LifeWise
Health Plan of Washington

UTILIZATION MANAGEMENT GUIDELINE – 1.01.529
Durable Medical Equipment

Effective Date:	Jan. 1, 2025
Last Revised:	Dec. 10, 2024
Replaces:	N/A

RELATED MEDICAL POLICIES:

1.01.501	Wheelchairs (Manual or Motorized)
1.01.519	Patient Lifts, Seat Lifts, and Standing Devices
1.01.526	Durable Medical Equipment Repair/Replacement
1.01.527	Power Operated Vehicles (Scooters) (Excluding Motorized Wheelchairs)
1.01.530	Children's Therapeutic Positioning Equipment
1.03.501	Custom-made Knee Orthoses (Braces), Ankle-Foot-Orthoses, and Knee-Ankle-Foot-Orthoses
10.01.517	Non-covered Services and Procedures

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COVERAGE GUIDELINES | DOCUMENTATION REQUIREMENTS
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Equipment that is used to help a patient heal from a certain medical condition, illness, or injury is called durable medical equipment. The equipment is mainly used for medical purposes and would not be useful to someone without an illness, disability, or injury. These items are ordered or prescribed by the patient's doctor or health care provider and are reusable; they can be used in the patient's home. While there are many others, some examples are wheelchairs, canes, crutches, walkers, ventilators, monitors, and lifts. This policy explains when durable medical equipment is covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Please see the definition of "durable medical equipment" in the member's plan document for the purpose of making benefit determinations.

Equipment	Medical Necessity
Durable medical equipment	**Durable medical equipment (DME) also known as home medical equipment (HME) may be considered medically necessary when ALL of the following criteria are met:** • The individual has a documented physical functional impairment or disability due to disease, trauma, congenital anomaly, or prior therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using a DME item **AND** • Documentation in the medical record contains a clinical assessment and rationale for the requested DME item (see **Documentation Requirements**) **AND** • The DME is prescribed by a health care practitioner **AND** • The piece of equipment meets the definition of DME (see **Definition of Terms**) **AND** • The requested DME item is not considered investigational or unsafe by a regulatory agency, and is not excluded by plan benefits or considered a contractual exclusion **Durable medical equipment (DME) is considered not medically necessary when the above criteria are not met.** **The following are considered not medically necessary:** • Accessory add-ons and upgrades when a basic (standard) DME item meet the member's functional needs • Deluxe equipment when basic (standard) equipment is available and meets the member's functional needs

Equipment	Medical Necessity
	• Duplicate equipment that meets the same functional need (e.g., a rolling walker, when the member has a properly fitted cane) • Elastic garments (e.g., stabilizing pressure input orthoses – SPIO) • Equipment and modifications/upgrades to equipment when used primarily for leisure or recreational activities (e.g., special wheelchair wheels for sport activities, adaptations for beach use, skiing, and others) • Redundant or back-up DME item(s) not used as the primary device to meet the member's functional needs (i.e., more than one of the same item of durable medical equipment) **Note:** While there are items that are typically considered convenience devices, in certain situations, these same items may serve a medically therapeutic purpose. Requests for such items will be reviewed for medical necessity. **The following are covered without review:** • Speech generating devices (SGDs) • A software program to be used with a personal device for essential communication • Artificial laryngeal devices (prosthetic) **Durable medical equipment may include the following:** • Purchased equipment when the purchased DME is less expensive than the rental of the equipment or if the DME is not available for rental • Rental charges for the DME if rental is less expensive than the purchase price of the equipment • Repair, adjustment, or replacement of parts and accessories necessary for the normal and effective functioning of the DME (see **Related Policies**).

