



Durable Medical Equipment (DME)

PLAN YEAR 2021

Durable medical equipment defined as items which:

- (a) are designed for, and able to withstand repeated use by more than one person
- (b) customarily serve a medical purpose
- (c) in general, are not useful in the absence of injury or sickness
- (d) are appropriate for use in the home
- (e) are not disposable.

NOTE: Any single item over \$500 requires a Prior-Authorization (PA) form sent to Medical Management for review: DME is listed on our Prior Authorization List.

Covered DME services include charges made for the purchase or rental of durable medical equipment that is ordered or prescribed by a provider for use outside a hospital or other health care facility. Such equipment includes, but is not limited to crutches, hospital beds, respirators, wheelchairs, dialysis machines, prosthetic appliances and devices*1(see note below).

Coverage for repair, replacement, or duplicate equipment is provided only when required due to anatomical change and/or reasonable wear and tear. All maintenance and repairs that result from misuse are the covered person's responsibility.

Coverage for durable medical equipment is limited to the most cost-effective alternative, as determined by the utilization review physician.

Note: Certain DME for the management of Diabetes is covered with no member cost sharing.
Please refer to the Pharmacy Tier section.

***1 External Prosthetic Appliances and Devices:**

- Charges made or ordered by a provider for the initial purchase and fitting of external prosthetic appliances and devices available only by prescription that is necessary for the alleviation or correction of injury, sickness or congenital defect.
- Coverage for external prosthetic appliances is limited to the most appropriate and cost- effective alternative. External prosthetic appliances and devices shall include prostheses/prosthetic appliances and devices; orthoses and orthotic devices; braces; and splints. Either a mandibular oral appliance or a CPAP machine is covered when medically necessary or when meet criteria.
- Prostheses/prosthetic appliances and devices are defined as fabricated replacements for missing body

parts. These may include:

- o Basic limb prostheses
- o Terminal devices, such as hands or hooks
- o Speech prostheses.
- o Nonfoot orthoses— only the following nonfoot orthoses are covered:
 - Rigid and semi rigid custom fabricated orthoses
 - Semi rigid prefabricated and flexible orthoses
 - Rigid prefabricated orthoses, including preparation, fitting, and basic additions, such as bars and joints.
- o Custom Foot Orthoses—custom foot orthoses are only covered as follows:
 - For persons with impaired peripheral sensation and/or altered peripheral circulation (e.g., diabetic neuropathy and peripheral vascular disease)
 - When the foot orthosis is an integral part of a leg brace and is necessary for the proper functioning of the brace
 - Orthopedic shoes (preferred and in-network only).
 - When the foot orthosis is for use as a replacement or substitute for missing parts of the foot (e.g., amputated toes) and is necessary for the alleviation or correction of injury, sickness or congenital defect
 - For persons with a neurological or neuromuscular condition (e.g., cerebral palsy, hemiplegia, spina bifida) producing spasticity, misalignment, or pathological positioning of the foot, and there is reasonable expectation of improvement.

The following are specifically excluded from coverage (non-covered) as orthoses:

- Prefabricated Foot Orthoses
- Cranial Banding and/or cranial orthoses.
 - o Excluded except when used post- surgically for synostotic plagiocephaly or positional (deformational) plagiocephaly that failed conservative therapy AND is considered moderate to severe based on objective measurements and standard interpretation. When used for synostotic plagiocephaly, the cranial orthosis will be subject to the limitations and maximums of the external prosthetic appliance benefit
- Orthotic shoes, shoe additions, shoe modifications, and transfers
- Orthoses primarily used for cosmetic, rather than functional, reasons
- Orthoses primarily for improved athletic performance or sports participation
- Braces - An orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body, and that allows for motion of that part. Copes scoliosis braces are specifically excluded.
- Splints - An appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Prostheses/prosthetic appliances and devices include, but are not limited to:
Orthoses and Orthotic Devices:

The following are specifically excluded from coverage as orthoses:

to the limitations and maximums of the external prosthetic appliance benefit;

- Orthotic shoes, shoe additions, shoe modifications, and transfers
- Orthoses primarily used for cosmetic, rather than functional, reasons
- Orthoses primarily for improved athletic performance or sports participation

Braces - An orthosis or orthopedic appliance that supports or holds in correct position any movable part of the body, and that allows for motion of that part.

