BlueCross BlueShield of Vermont

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Corporate Medical Policy

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Description/Summary

This document defines general principles used to determine the medical necessity of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) **and** includes a definition of durable medical equipment, prosthetics and orthotics, which is based on standard contract definitions, as well as a definition from the Centers for Medicare & Medicaid Services (CMS).

Definitions:

Durable Medical Equipment: equipment that requires a prescription from your provider;

- Is primarily and customarily used only for medical purpose;
- Is appropriate for use in the home;
- Is designed for prolonged and repeated use; and
- Is not generally useful to a person who is not ill or injured.

DME includes wheelchairs (manual and electric), hospital-type beds, walkers, canes, crutches, kidney machines, ventilators, oxygen, monitors, pressure mattresses, nebulizers, traction equipment, bili blankets, bili lights and respirators.

DME does not include items such as air conditioners, chair lifts bathroom equipment, dehumidifiers, whirlpool baths, exercise equipment, motorized scooters and other equipment that has both non-medical and medical uses.

Medical supplies: Supplies of an expendable nature such as incontinence pads, lamb's wool pads, catheters, ace bandages, elastic stockings, surgical face masks, irrigating kits, sheets and bags.

Prosthetics: A prosthesis or prosthetic implant is an artificial device that replaces a missing, inoperative or malfunctioning body part, which may be lost through trauma, disease, or a condition present at birth. Prostheses are intended to restore the normal functions of the missing body part.

Orthotics: An orthosis is a rigid or semi rigid device (such as a brace or splint) that is applied externally and utilized for supporting, immobilizing, or treating muscles, joints, or skeletal parts which are weak, ineffective, deformed, or injured.

Standard DMEPOS: A durable medical equipment, prosthetic, orthotic or supply that will adequately meet the medical needs of the patient and is not designed or customized for a specific individual's use.

Activities of Daily Living: Includes eating, toileting, transferring, bathing, dressing and mobility.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.
Attachment I

Durable Medical Equipment, Prosthetics, Orthotics, Oxygen Therapy & Oxygen Supplies, and Medical Supplies

We cover DMEPOS you purchase from a:

- Medical doctor (MD);
- Doctor of osteopathy (DO);
- Therapist (physical or occupational);
- Podiatrist (D.P.M);
- Naturopathic provider (N.D.); or
- Durable medical equipment supplier.

Durable Medical Equipment:

When a service may be considered medically necessary

Durable medical equipment is considered **medically necessary** when **ALL** of the following criteria are met:

- The requested item meets the definition of DME above; **AND**

- The requested item has not otherwise been identified as not medically necessary, investigational or excluded; **AND**
- There is adequate documentation in the medical records or in the submitted documentation of **ALL** of the following:

    1. The documentation substantiates that the provider exercised prudent clinical judgment to order or provide this equipment for an individual for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and in accordance with generally accepted standards of medical practice. Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors; **AND**
    2. There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, board certified nurse practitioner, advanced practice registered nurse, physician assistants, licensed physical therapist, respiratory therapist, speech or occupational therapist; **AND**
    3. There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; **AND**
    4. The documentation supports that the requested DME will restore or facilitate participation in the individual's usual Activities of Daily Living; **AND**
    5. The requested DME is the minimal reasonably necessary equipment to remain independent or to receive care, and is not primarily for the convenience of the individual, physician, caregiver, or other health care provider; **AND**
    6. The DME is not more costly than an alternative service, sequence of services, device or equipment, and is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that covered individual's illness, injury or disease.

Prosthetics:

When a service may be considered medically necessary

We cover the purchase, fitting, necessary adjustments, repairs and replacement of prosthetics. We cover a device (and related supplies) only when the device is surgically implanted or worn as an anatomic supplement to replace:

- All or part of an absent body organ (including contiguous tissue and hair);
- Hair loss due to chemotherapy and/or radiation therapy for treatment of cancer, third-degree burns, traumatic scalp injury, congenital baldness present since birth and medical conditions resulting in alopecia areata or alopecia totalis (excluding male or female pattern baldness and/or natural or premature aging);
- The lens of an eye
- All or part of the function of a permanently inoperative, absent or malfunctioning body part.

