Medical Policy Reference Manual
Medical Policy

1.01.001 Durable Medical Equipment with Attached Companion Table

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Description

Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness or injury;
- are ordered or prescribed by a physician or other qualified practitioner;
- are consistent with the diagnosis;
- are appropriate for use in the home;
- are reusable; and
- can withstand repeated use.

Many inventions can make life easier for the sick or disabled but do nothing to treat the underlying problem. These inventions and many other items available are often confused with DME but do not qualify as DME because they do not meet the above criteria and/or they are considered to be items of:

- **comfort or convenience** (*a convenience item* is any object / device that increases physical comfort without serving a *medically* necessary purpose, such as a bedside table or electrical or mechanical features which enhance basic equipment),
- **environmental control** (*environmental control equipment* is any device or appliance that alters or maintains the conditions in the existing surroundings, such as an air conditioning unit),
- **furniture** (*furniture items* are movable articles or accessories which serve as a place upon which to rest (people or things) or in which things are placed or stored, such as a chair or a dresser),
- **exercise equipment** (*exercise equipment* is any device or object that serves as a means to allow for energetic physical action or exertion in order to train, strengthen or condition all or part of the human body), or
- **institutional equipment** (*institutional equipment* is any device or appliance that is appropriate for use in a medical facility and is not appropriate for use in the home, such as parallel bars).

Two distinct subsets of DME are Orthosis and Prosthetics, which are addressed in separate policies in this manual, in their respective subsections within the DME section.

Policy

Durable Medical Equipment items which meet the criteria, as listed in the Description section above, are considered **medically necessary** in accordance with the policy guidelines in the attached table and related policies.

The following components are considered **medically necessary** with regard to durable medical equipment:

- Supplies and accessories necessary for effective functioning of allowed equipment;
- Repairs or adjustments to medically necessary DME that are required due to normal wear and tear during normal usage of the equipment to maintain the necessary functioning of allowed equipment; and
- Replacement of medically necessary DME when repairs or adjustments fail and/or are not possible.

Policy Guidelines

The provider ordering or prescribing any DME must deem the equipment necessary for treatment. However, the provider's order does not mean that the item meets the criteria as listed in the Description section above; it also does not guarantee that the item will be considered medically necessary by the Plan.

While there are items that are typically considered convenience devices, under certain conditions, these same items may serve a medically therapeutic purpose. Requests for such items must be medically reviewed for medical necessity.

Certain items of covered DME are off-the-shelf items with standard design. Others, however, must be custom-built for the patient to their physical specifications and/or a physician's prescription. An example of a custom device is a wheelchair. Requests for such items are subject to medical review.

Benefit Applications

Check the member contract for specific benefits. When benefits are provided for DME the following may be included:

- Repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the equipment.
- Rental charges for the equipment if it can be rented for a cost less than the purchase price of the equipment.
- Purchased equipment when the purchase of the durable medical equipment would be less expensive than the rental of the equipment or if the equipment is not available for rental.
- Accessories necessary for the effective functioning of durable medical equipment.

All items of DME, related supplies and accessories, and repairs, adjustments or replacement requests are subject to medical review.

The following items are not considered to be Durable Medical Equipment as they do not meet the criteria as listed in the Description section above**: ***

- Items of comfort and convenience
- Environmental control equipment
- Furniture
- Exercise Equipment
- Institutional Equipment

***** Although these items may be associated with secondary medical uses, the principal or primary use is usually not medical, example: an elevator or a seat lift chair.

Additional items of DME used for the same purpose, but not at the same time (example: for home/work/school) are considered convenience (example: additional and/or "backup" glucometers, wheelchairs, etc.)

"Deluxe" electrical or mechanical features which enhance basic equipment usually serve a convenience function.

NOTE: For FEP business, check the member's contract for benefits.

Provider Guidelines

There are no Provider Guidelines for this Medical Policy.

Cross References to Related Policies and Procedures

1.03.001	Orthotics Devices and Orthopedic Appliances, Policy
1.03.003	Orthotic Foot Inserts, Policy
1.04.001A	Prosthetics, Procedure

References

The following were among the resources reviewed and considered in developing this policy. By reviewing and considering the resources, CareFirst does not in any way endorse the contents thereof nor assume any liability or responsibility in connection therewith. The opinions and conclusions of the authors of these resources are their own and may or may not be in agreement with those of CareFirst.

AV Impulse Foot Pump & AV Impulse Signal Channel Technology and Foot Wrap

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Diabetic Supplies

Coverage for diabetes equipment, supplies, and self-management training. Annotated Code of Maryland, Insurance Article § 15-822., District of Columbia Code. DC Insulin Affordability Amendment Act (2021-01-22 - Act A23-0588 Published in DC Register Vol 68 and Page 001151

Neuromuscular Stimulator, Electrical, for Scoliosis Only

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Durham, J.W., Moskowitz, A., Whitney, J. (1990). Surface electrical stimulation versus brace in treatment of idiopathic scoliosis. *Spine, 15*(9), 888-892.

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Pelvic Floor Stimulator

B.K., Talseth, T. & Holme, I. (1999, February 20). Single blind randomized controlled trial of pelvic floor exercises, electrical stimulation, vaginal cones, and no treatment in management of genuine stress incontinence in women. *BMJ, 318,* 487-493.

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Brubaker, L., Benson, J.T., Bent, A., Clark, A., & Shott, S. (1997, September). Transvaginal electrical stimulation for female urinary incontinence. *American Journal of Obstetrics and Gynecology, 177,* 536-540.

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Tinnitus Masker

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Health Benefit Plans - Coverage for Hair Prostheses for Hair Loss Resulting from Chemotherapy or Radiation Treatment for Cancer. (2000). Maryland General Assembly H.B. 22. Annotated Code of Maryland, Insurance Article § 15-836. Retrieved from the World Wide Web: http://mlis.state.md.us/2000rs/bills/hb/hb0022e.rtf