Equipment	Non-Covered
Durable medical equipment	**Durable medical equipment is not covered when:** • It is considered experimental or investigational or used for experimental or investigational therapy or interventions

Equipment	Non-Covered

	• It is associated with athletic, scholastic, educational/vocational training of an individual
	• It does not meet a medical need and is dispensed by a DME supplier without a prescription
	
	The following are considered non-covered items:
	• Athletic/exercise/physical fitness equipment (e.g., treadmills, stationary bikes, ROMTech rehabilitation device)
	• Altered auditory feedback (AAF) devices to treat individuals who stutter are considered investigational
	• Comfort or convenience items added to basic (standard) equipment
	• Equipment used for environmental control or to enhance the environmental surroundings (e.g., air conditioners, air filters, humidifiers, allergy protective pillow/mattress covers, furniture [e.g., recliner chairs, over-bed tables], and others)
	• First aid or precautionary equipment (e.g., automatic external defibrillator [AED])
	• Home modifications (e.g., bath grab bars, electronic door openers, elevators, Jacuzzi/whirlpools, ramps, lowering of kitchen/bath counters, widening of doorways, stairway lifts)
	• Institutional equipment (e.g., any DME that is used only in a medical facility and is not suitable for use in the home setting)
	• Maintenance and service fees for DME
	• Multiple-function hardware devices that do not meet the definition of durable medical equipment (DME), because they are not primarily intended for medical purposes, include but are not limited to:
	  ○ Desktop and laptop computers
	  ○ Personal digital assistants (PDA)
	  ○ Smartphones
	  ○ Tablet computers
	  ○ Internet or phone services
	• Remote hand-held devices for intermittent monitoring of intraocular pressure (IOP) (e.g., iCare HOME2) are considered investigational (E1399)

Equipment	Non-Covered
	• Vehicle modifications (e.g., wheelchair vans, lifts attached to vehicles for scooters or wheelchairs) • Walker, battery powered, wheeled **Note:** If there is a specific DME item addressed in another policy please refer to that policy.

Documentation Requirements

Medical necessity for a DME item is determined by an individual's current condition and not by probable deterioration in the future. There are varying degrees of medical conditions, and these medical conditions may contribute to the member's underlying problem and need for home medical equipment.

- Individuals should have a face-to-face clinical evaluation with a physician, or other qualified professional to assess their home equipment needs.
- Documentation from the clinical evaluation should include the following:
  - An order/prescription from the physician/health care provider responsible for the individual's care that states the therapeutic purpose of the DME

  AND
  - Details of the individual's physical functional impairment related to completing activities of daily living (ADLs) without the home medical equipment/DME

  AND
  - The individual's medical condition that requires DME for long term use (i.e., 6-12 months or more) when applicable

  AND
  - What assistive devices (e.g., canes, walkers, manual wheelchairs) the individual has trialed and found inadequate/unsafe or contraindicated to completely meet their functional needs (when applicable)

Note: Even when a provider orders or prescribes DME and deems the equipment necessary for an individual's functional needs, that does not mean that the item meets the criteria as listed in this guideline. It also does not guarantee that the item will be considered medically necessary by the Plan.

Coding

Code	Description
HCPCS	
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height (new code effective 04/01/2024)
E1399	Durable medical equipment, miscellaneous

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

Activities of daily living (ADLs): Self-care activities done daily where a person lives that include:

- Ambulating (walking)
- Bathing/dressing
- Eating
- Hygiene/grooming
- Toileting
- Transferring

Convenience items: Equipment that serves no medical purpose or that is primarily for comfort/convenience. These items are excluded from coverage under most health plan benefits.

Durable medical equipment (DME): Consists of items that are:

- Appropriate for and primarily used in the home setting
- Designed to be long-lasting and can stand repeated use (durable)
- Not implantable in the body
- Not solely for the convenience of the patient or caregiver
- Not useful to a person without an illness or injury

- Ordered or prescribed by a physician or other qualified provider
- Primarily and normally used to serve a medical purpose
- Reusable (non-disposable)

Homebound: A homebound person has a condition that impairs their ability to leave home independently and as a result, leaving home requires a taxing effort. The individual may leave home, but the time away should be short, infrequent, and mainly for receiving medical treatment. Homebound status may be applied to people with poor resistance to disease or have such poor health that reverse isolation precautions are recommended by their providers to avoid exposure to infection.