We cover prosthetic devices that are attached to (or inserted into) prosthetic shoes, and which replace a missing body part.

Limitations:

For wigs (cranial/scalp prosthesis), we limit the replacement of the original wig (cranial /scalp prosthesis) to one wig every three years.

We only cover eyeglasses or contact lenses to treat aphakia or keratoconus. We cover only:

- one set of accompanying eyeglasses or contact lenses for the original prescription; and
- one set for each new prescription.

Also, we cover dental prostheses only if required:

- to treat an accidental injury (except injury as a result of chewing or biting);
- to correct gross deformity resulting from major disease, congenital anomalies that result in impaired physical functions or surgery;
- to treat obstructive sleep apnea;
- to treat craniofacial disorders, including temporomandibular joint syndrome.

NOTE: Under individual consideration, prosthetics to correct facial deformities (such as loss of an eye or surgical removal of the nose) may be considered medically necessary

Orthotics:

When a service may be considered medically necessary

Orthotic devices may be considered **medically necessary** by the Plan when:

- Prescribed by a qualified provider to be used for therapeutic support, protection, restoration, or function of an impaired body part.
- The device is a molded, rigid or semi-rigid support device that restricts or eliminates motion of a weak or diseased body part.

Custom-fabricated (molded to patient) versus prefabricated (off-the-shelf) Ankle Foot Orthotics (AFO's) and Knee Ankle Foot Orthotics (KAFO's) in ambulatory members are considered **medically necessary** when the clinical documentation supports one of the following exists:

- The member could not be fit with a prefabricated (off-the-shelf) AFO; **OR**
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months); **OR**
- There is a need to control the knee, ankle or foot in more than one plane; **OR**
- The member has a documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; **OR**
- The member has a healing fracture that lacks normal anatomical integrity or

anthropometric proportions.

Prefabricated adjustable (off-the-shelf) knee braces are considered **medically necessary**.

Custom-fabricated or custom-molded knee braces may be considered **medically necessary** as an alternative to a prefabricated knee brace when the clinical documentation supports that a prefabricated brace would be inappropriate due to conditions such as the following:

- Abnormal lower limb anatomy or contour
- Knee deformity
- Leg atrophy or minimal muscle mass making supporting a prefabricated brace difficult

Replacement is provided for devices only after their normal life span (wear and tear) has made them ineffective, if the device malfunctions, and/or for size adjustments.

Dynamic low-load prolonged-duration stretch (LLPS) devices, also known as dynamic splinting devices, are considered **medically necessary** for use in the management of stiffness and contractures of the knee, elbow, forearm, wrist, ankle, finger or toe for any of the following medical indications:
As an adjunct to occupational or physical therapy for patients;

- with documented signs and symptoms of significant motion stiffness or loss (i.e., enough stiffness or loss that it interferes with the function of daily living) following immobilization of a joint due to injury or post-operative period (not more than 4 months after injury or operation); **OR**
- who have a prior documented history of motion stiffness or loss of motion in a joint and have had additional surgical procedures performed to improve motion to that joint and are in the acute post-operative period for a period of up to 12 weeks (or 3 months) following surgery.

When a service may be considered investigational

The use of static progressive stretch (SPS) splint devices (including, but not limited to, Joint Active System (JAS) splints), either alone or with occupational or physical therapy is considered **investigational**.

The use of patient actuated serial stretch (PASS) devices (including, but not limited to, ERMI Extensionater or JAS EZ), either alone or with occupational or physical therapy is considered **investigational**.

All other uses of dynamic splitting are considered **investigational**.

