#) accessed date 07/28/23.

*Key Article

KEY WORDS

DME, Home Medical Equipment, HME

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Durable Medical Equipment Reference List. Please refer to the following NCD website for Medicare Members:

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=190>