- o Copes scoliosis braces are specifically excluded.

Splints - An appliance for preventing movement of a joint or for the fixation of displaced or movable parts.

Coverage for replacement of external prosthetic appliances and devices is limited to the following:

- Replacement due to regular wear. Replacement for damage due to abuse or misuse will not be covered.
- Replacement will be provided when anatomic change has rendered the external prosthetic appliance or device ineffective. Anatomic change includes significant weight gain or loss, atrophy, and/or growth.
- Replacement due to a surgical alteration or revision of the site.
- Coverage for replacement is limited as follows:
 - o Once every 24 months for persons 19 years of age or older
 - o Once every 12 months for persons 18 years of age or younger.

The following are specifically excluded from coverage as external prosthetic appliances and devices:

- o External and internal power enhancements, or power controls for prosthetic limbs and terminal devices
- o Myoelectric prostheses peripheral nerve stimulator

Durable medical equipment items that are not covered include, but are not limited to:

- Bed-Related Items: bed trays, over-the-bed tables, bed wedges, pillows, custom bedroom equipment, and mattresses (including non-power mattresses, custom mattresses, and posturepedic mattresses).
- Bath-Related Items: bath lifts, non-portable whirlpools, bathtub rails, toilet rails, raised toilet seats, bath benches, bath stools, hand-held showers, paraffin baths, bath mats, and spas.
- Chairs, Lifts and Standing Devices: specialized computerized or gyroscopic mobility systems, roll-about chairs, geriatric chairs, hip chairs, seat lifts (mechanical or motorized), patient lifts (mechanical or motorized; manual hydraulic lifts are covered if the patient is a two-person transfer), and auto-tilt chairs.
- Fixtures to Real Property: ceiling lifts and wheelchair ramps.
- Car/Van Modifications
- Air Quality Items: room humidifiers, vaporizers, air purifiers, and electrostatic machines.
- Blood/Injection Related Items: blood pressure cuffs and centrifuges.
- Other Equipment: heat lamps, heating pads, cryounits, cryotherapy machines, electronic-controlled therapy units, ultraviolet cabinets, sheepskin pads and boots, postural drainage board, AC/DC adaptors, enuresis alarms, magnetic equipment, scales (baby and adult), stair gliders, elevators, saunas, and any exercise equipment and diathermy machines.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, and skin preparations, except as specified in the "Covered Expenses" section.
- Artificial aids, including but not limited to, arch supports, compression stockings (unless stockings deemed medically necessary), garter belts, corsets and dentures.
- Hearing aids for any plan member over the age of 18, including, but not limited to semi-implantable hearing devices and audient bone conductors. The Plan provides coverage for hearing aids for members under the age of 18 – once every 3 years per ear.

- A hearing aid is any device that amplifies sound. The Plan provides coverage for cochlear implants and Osseointegrated Hearing Devices (e.g. Bone Anchored hearing Aid (BAHA) Hearing Device) when medically necessary.
- Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books. Speech generating devices are covered, but recorded speech devices are not.

The following are specifically excluded from coverage as orthoses:

- o Prefabricated foot orthoses.
- o Cranial banding and/or cranial orthoses. Other similar devices are excluded, except when used postoperatively for synostotic plagiocephaly. When used for this indication, the cranial orthosis will be subject to the limitations and maximums of the external prosthetic appliances benefit.
- o Orthotic shoes, shoe additions, shoe modifications, and transfers.
- o Orthoses primarily used for cosmetic, rather than functional, reasons.
- o Orthoses primarily for improved athletic performance or sports participation.

DME Process

1. Provider submits order to DME company.
2. DME company receives order.
3. DME company calls CS to confirm eligibility, status of deductible/coinsurance, determines member responsibility. CS informs of need for PA if over \$500 for single item.
4. DME company calls member to inform them of amount of member responsibility and confirms that member wishes to proceed with request.
5. DME company submits PA to EVT if item is over \$500.
6. Medical Management confirms provider order is present and processes PA.
7. DME company processes order.