Examples of a poor resistance to disease may include but are not limited to:

- Individuals undergoing chemotherapy, or
- Individuals with a chronic disease that has lowered their immune status, or
- Premature infants

Homebound status also applies to those members that require assistance when performing activities of daily living.

Note: Homebound status is not determined by the lack of available transportation or inability to drive.

Instrumental activities of daily living (IADLs): Activities related to independent living but not always done on a daily basis and include:

- Communication (using the phone, computer, or other communication devices)
- Housework/home maintenance
- Managing personal medications
- Managing personal finances
- Preparing meals
- Shopping (for basic necessities)
- Transportation (driving or using public transit)

Mobility limitation: A limitation that:

- Prevents a person from accomplishing mobility related activities of daily living entirely

- Places a person at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a mobility related activity of daily living
- Prevents a person from completing a mobility related activity of daily living within a reasonable time frame

Physical functional impairment: A limitation from normal (or baseline) level of physical functioning. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional, and psychological impairments or potential impairments.

Limitations from a normal level of function may include, but are not limited to problems with the following:

- Ambulation (walking)
- Communication
- Eating
- Facial expression
- Malformation/distortion of body parts
- Mobilization
- Obstruction of an orifice
- Respiration
- Skin integrity
- Swallowing
- Vision

Benefit Application

The Company considers the ROMTech rehabilitation device as home exercise equipment. Most contract plans exclude coverage of exercise equipment for use in the home. Please refer to the member's contract language for details.

When DME is purchased, the total benefits available cannot exceed the contracted fee schedule for the item.

When DME is rented, the benefits cannot exceed the total of the cost to purchase the DME or the contracted fee schedule for the item.

Evidence Review

Durable medical equipment (DME) includes items of medical equipment, owned, or rented, that are used by individuals to facilitate treatment or rehabilitation. DME consists of items that can withstand repeated use by different individuals.[1] DME should provide a level of performance and quality of construction for an individual's functional need and medical condition.

Convenience Item

There are devices that can make life easier for a sick or disabled person, but do nothing to treat the underlying illness, injury, or disability. These devices, inventions, and many other items available are often confused with DME but do not qualify as DME because they do not meet the definition of DME and/or they are considered to be comfort or convenience items. A convenience item is any object or a device that increases physical comfort without serving a medically necessary purpose, such as a reclining chair, portable whirlpool pump, bedside table, or electrical or mechanical features which enhance basic (standard) equipment.

Remote Hand-held Intermittent Intraocular Pressure Monitoring Devices

Measurement of intraocular pressure (the measurement of fluid in the aqueous humor) is used in the management of individuals with glaucoma. Elevated intraocular pressure can lead to glaucoma which if left untreated can damage the optic nerve and cause vision loss. The gold standard for this measurement is the Goldmann applanation tonometry, which is performed by a trained professional within a clinic/office setting where specialized equipment is used after anesthetic drops are administered to the eye. IOP fluctuates considerably. It is theorized that monitoring IOP at more frequent intervals during the day and night in the home may improve outcomes versus infrequent monitoring done in an office setting. However, studies have found mixed findings on the comparability between self-monitoring IOP tonometry measurements

where no anesthetic is required and is performed in the home and tonometry measurements obtained by a professional in a clinic/office setting. The evidence is insufficient to determine that the technology improves net health outcomes as there are no studies available which compare the rates of glaucoma progression between individuals who used remote monitoring of IOP with individuals who used the current standard of care.

Source: **https://www.icare-world.com/us/product/icare-home2/**. Accessed November 19, 2024.

Stabilizing Pressure Input Orthoses (SPIO)

Stabilizing Pressure Input Orthoses (SPIO) fall into a category of therapy called "suit therapy". The garment is made from a Lycra-like blend of material and has a semi rigid but flexible Velcro sensitive neoprene panels against the trunk of the body with adjustment straps. It is a flexible bracing system and intended to provide deep pressure through compression. There is currently insufficient evidence to support the effectiveness of SPIO.

