

MEDICAL POLICY

| MEDICAL POLICY DETAILS | |
|------------------------|--|
| Medical Policy Title | HOME EXERCISE/ PHYSICAL THERAPY EQUIPMENT |
| Policy Number | 1.01.12 |
| Category | Equipment/ Supplies |
| Effective Date | 10/18/01 |
| Revised Date | 02/28/02, 02/27/03, 03/25/04, 04/28/05, 02/23/06, 12/07/06, 12/13/07 |
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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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare 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. |

POLICY STATEMENT

Home exercise equipment is **ineligible for coverage**, as it does not meet the definition of Durable Medical Equipment (DME) as described in Corporate Medical Policy #1.01.00.

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, is not considered DME.

Refer to Corporate Medical Policy #1.01.00 regarding Durable Medical Equipment (DME).

This policy does not address cervical traction devices. Refer to Corporate Medical Policy #1.01.47 regarding Cervical Traction Devices.

POLICY GUIDELINES

Home exercise/ PT equipment that can be obtained without a prescription is considered to be an over the counter supply, is not considered DME, and is therefore, **ineligible for coverage**.

DESCRIPTION

Home exercise/home physical therapy equipment is any device or object that serves as a means to allow for energetic physical action or exertion in order to train, strengthen or condition all or part of the body.

Home exercise/home physical therapy equipment includes, but is not limited to:

- I. Exercise bicycles;
- II. Exercise videos;
- III. Extremity and back mobilization equipment (e.g., mechanical advantage, BackManager™);
- IV. Home gyms;
- V. Jacuzzis;
- VI. Nautilus equipment;
- VII. Protons, which apply functional resistance through bracing in a manner that is programmed to vary resistance through the range of motion, based on a number of predetermined parameters;
- VIII. Pulleys;
- IX. Steppers;
- X. Treadmill machines; and
- XI. Weights

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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.

CPT Codes

| Code | Description |
|---------------------|--------------------|
| No specific code(s) | |

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HCPCS Codes

| Code | Description |
|-------------|--------------------|
| A9300 | Exercise equipment |

ICD10 Codes

| Code | Description |
|----------------|--------------------|
| Numerous codes | |

REFERENCES

Home Medical Equipment Answer Book, 2003 Edition, UCG, Rockville, MD.

*Key Article

KEY WORDS

Exercise equipment, Home gym, Home physical therapy equipment, Jacuzzi

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Entire+State&KeyWord=Durable+Medical+Equipment+Reference+List&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAACAAAA&>