

Medical Policy



Exercise Equipment

▼ Description

Equipment used for exercising (including but not limited to anti-gravity devices, ERMI Knee/Ankle Flexionator, Exercycle, Ankle weights, Treadmill).

▼ Policy

Exercise equipment is considered not reasonable and necessary as it is not primarily medical in nature.

▼ HCPCS Level II Codes and Description

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|-------|------------------------------------------|
| E1399 | Durable medical equipment, miscellaneous |
| A9300 | Exercise equipment |

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable

contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List.

Applicable URAC Standard

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|--------|-------------------------------------|
| Core 8 | Staff operational tools and support |
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Change/Authorization History

| Revision Number | Date | Description of Change | Prepared/Reviewed by | Approved by | Review Date: |
|-----------------|----------|----------------------------------------------|----------------------|----------------|--------------|
| A | Nov.2006 | Initial Release | Rosanne Brugnani | Ken Fasse | n/a |
| 01 | | Annual Review/ No changes | Susan Glomb | Ken Fasse | Dec.2008 |
| 02 | 12-22-09 | Annual Review- no changes | Susan Glomb | Ken Fasse | Dec.2009 |
| 03 | 12-01-10 | Annual Review – no changes | Susan Glomb | Ken Fasse | Dec.2010 |
| 05 | 07-20-11 | Added Important Note to all Medical Policies | Susan Glomb | Dr. B. Almasri | |
| 06 | 11-08-11 | Annual Review. Added References to Policy | Susan Glomb | Dr. B. Almasri | |
| 07 | 11-28-12 | Annual Review – No changes | Susan Glomb | Dr. B. Almasri | Nov 12 |

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|----|----------|----------------------------|-------------|----------------|-----------------|
| 08 | 12-18-13 | Annual review. No changes | Susan Glomb | Dr. B. Almasri | |
| 09 | 11-24-14 | Annual Review. No changes | Susan Glomb | Dr. B. Almasri | |
| 10 | 10-27-15 | Annual Review. No Changes. | Lisa Wojno | Dr. B. Almasri | October 2015 |