

Medical Policy



Durable Medical Equipment: General

Description

Durable medical equipment (DME) refers to items of medical equipment, owned or rented, which are used in a member's home or community to provide therapeutic benefits to a member in need because of certain medical conditions and/or illnesses. The term home medical equipment (HME) may also be used to describe DME. Examples of DME include, but are not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, and oxygen.

Policy and Coverage Criteria

All DME needs to be prior authorized and prescribed by a Plan physician, physician's assistant or nurse practitioner.

Standard (not designed or customized for a specific individual's use) DME is defined as all of the following:

1. The item can withstand repeated use (e.g., could normally be rented); and be used by successive members.
2. The item should be used and is appropriate for use in a home setting. DME that is appropriate for use in the member's home may also be used in the community. A home is defined as one of the following settings:
 - a) A private residence – where the member receives care
 - b) The member's dwelling – a house or apartment
 - c) A relative's home if the member lives there
 - d) A place of residence if the member lives there
 - e) A home for the aged or retirement home
3. The item's primary use must be medical in nature. DME is customarily used for a medical purpose and generally is not useful in the absence of illness or injury.

The prescribing physician, physician's assistant or nurse practitioner is required to submit clinical information documenting the need for the DME and any associated accessories or features. Coverage of DME must meet the definition above and is limited to DME that is the most cost effective DME that meets the member's medical needs.

Nonstandard DME is any DME item that has certain additional features that make the item more expensive than the standard item. Nonstandard DME will be reviewed on a case-by-case basis based upon the clinical information provided and may be authorized when determined to be reasonable and necessary for the member and when no other medically appropriate standard DME exists.

Medical Policy



Durable Medical Equipment: General

Coverage for nonstandard DME and any associated accessories and features, will be considered if it is reasonable and necessary. In these instances, the provider must submit clinical information documenting the reasons that the standard equipment does not meet the member's medical needs.

Requests for DME, and any associated accessories or features, are considered **not** reasonable and necessary if:

- it contains features that are not required for the member's condition
- it does not meet the above criteria or specific product criteria and is, therefore, determined to be not reasonable and necessary.
- it is equipment that is primarily nonmedical in nature and used primarily and customarily for a non-medical purpose, even though the item may have some medically related use.
- it is being requested for convenience purposes
- it is being requested because it contains features of an aesthetic nature
- it contains features that are not required for the proper functioning of the base item
- it is being requested despite the existence of an item that is reasonably feasible and a medically appropriate alternative that is considered standard compared to the equipment requested/furnished
- the item serves essentially the same purpose as the standard equipment available
- the item is clearly disproportionate to the therapeutic benefits that could ordinarily be gained from the use of the standard equipment.

Requests for DME, and any associated accessories or features are **not** considered reasonable and necessary for reimbursement in the following situations:

- Continued rental or purchase of a DME item that is no longer needed or in use by the member it was originally authorized for.
- Repair, maintenance or replacement of rental equipment. The rental price includes expenses incurred by the provider in maintaining equipment in working order.
- When another coverage source is available such as homeowner's, rental, automobile, liability or other insurance.

The rental or purchase of standard DME is eligible for coverage if determined to be reasonable and necessary as outlined above. If the member purchases or rents an item of DME having more nonstandard features than the member's condition requires, only the equipment and features determined to be reasonable and necessary will be covered.

Medical supplies needed to make a piece of DME medically effective are eligible for coverage if the DME item is determined to be reasonable and necessary, even though the supplies themselves are not durable.

Medical Policy



Durable Medical Equipment: General

Coverage may be available for necessary repairs and maintenance of purchased equipment, unless a manufacturer's warranty or a purchase agreement covers such repairs and maintenance. Coverage may also be available for replacement of equipment when the replacement is more cost effective than the repair.

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 practitioner in connection with diagnosis and treatment decisions.

Northwood follow all CMS National Coverage Determinations (NCD) and Local coverage Determinations (LCD), as applicable.

Medical Policy



Durable Medical Equipment: General

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-15-11	Initial Release	Susan Glomb	Dr. B. Almasri	n/a	
01	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
02	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	Dec. 2013	
03	12-11-14	Annual Review. No Changes.	Susan Glomb	Dr. B. Almasri	November 2015	
03	11-23-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
04	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
05	11-10-17	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
06	11-09-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	

Medical Policy



Durable Medical Equipment: General

07	11-01-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019
08	11-06-20	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 6, 2020	November 6, 2020
09	11-16-21	Annual Review. Added NCD/LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 16, 2021	11-16-21
10	11-01-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 1, 2022	
11	11-8-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-8-23	11-8-23