Oxygen Therapy and Oxygen Supplies:

USP Oxygen is a gaseous element existing free in the air. It is administered by inhalation (breathing) with devices that provide controlled oxygen concertation and flow rates to the member. Oxygen therapy should maintain adequate oxygen levels to the tissues and cells while avoiding oxygen toxicity (too much oxygen). The member's condition must be monitored to assure that the member is receiving the proper mixes of gases, mists and

aerosols.
Examples of conditions for which oxygen therapy oxygen supplies would be medically necessary are:

1. Severe lung disease
2. Hypoxemia-related symptoms or findings that might be expected to improve on oxygen therapy.

Oxygen and oxygen supplies are considered **medically necessary** for appropriately selected patients only in cases when oxygen is prescribed by an eligible provider, and the prescription must specify:

- a diagnosis of the disease requiring use of oxygen;
- oxygen concentration and flow rate;
- frequency of use (if an intermittent or leave in oxygen therapy, order must include time limits and specific indications for initiating and terminating therapy);
- method of delivery; and
- duration of use (if the oxygen is prescribed on an indefinite basis, care must be periodically reviewed to determine whether a medical need continues to exist).

Recertification is required by the Plan:

- every six (6) months for members with short-term oxygen therapy;
- every twelve (12) months for members with long-term oxygen therapy.

Home oxygen therapy is medically necessary when **ALL** the following conditions are met:

1. The treating provider has determined that the member has a severe lung disease or hypoxia related symptoms that might be expected to improve with oxygen therapy; **AND**
2. The member's blood gas study meets Group I or Group II criteria stated below; **AND**
3. The qualifying blood gas study on room air was obtained under the following conditions:
   - If performed during an inpatient hospital stay, the blood gas must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date; **OR**
   - If the blood gas is not performed during an inpatient hospital stay, it must be performed while the member is in a chronic stable state, i.e., not during a period of acute illness or an exacerbation of their underlying disease; **AND**
4. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Group I blood gas (oximetry test/arterial blood gas) criteria for members with significant hypoxemia evidenced by any of the following:

1. An arterial PO2 at or below 55 mm Hg or arterial oxygen saturation at or below 88 percent taken at rest (awake); **OR**
2. An arterial PO2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, taken during sleep for a member who demonstrates an arterial PO2 at or above 56 mm Hg, or an arterial oxygen saturation at or above 89 percent while awake; **OR**
3. A decrease in arterial PO2 more than 10 mm Hg, or a decrease in arterial oxygen

saturation more than 5 percent from baseline saturation, for at least 5 minutes take during sleep associated with symptoms (e.g., impairment of cognitive processes and [nocturnal restlessness or insomnia]) or signs (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erythrocytosis) reasonably attributable to hypoxemia; **OR**

4. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a member who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the member was breathing room air.

Group II blood gas criteria include:

1. An arterial PO2 of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes (the 5 minutes does not have to be continuous), or during exercise (as described under Group I criteria); **AND**
2. Any of the following:
    - Dependent edema suggesting congestive heart failure; **OR**
    - Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF); **OR**
    - Erythrocythemia with a hematocrit greater than 56 percent.

Group III blood gas criteria include:

1. An arterial PO2 level at or above 60 mm Hg or arterial blood oxygen saturation at or above 90 percent.

NOTE: Oxygen therapy for members with these levels is **not medically necessary**.

Cluster Headaches:

- Oxygen therapy for members with cluster headaches is considered **medically necessary** when other treatments have failed.

Portable oxygen systems are considered **medically necessary** only if the patient ambulates on a regular basis and under the following circumstances:

- Portable oxygen systems are considered eligible for coverage only when necessary to complement the medical needs of a patient who requires a stationary system.
- The physician's prescription must include the circumstances under which the portable system will be used; for example, the medical purpose to be served by the portable oxygen which cannot be met by the stationary system.
- Portable systems must be of a design, size, weight, and capacity as to be compatible with the patient's physical capability to handle the apparatus.

Coverage is provided for routine oxygen supplies when medical necessity criteria are met.
NOTE: Rental payment is inclusive of all medically necessary oxygen equipment and supplies.

