



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Durable Medical Equipment

Policy Number: 10.01.513
Origination: 10/1988

Last Review: 10/2018
Next Review: 10/2019

Policy

Some durable medical equipment requires prior authorization. For a complete list of equipment requiring prior authorization, please refer to the list of items/services requiring prior authorization found at www.bluekc.com.

An original certificate of medical necessity indicating length of need from a physician prescribing within the scope of his/her license must be available upon request. When the particular DME item is covered by the contract, benefits may also be provided for the following covered expenses:

- Supplies and accessories required for the effective functioning of the covered DME item.
- Repairs, adjustments or replacement of components and accessories necessary for effective functioning of covered equipment as allowed by the member's contract.

Note: some accessories, replacements or repairs may not necessarily be reimbursed separately when the primary item is being rented.

Considerations

Billing instructions:

- Date of service should be date delivered (not date ordered).
- Place of service should be Home (H).
- Items with purchase price up to \$100.00, where period of need is 60 days or more should automatically be purchased and lump sum payment should be made.
- All claims must have the original CMN available upon request indicating the period of need.

- A DME item may be billed for 13 months of continuous rental at which time the equipment will be considered purchased and payments will cease*; **OR**
- A DME item may be billed for a maximum of three (3) months to assess patient compliance, at which time, the provider will submit a purchase claim and payments will cease with the equipment considered as purchased.
 - Replacement devices are not subject to the pre-purchase rental requirements.

* Oxygen concentrators and ventilators are exempt from this requirement.

Before submitting a claim, the supplier must have on file a dispensing order, the detailed written order, the Certificate of Medical Necessity (CMN) (if applicable), information from the treating physician concerning the patient's diagnosis, and proof of delivery. If the information in the patient's medical record does not adequately support the medical necessity or delivery of the item, the supplier is liable for the dollar amount paid for such supplies.

Examples of possible non-coverage include, but are not limited to the following:

- Mechanical or electrical features. These generally serve as a convenience item and documentation of medical necessity should be included for these items. Benefit may be provided on an individual consideration basis.
- Devices and equipment used for environmental control or to enhance the environmental setting. These are usually exclusions on most contracts. Examples of these devices include but are not limited to: air conditioners, humidifiers, air filters, whirlpools, waterbeds, Jacuzzi pumps, air purifiers.
- Separate benefits are not provided for equipment used in facilities (e.g., Nursing Homes) that are expected to provide such equipment.
- Other DME items normally seen in an institutional type setting are not covered as they are inappropriate for home use or are not primarily medical in nature. Examples of these devices include, but are not limited to: bedside tables, over-bed tables, oscillating beds, treadmill exerciser, and standard paraffin bath unit.
- Benefits are not provided for non-reusable, non-rental supplies. Examples of these include, but are not limited to: support hose, surgical face masks, disposable sheets, diapers or pads, emesis basins.
- Equipment that does not meet the definition of DME because it is not primarily and customarily used to serve a medical purpose, or is not generally useful in the absence of illness or injury, may sometimes be covered. These items are covered when it is clearly evident that they serve a therapeutic purpose.

Description of Procedure or Service

Durable Medical Equipment (DME) is equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, is appropriate for home use, and does not serve as a comfort or convenience item.

Rental only items are items for which there is a defined short-term need i.e. post surgical or hospice patient, or items without which the member's life is in immediate peril i.e. ventilators.

Billing Coding/Physician Documentation Information

There are multiple HCPCS codes for durable medical equipment.

Additional Policy Key Words

N/A

Policy Implementation/Update Information

- 10/1/88 New policy.
- 5/1/00 No policy statement changes.
- 5/1/01 Added list of items considered "Environmental items."
- 5/1/02 Cochlear implant and myoelectric prosthetics added to the list of items requiring Prior Authorization.
- 5/1/03 No policy statement changes.
- 5/1/04 DME list requiring prior authorization updated and now includes codes.
- 5/1/05 DME list requiring prior authorization updated.
- 5/1/06 DME list requiring prior authorization is removed from the policy. Reference is now made to www.bcbskc.com. No policy statement changes.
- 5/1/07 No policy statement changes.
- 10/1/07 Policy revised to include specific guidelines for DME rental-to-purchase and definition of rental only items.
- 10/1/08 No policy statement changes.
- 10/1/09 No policy statement changes.
- 10/1/10 No policy statement changes.
- 10/1/11 No policy statement changes.
- 10/1/12 No policy statement changes.
- 10/1/13 No policy statement changes.
- 3/1/14 Policy clarified regarding CMN requirement.
- 10/1/14 No policy statement changes.
- 10/1/15 No policy statement changes.
- 1/1/16 Clarification regarding replacement equipment.
- 10/1/16 No policy statement changes.
- 10/1/17 No policy statement changes.
- 10/1/18 No policy statement changes.

State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.