Stuttering Treatment or Prevention

A device that manipulates or alters auditory feedback (AAF) is also known as delayed auditory feedback (DAF) and frequency-shifted auditory feedback (FAF). These devices are used to help with speech dysfluency or stuttering. There is insufficient evidence currently to conclude that stuttering devices are effective in the treatment of stuttering or dysfluency.

Medicare National Coverage

Durable medical equipment regional carriers (DMERC) are responsible for creating coverage policies for Medicare regarding durable medical equipment. When the contractor receives a claim for an item of equipment which does not appear to fit any of the generic categories listed in the NCD guide, the contractor has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each contractor based on the advice of its medical consultants, taking the following into account:

- The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

References

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18. Hayes, Inc. Evidence Analysis Research Brief. iCare HOME2 (iCare) for measurement of intraocular pressure in adult patients. Hayes Lansdale, PA: Hayes, Inc.; December 02, 2024.

History

Date	Comments
05/02/14	New Policy. Durable medical equipment may be considered medically necessary when criteria are met. Durable medical equipment may be considered not medically necessary when it is not for a medical need to meet basic ADLs or duplicates equipment already owned by the member.
10/23/14	Update Related Policies. Add 10.01.517.
02/25/15	Annual Review. Moved from Medical Policy to Utilization Management Guideline category. Coverage guideline statements revised for usability. Guideline review did not prompt the addition of new references. Guideline statements edited as noted for readability and understanding, intent is unchanged.
03/11/15	Update Related Policies. Add 1.01.527.
05/27/15	Interim Review. Added information on SPIO which is considered not medically necessary. Added reference 6.
01/12/16	Annual Review. Clarified duplicate and redundant/back up durable medical equipment is considered not medically necessary.
02/09/16	Interim Review. Added information about non-covered hardware computers, tablets and smartphones. Add list of items covered without review.
02/01/17	Annual Review, approved January 10, 2017. Policy moved to new format. Intent is unchanged.
02/01/18	Annual Review, approved January 9, 2018. Removed "portable oxygen" from first aid or precautionary equipment section as it is interpreted that portable oxygen is not covered when in fact, it is. Medicare does not cover preset portable oxygen units, which is not the same thing.
02/01/19	Annual Review, approved January 22, 2019. Some references removed. Guideline statements unchanged.
02/01/20	Annual Review, approved January 23, 2020. Guideline reviewed. References updated. Guideline statements unchanged.
08/01/20	Update Related Policies. Title of 1.01.526 is now Durable Medical Equipment Repair/Replacement; it no longer includes "(excludes wheelchairs)".
02/01/21	Annual Review, approved January 6, 2021. Utilization management guideline reviewed; references updated. Guideline statements unchanged.
11/01/21	Interim Review, approved October 21, 2021.Moved some not medically necessary statements to list of non-covered items to more appropriately align with contract language exclusions.
04/01/22	Annual Review, approved March 21, 2022. UM Guideline reviewed. References updated. Guideline statements unchanged.
10/03/22	Update Related Policies. Added 1.03.501 Custom-made Knee Orthoses (Braces), Ankle-Foot-Orthoses, and Knee-Ankle-Foot-Orthoses.

Date	Comments
02/01/23	Annual Review, approved January 23, 2023. UM Guideline reviewed. Guideline statements unchanged except for minor clarification to examples of home modifications. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. UM Guideline reviewed. Guideline statements unchanged. References updated.
01/01/25	Interim Review, approved December 10, 2024. Added remote hand-held devices for intermittent monitoring of intraocular pressure (IOP) (e.g., iCare HOME2) to the list of non-covered DME items as they are considered investigational. Added battery powered, wheeled walker to list of durable medical equipment that is not covered. Added HCPCS code E1399. Added HCPCS code E0152 (moved from policy 10.01.533).

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.