Oxygen therapy is **not medically necessary** for the following conditions:

- Angina pectoris in the absence of hypoxemia;

- Breathlessness without evidence of hypoxemia;
- Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities;
- Terminal illnesses that do not affect the lungs.

The following components of oxygen therapy are considered **not medically necessary** and thus are not eligible for coverage as separate services:

- Oxygen and oxygen supplies in facilities that are expected to supply such items;
- Setup or installation of respiratory support systems;
- Preset regulators (flow rate not adjustable) used with portable oxygen systems. A preset unit is designed to be a first aid item.
- Regulators that permit a flow rate greater than 8 liters per minute, as these units are not appropriate for home use;
- Oxygen prescribed for use as needed (i.e., for emergency or standby oxygen systems).

Notes:
• For initial coverage, the blood gas study must be the most recent study obtained within 30 days prior to the date the physician signed the orders.

Medical Supplies:

Medical Supplies that do not meet the definition of DME may be covered when it is clearly established that the items serve a therapeutic purpose in an individual case. To establish medical necessity for this type of item, there must be documentation of the provider's plan of treatment, predicted outcomes, and provider's involvement in supervising the use of the prescribed item. Examples include gel pads for pressure sores or bedsores when there is medical evidence indicating that there is a high susceptibility to significant decubitus ulcers, tracheostomy supplies and other ostomy supplies when such supplies are necessary for the use of DME.

We cover medical supplies such as needles and syringes and other supplies for treatment of diabetes, dressings for cancer or burns, catheters, colostomy bags and related supplies, and oxygen, including equipment medically necessary for its administration.

Batteries which are made exclusively for the use of a particular piece of DME and are not used for other non-medical purposes are covered.

When a service is considered not medically necessary

When the item represents a product upgrade to a current piece of equipment that is fully functional or is a replacement of a device when the item can be cost-effectively repaired.

For new technology introducing improved features for existing medical equipment or for "deluxe" features to make the equipment more versatile or easier for the member to use if the standard/conventional equipment meets the member's functional needs

Items chosen specifically for certain aesthetic features when a standard/conventional item would meet the member's functional needs.

For all other indications that are not listed as medically necessary, investigational or an exclusion.

When a service is considered investigational

Coverage for any device when the FDA has determined its use to be contraindicated.

When a service is considered a benefit exclusion and therefore not covered

- any treatment, DME, orthotic, prosthetic, supplies or accessories intended principally for participation in sports, hobbies, and leisure or recreational activities or for personal comfort or convenience;
- shoe insert orthotics, shoe lifts, arch supports or special shoes not attached to a brace (except with a diagnosis of diabetes);
- Custom-fabricated or custom-molded knee braces for which you have not received Prior Approval from us (pre-fabricated, "off-the-shelf" braces are Covered);
- continuous passive motion equipment (unless you obtain prior approval);
- duplicate medical equipment and supplies, orthotics and prosthetics;
- treatment for hair loss due to male or female pattern baldness and/or natural or premature aging;
- prosthetic or orthotics with a purchase price over the dollar threshold per prior approval list requirements for which you have not obtained prior approval;
- dental appliances or dental prosthetics, except as listed above;
- items or equipment that do not meet the definition of DME
- electrical stimulation devices used externally, (This exclusion does not apply to bone growth stimulators, transcutaneous electrical nerve stimulator (TENS) devices or neuromuscular electrical stimulators (NMES) for which you have received prior approval);
- communication devices, and communication augmentation devices;
- computer technology or accessories and other equipment, supplies or treatment intended primarily to enhance occupational, recreational or vocational activities, hobbies or academic performance;
- Home or automobile modifications or equipment like air conditioners, HEPA filters, humidifiers, stair glides, elevators, lifts, motorized scooters, whirlpools, furniture or "barrier-free" construction, even if prescribed by a provider. This exclusion does not apply to manual hydraulic patient lifts, commonly known as "Hoyer" lifts;
- Hot and cold packs
- Non-medical charges, such as: taxes; postage, shipping and handling charges; charges for Home Health Medical Social Work visits; a penalty for failure to keep a scheduled visit; or fees for copies of medical records, transcripts or completion of a claim form.

