



Medicare Advantage

Policy and Procedure

Subject:	Durable Medical Equipment (DME)
Policy Number:	108
Department:	5B Medicare Advantage
Provision Effective Date:	
Revision Date:	

PURPOSE

Equipment that is used to help a patient heal from a certain medical condition and/or illness is called durable medical equipment. The equipment is mainly used for a medical purpose and would not be useful to someone without an illness, disability or injury. These items are ordered or prescribed by the patient's doctor or health care provider and are reusable; they can be used in the patient's home. While there are many others, some examples are wheelchairs, canes, crutches, walkers, ventilators, monitors and lifts. This policy explains when durable medical equipment is covered.

POLICY

Durable medical equipment must be both medically necessary and reasonable and meet criteria listed in the Procedure section.

SCOPE

Members requiring durable medical equipment and providers furnishing durable medical equipment

REFERENCE DOCUMENTS

1. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, §110.1 - Definition of Durable Medical Equipment (see all subsections). Available from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>.
2. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). Available from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&DocID=280.1&bc=gAAAAAgAAAA&>.

DEFINITIONS

Activities of daily living (ADLs): Self-care activities done daily where a person lives that include:

Medicare Advantage

- Ambulating (walking)
- Bathing/dressing
- Eating
- Hygiene/grooming
- Toileting
- Transferring

Durable medical equipment (DME) is defined as equipment furnished by a DME supplier/provider or home health agency which:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of an illness or injury;
- Is appropriate for use in the home; and
- Has a minimum lifetime requirement (MLR) of at least 3 years (for items reviewed and categorized on or after January 1, 2012).

Homebound: A homebound person has a condition that impairs their ability to leave home independently and as a result, leaving home requires a taxing effort. The patient may leave home, but the time away should be short, infrequent, and mainly for receiving medical treatment. Homebound status may be applied to people with poor resistance to disease or have such poor health that reverse isolation precautions are recommended by their providers to avoid exposure to infection. Examples of a poor resistance to disease may include but are not limited to:

- Patients undergoing chemotherapy, or
- Patients with a chronic disease that has lowered their immune status or
- Premature infants

Homebound status also applies to those members that require assistance when performing activities of daily living. Note: Homebound status is not determined by the lack of available transportation or inability to drive.

Instrumental activities of daily living (IADLs): Activities related to independent living but not always done on a daily basis and include:

- Communication (using the phone, computer or other communication devices)
- Housework/home maintenance
- Managing personal medications
- Managing personal finances
- Preparing meals
- Shopping (for basic necessities)

Medicare Advantage

- Transportation (driving or using public transit)

Mobility limitation: A limitation that:

- Prevents a person from accomplishing mobility related activities of daily living entirely
- Places a person at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a mobility related activity of daily living
- Prevents a person from completing a mobility related activity of daily living within a reasonable time frame

Physical functional impairment: A limitation from normal (or baseline) level of physical functioning. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments. Limitations from a normal level of function may include but are not limited to problems with the following:

- Ambulation (walking)
- Communication
- Eating
- Facial expression
- Malformation/distortion of body parts
- Mobilization
- Obstruction of an orifice
- Respiration
- Skin integrity
- Swallowing
- Vision

RESPONSIBILITIES

Medical director, utilization management

PROCEDURE

A DME, prosthetic, orthotic or supply DME item may be considered medically necessary when the requested item meets all of the following criteria:

- Service is not listed as an exclusion in the member's benefit contract.
- It is approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA).
- It meets all of the necessary requirements to satisfy the definition of DME.
- It is generally considered to be safe and effective for the purpose intended and is reasonable and medically necessary for the individual member when one or more of the following are met:



Medicare Advantage

- When the health plan has criteria for a given DME, prosthetic or orthotic item, the applicable medical policy coverage criteria are met.
- In the absence of a specific medical policy, the health plan defers to current Centers for Medicare & Medicaid Services (CMS) coverage guidance (e.g., coverage manual, national coverage determination, local coverage determination, etc.).
- Meets the minimum specification for, and is the least costly, reasonable and medically necessary item, that meets the medical needs of the individual member (i.e., the item is not considered an upgraded or deluxe item). Note, while items that are measured, assembled, fitted or adapted in consideration of a patient's body size, weight, disability, period of need or intended use or that have been assembled using available customized features, modifications or components are considered to be "custom-fitted items," these items do not meet the definition of "custom made," upgraded or deluxe.

DME items are considered not medically necessary for:

- Items that do not meet criteria listed above.
- Requests for new equipment that include additional or deluxe items or components that are not reasonable or necessary to meet, or are in excess of meeting, the member's medical need (see Cross References for medical policies that address upgrades to existing equipment or replacement requests which involve upgrades).
- Accessories for any non-covered DME item. Accessories in this situation would be non-covered regardless of whether the original DME item was billed to the health plan.
- Transportation restraint systems, protective/safety equipment and accessories (examples include but are not limited to the following: Manual or electric safety bed systems [e.g., SleepSafe, Posey Bed Enclosure Safety System, Vail Enclosure beds; this exclusion does not apply to rails or enclosures used in conjunction with medically necessary hospital-grade beds], bed exit monitors or alarms, fall detection systems, nonmedical mobility devices [e.g., strollers; this exclusion does not apply to pediatric wheelchairs], fire extinguishers, first aid kits, grab bars, harnesses, protective helmets used to prevent injury to the head [this does not apply to cranial molding helmets or orthoses used to provide active treatment, such as avoid the need for surgery and/or to facilitate a successful post-surgical outcome, which may be allowed as DME], knee and elbow pads, safety items to protect or affect performance in sports-related activities, belts, restraints, safety goggles, service animals, smoke and carbon monoxide detectors, telephone alert systems and vehicular restraint systems [e.g., EZ-On Vest], and incontinence pads/protective covers).
- Items not expected to significantly improve the basic health status of the member as determined by a health plan medical director, contracted vendor or consultant.
- Items not approved for reimbursement by CMS, unless the health plan otherwise determines a HCPCS code to be approved for reimbursement or specifically includes a HCPCS code within a



Medicare Advantage

provider contract as potentially eligible for reimbursement (general requirements for coverage may still be applied).

- Items requested by or for an individual determined to be noncompliant with treatment.
- Items requested for recreational purposes or that are inappropriate or not required for use in the member's home (e.g., a wheelchair or wheelchair equipment requested for use outside the home) or items determined to fall under the category of “exercise equipment.”
- Items requested for convenience or comfort of the member or caregiver, items requested to improve appearance or that are not primarily medical in nature (e.g., massage devices, heat and massage pads, room or space heaters, whirlpool pump, sauna baths, air conditioners or purifiers, etc.).
- Home or vehicle remodeling or modification to accommodate DME or patient condition (e.g., ramps, stair lifts, elevators, stair glides, wheelchair lifts, bathroom modifications, door modifications, etc.).
- Medical supplies such as bandages, gauze, dressing or alcohol wipes used in the home unless used for a surgical or surgically treated wound or home dialysis.
- Publicly available devices or software applications or monitoring used for nonmedical purposes (e.g., home wireless internet [WiFi]).
- Personal care items not specifically listed as a covered benefit. Examples include but are not limited to enuresis alarms, girdles, etc., even if ordered by a physician.
- Equipment that duplicates the function of existing home equipment (e.g., adaptive seating devices [floor sitter, corner chair, etc.] for an individual with a wheelchair).



South Carolina

Medicare Advantage

APPROVAL SIGNATURES

Title	Printed Name	Signature	Date

REVISION HISTORY

Implementation Date	Description	Business Owner (Signature Required)	Approval Committee