

Medical Policy



Northwood

(Enter Policy Title)

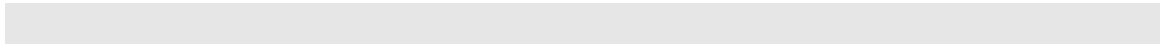
Description

Policy

Policy Guidelines

Coverage Criteria:

HCPSC Level II Codes and Description



General Indications and Limitations of Coverage and/or Medical Necessity

For a DMEPOS item to be covered, it must 1) be eligible for a defined benefit category and 2) be reasonable and necessary for the treatment of illness or injury or improve the functioning of a malformed body member or used to replace all or part of a body part or all or part of the functions of a permanently disabled or poorly functioning body organ. For the items addressed in medical policy, the criteria for "reasonable and necessary" are defined by the carrier or plan sponsor's indications and limitations of coverage and/or medical necessity.

Certain statutory and/or regulatory requirements may be applicable to the carrier or plan sponsor which may affect coverage or benefits (e.g., certain states mandate coverage of, or waiver of co-payments for, diabetic/glucose monitoring supplies, prosthetic wigs, etc.).

Documentation Requirements:

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six-month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

Important Note:

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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.

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

References

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by:	Approved by:	Review Date	Effective Date
A		Initial Release				

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