- Personal hygiene items;
- Personal service, comfort or convenience items;
- Physical fitness equipment, braces and devices intended primarily for use with sports or physical activities other than activities of daily living (ADL's) (eg., knee braces for skiing, running or hiking); weight loss or exercise programs; health club or fitness center memberships;
- Pneumatic cervical traction devices except when the patient has a diagnosis of temporomandibular joint disease (TMJ); gravity assisted traction devices;
- Specialized examinations, services or supplies required by your employer or for sports/recreational activities;
- Care for which there is no therapeutic benefit or likelihood of improvement
- When prosthetic is purely cosmetic in nature and provides no functional benefit
- An excessive number of spare oxygen tanks, as they are considered convenience items
- Batteries that are available for purchase at retail stores or are used for non-medical purposes
- Equipment delivery services and set up, education and training for the member and their family and nursing visits, regardless of agreement to rent or purchase, as they are considered non-medical charges.
- Services beyond those needed to establish or restore your ability to perform Activities of Daily Living
- Services to establish or re-establish the capability to perform occupational, hobby, sport or leisure activities.

Maintenance, Repairs, and Replacement of Purchased DMEPOS:

Maintenance, repair, or replacement and supplies are eligible for separate reimbursement under a contracted maintenance fee with a DMEPOS supplier acceptable by the Plan.

- The repair charge may include the use of "loaner" equipment if necessary
- When equipment is purchased, coverage for a maintenance of service agreement will be subject to the terms of the provider's contracted maintenance agreement
- Replacement of a purchased item may be considered medically necessary when the item is irreparably damaged, or if replacement is required during repair and/or maintenance of a specific item, or if the cost of repair is greater than the cost of replacement unless covered by warranty.

Maintenance, Repairs, and Replacement of Rental DMEPOS

- DMEPOS rental fees will include the cost of maintenance, repairs, replacements, adjustments, supplies, and accessories. Rental fees also include equipment delivery services and set-ups, education and training for patient and family, and nursing support training; and these services are not eligible for separate reimbursement. Payment of eligible fees will begin on the day the device is delivered to our member.
- Replacement of the rental equipment may be considered medically necessary when the rented item is irreparably damaged, or if replacement is required during repair

and/or maintenance of a specific item, or if the cost of repair is greater than the cost of replacement.

- We cover for the rental, rental to purchase or purchase of DMEPOS if applicable medical necessity criteria have been met. We reserve the right to determine whether rental, rental to purchase or purchase of DMEPOS is more appropriate.

Replacement of lost, stolen or destroyed Durable Medical Equipment

We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Durable Medical Equipment, prosthetic or orthotic's absence would put the Member at risk of death, disability or significant negative health consequences such as a hospital admission;
- the Durable Medical Equipment is still under warranty.

NOTE:

In order to replace a stolen item we require you to submit documentation, such as a police report, with the request.

We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

- if the criteria above have not been met; **OR**
- for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Information Required

In most instances, no documentation will be needed to determine whether a specific item of equipment is medical in nature. However, some cases will require documentation to determine whether the item constitutes medical equipment. This documentation would include the advice of local medical organizations (hospitals, medical schools, medical societies) and specialists in the field of physical medicine and rehabilitation. If the equipment is new on the market, it may be necessary, prior to seeking professional advice, to obtain information from the supplier or manufacturer explaining the design, purpose, effectiveness and method of using the equipment in the home as well as the results of any tests or clinical studies that have been conducted.

Whether or not the requested DMEPOS is considered medically necessary for the individual's specific clinical situation includes establishing the severity of the individual's condition and the immediate and long-term need for the equipment and the therapeutic benefits that the individual is expected to realize from its use. A claim of therapeutic effectiveness or benefit based on speculation or theory alone cannot be accepted. When restoration of function is cited as a reason for use of DMEPOS, the exact nature of the deformity or medical problem should be clear from the medical evidence submitted. Also, the manner in which the equipment or device will restore or improve the bodily function should be explained.

References Resources

1. Medicare Home Oxygen Therapy Guidelines 10/2017
2. BlueCross BlueShield of North Carolina, Medicare Part C Medical Coverage Policy: Oxygen and Oxygen Supplements 7/2019
3. Blue Cross and Blue Shield Association. Medical Policy Reference Manual 1.03.05 Patient- Controlled End Range of Motion Stretching Devices. Last reviewed: 4/2023. Accessed 2/2024
4. Lindenhovius AL, Doornberg JN, Brouwer KM, Jupiter JB, Mudgal CS, Ring D. A prospective randomized controlled trial of dynamic versus static progressive elbow splinting for posttraumatic elbow stiffness. J Bone Joint Surg Am. 2012 Apr 18;94(8):694-700. doi: 10.2106/JBJS.J.01761. PMID: 22517385.
5. Doornberg JN, Ring D, Jupiter JB. Static progressive splinting for posttraumatic elbow stiffness. J Orthop Trauma. 2006 Jul;20(6):400-4. doi: 10.1097/00005131-200607000-00006. PMID: 16825965.

Related Policies

Bone Growth Stimulators
Continuous Passive Motion (CPM) in the Home
Cranial Scalp Wig Prosthesis
Dental Services
External Insulin Pumps
Hospital Beds
Hospital Grade Electric Breast Pumps
Negative Pressure Wound Therapy
Neuromuscular Electrical Stimulators (NMES)
Sleep Disorders, Diagnosis and Treatment
Temporomandibular Joint Dysfunction
Transcutaneous Electrical Nerve Stimulation (TENS)
Vision Services and Medical Coverage for Ocular Disease
Wheelchairs
BCBSA MPRM 1.04.04- Myoelelctric Prosthetic and Orthotic Components for the Upper Limb
BCBSA MPRM 1.04.05- Microprocessor-Controlled Prostheses for the Lower Limb

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

The Plan reserves the right to determine whether rental or rental to purchase or purchase of the equipment is more cost-effective and/or appropriate. The total rental benefits may not exceed our allowed amount for the purchase of equipment.

Benefits for oxygen therapy are on *a rental basis only* when medical necessity criteria are met. Rental payment is inclusive of all medically necessary equipment and supplies.

Benefits for ventilators are on *a rental basis only*. Rental payment is inclusive of all medically necessary equipment and supplies.

Policy Implementation/Update information

01/2003	Updated to include HIPPA information
02/2003	Reformatted
06/2003	Extended DMEPOS code range; clarified who could supply DMEPOS
07/2003	Clarified language and added/deleted appropriate codes
10/2005	Updated Certificate language
10/2006	Annual review; updated to match Certificate language
10/2007	Annual review; title change and language changes to match current Certificates. Prior approval requirement changed to $250.00.
11/2007	Reviewed by the CAC
10/2008	Annual Review
05/2009	Reviewed by CAC
02/2021	Policy reviewed with the following summary of changes: Policy language updated with substantial language changes. Combined previous Corporate Medical Equipment with Supplies Prosthetics and Orthotics and changed name of the medical policy to Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). Archived the corporate Medical Equipment and Supplies Durable Medical Equipment (DME) and Supplies Policy. Added oxygen criteria for benefit intent and clarity that we provide benefits on rental basis only. Added a medical supplies section to policy.
02/2022	Policy Reviewed. Added medical necessity criteria for custom fabricated knee braces. Added clarifying language under oxygen therapy and supplies section. Updated benefit exclusion section for custom knee braces. General formatting and grammar updates. Added codes L1810, L1834, L1840, L1844, L1846, L1860 to require prior approval regardless of dollar threshold to prior approval list.
02/2023	Policy Reviewed. Removed dynamic splinting from exclusion and provided criteria for medical necessity. Codes: E1800, E1802, E1805, E1810, E1812, E1815, E1820, E1825, E1830, E1840 added to coding table as requiring prior authorization. Codes: E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841 added to coding table as investigational. Code E1399 will suspend for medical review.
02/2024	Policy reviewed. No changes to policy statement. Minor formatting changes. Reference updated.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

Tammaji P. Kulkarni, MD
Senior Medical Director

Attachment I

Code Type	Number	Description	Policy Instructions
The following services will be considered as medically necessary when applicable criteria have been met			
HCPCS	E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Requires Prior Approval
HCPCS	E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1812	Dynamic knee, extension/flexion device with active resistance control	Requires Prior Approval
HCPCS	E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Requires Prior Approval
HCPCS	E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Requires Prior Approval
HCPCS	E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	Requires Prior Approval

The following services will be denied as Investigational			
HCPCS	E1399	Durable medical equipment, miscellaneous- (ERMI Devices)	Suspend for Medical Review
HCPCS	E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Investigational
HCPCS	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Investigational
HCPCS	E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Investigational
The following codes will be denied as Contract Exclusion- EXCEPT with a diagnosis of diabetes.			
HCPCS	A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	Contract Exclusion
HCPCS	A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Contract Exclusion

HCPCS	A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	Contract Exclusion
HCPCS	A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	Contract Exclusion
HCPCS	A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	Contract Exclusion
HCPCS	A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	Contract Exclusion
HCPCS	A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Contract Exclusion
HCPCS	A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Contract Exclusion
HCPCS	A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Contract Exclusion
HCPCS	A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	Contract Exclusion
HCPCS	A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Contract Exclusion

HCPCS	A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Contract Exclusion
HCPCS	L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Contract Exclusion
HCPCS	L3001	Foot, insert, removable, molded to patient model, Spenco, each	Contract Exclusion
HCPCS	L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	Contract Exclusion
HCPCS	L3003	Foot insert, removable, molded to patient model, silicone gel, each	Contract Exclusion
HCPCS	L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each	Contract Exclusion
HCPCS	L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Contract Exclusion
HCPCS	L3030	Foot insert, removable, formed to patient foot, each	Contract Exclusion
HCPCS	L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Contract Exclusion
HCPCS	L3040	Foot, arch support, removable, premolded, longitudinal, each	Contract Exclusion
HCPCS	L3050	Foot, arch support, removable, premolded, metatarsal, each	Contract Exclusion
HCPCS	L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each	Contract Exclusion
HCPCS	L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	Contract Exclusion
HCPCS	L3202	Orthopedic shoe, Oxford with supinator or pronator, child	Contract Exclusion
HCPCS	L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	Contract Exclusion
HCPCS	L3204	Orthopedic shoe, hightop with supinator or pronator, infant	Contract Exclusion

HCPCS	L3206	Orthopedic shoe, hightop with supinator or pronator, child	Contract Exclusion
HCPCS	L3207	Orthopedic shoe, hightop with supinator or pronator, junior	Contract Exclusion
HCPCS	L3208	Surgical boot, each, infant	Contract Exclusion
HCPCS	L3209	Surgical boot, each, child	Contract Exclusion
HCPCS	L3211	Surgical boot, each, junior	Contract Exclusion
HCPCS	L3212	Benesch boot, pair, infant	Contract Exclusion
HCPCS	L3213	Benesch boot, pair, child	Contract Exclusion
HCPCS	L3214	Benesch boot, pair, junior	Contract Exclusion
HCPCS	L3215	Orthopedic footwear, ladies shoe, Oxford, each	Contract Exclusion
HCPCS	L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Contract Exclusion
HCPCS	L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Contract Exclusion
HCPCS	L3219	Orthopedic footwear, mens shoe, Oxford, each	Contract Exclusion
HCPCS	L3221	Orthopedic footwear, mens shoe, depth inlay, each	Contract Exclusion
HCPCS	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	Contract Exclusion
HCPCS	L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	Contract Exclusion
HCPCS	L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	Contract Exclusion
HCPCS	L3230	Orthopedic footwear, custom shoe, depth inlay, each	Contract Exclusion
HCPCS	L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Contract Exclusion
HCPCS	L3251	Foot, shoe molded to patient model, silicone shoe, each	Contract Exclusion
HCPCS	L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Contract Exclusion
HCPCS	L3253	Foot, molded shoe, Plastazote (or similar), custom fitted, each	Contract Exclusion
HCPCS	L3254	Nonstandard size or width	Contract Exclusion
HCPCS	L3255	Nonstandard size or length	Contract Exclusion
HCPCS	L3257	Orthopedic footwear, additional charge for split size	Contract Exclusion
HCPCS	L3265	Plastazote sandal, each	Contract Exclusion
HCPCS	L3300	Lift, elevation, heel, tapered to metatarsals, per in	Contract Exclusion

HCPCS	L3310	Lift, elevation, heel and sole, neoprene, per in	Contract Exclusion
HCPCS	L3320	Lift, elevation, heel and sole, cork, per in	Contract Exclusion
HCPCS	L3330	Lift, elevation, metal extension (skate)	Contract Exclusion
HCPCS	L3332	Lift, elevation, inside shoe, tapered, up to one-half in	Contract Exclusion
HCPCS	L3334	Lift, elevation, heel, per in	Contract Exclusion
HCPCS	L3340	Heel wedge, SACH	Contract Exclusion
HCPCS	L3350	Heel wedge	Contract Exclusion
HCPCS	L3360	Sole wedge, outside sole	Contract Exclusion
HCPCS	L3370	Sole wedge, between sole	Contract Exclusion
HCPCS	L3380	Clubfoot wedge	Contract Exclusion
HCPCS	L3390	Outflare wedge	Contract Exclusion
HCPCS	L3400	Metatarsal bar wedge, rocker	Contract Exclusion
HCPCS	L3410	Metatarsal bar wedge, between sole	Contract Exclusion
HCPCS	L3420	Full sole and heel wedge, between sole	Contract Exclusion
HCPCS	L3430	Heel, counter, plastic reinforced	Contract Exclusion
HCPCS	L3440	Heel, counter, leather reinforced	Contract Exclusion
HCPCS	L3450	Heel, SACH cushion type	Contract Exclusion
HCPCS	L3455	Heel, new leather, standard	Contract Exclusion
HCPCS	L3460	Heel, new rubber, standard	Contract Exclusion
HCPCS	L3465	Heel, Thomas with wedge	Contract Exclusion
HCPCS	L3470	Heel, Thomas extended to ball	Contract Exclusion
HCPCS	L3480	Heel, pad and depression for spur	Contract Exclusion
HCPCS	L3485	Heel, pad, removable for spur	Contract Exclusion
HCPCS	L3500	Orthopedic shoe addition, insole, leather	Contract Exclusion
HCPCS	L3510	Orthopedic shoe addition, insole, rubber	Contract Exclusion
HCPCS	L3520	Orthopedic shoe addition, insole, felt covered with leather	Contract Exclusion
HCPCS	L3530	Orthopedic shoe addition, sole, half	Contract Exclusion
HCPCS	L3540	Orthopedic shoe addition, sole, full	Contract Exclusion
HCPCS	L3550	Orthopedic shoe addition, toe tap, standard	Contract Exclusion
HCPCS	L3560	Orthopedic shoe addition, toe tap, horseshoe	Contract Exclusion
HCPCS	L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Contract Exclusion
HCPCS	L3580	Orthopedic shoe addition, convert instep to Velcro closure	Contract Exclusion
HCPCS	L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Contract Exclusion
HCPCS	L3595	Orthopedic shoe addition, March bar	Contract Exclusion
HCPCS	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Contract Exclusion

HCPCS	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Contract Exclusion
HCPCS	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Contract Exclusion
HCPCS	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Contract Exclusion
HCPCS	L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Contract Exclusion
HCPCS	L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Contract Exclusion