



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Medical Equipment and Supplies

Durable Medical Equipment (DME) and Supplies

File name: Medical Equipment and Supplies/ Durable Medical Equipment (DME)

Origination: 10/1999

Last Review: 05/2009

Next Review: 05/2010

Effective Date: 05/19/2009

Description

See also the following BCBSVT medical policies

Continuous Passive Motion (CPM) in the Home

Cranial Scalp Wig Prosthesis

External Insulin Pumps

Hospital Beds

Hospital Grade Electric Breast Pumps

Nebulizers

Neuromuscular Electrical Stimulators (NMES)

Oxygen Therapy

Prosthetics and Orthotics

Sleep Disorders, Diagnosis and Treatment

Transcutaneous Electrical Nerve Stimulation (TENS)

Wheelchairs

Durable Medical Equipment (DME) is equipment that:

- requires a prescription from your physician;
- is primarily and customarily used only for a 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 but is not limited to, wheelchairs (manual and electric), hospital-type beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, nebulizers, bili blankets, bili lights and respirators.

Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

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

Blue Cross and Blue Shield of Vermont (BCBSVT) and The Vermont Health Plan (TVHP) cover DME when it is determined to be medically necessary because the medical criteria and guidelines for its use are met.



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The Plan provides benefits for the rental, rental to purchase or purchase of Durable Medical Equipment (DME).

For New England Health Plan (NEHP) members an approved referral authorization is required for all DME.

For members with managed care contracts, VHP and TVHP, DME must be purchased from a network medical equipment supplier.

The Plan will provide coverage for repairs, maintenance, and replacement of eligible DME on an individual consideration basis when necessary to make the equipment usable. 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 price for the purchase of equipment.

When service or procedure is covered

Durable medical equipment is covered when medically necessary and meets the Plan's definition:

The Plan provides benefits for DME you purchase from a:

- Physician (M.D., D.O., or N.D.);
- Occupational, physical or speech therapist; or
- Durable Medical Equipment supplier.

Supplies are included in the rental price of DME based on provider contracts.

The Plan covers 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.

When service or procedure is not covered

When the DME is not considered medically necessary; or

Duplicative services and/or when benefits have previously been provided for the same DME; or

When the DME is intended primarily for convenience or comfort beyond what is necessary to meet the member's legitimate medical needs. Examples include: decorative items, unique materials (e.g. magnesium wheelchair wheels, lights, extra batteries, etc.); or

For new technology introducing improved features for existing medical equipment. Benefits are considered not medically necessary 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; or

When it does not provide a therapeutic benefit to a patient in need because of certain medical conditions or illnesses; or

For physical fitness equipment, braces and devices intended principally for use with sports or recreational activities other than activities of daily living (e.g. knee braces for skiing, running or hiking); or



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For communication devices, communication augmentation devices and computer technology or accessories and other equipment, supplies or treatment intended primarily to enhance occupational, recreational or vocational activities, hobbies or academic performance; or

For home or automobile modifications or for equipment like air conditioners, HEPA filters, humidifiers, stair glides, elevators, lifts, motorized scooters, furniture or "barrier-free" construction, even if prescribed by a provider; or

For shoe insert orthotics (except with a diagnosis of diabetes), lifts, arch supports or special shoes not attached to a brace; or

For custom-made (fabricated) or custom-molded knee braces (custom fitted "off the shelf" prefabricated braces are covered); or

Automatic ambulatory home blood pressure monitoring or equipment; or

When the DME is not prescribed by a physician, or

When the equipment is used in a facility that is expected to provide such items to the member; or

When the devices and equipment are used to enhance the environmental setting (e.g. air conditioners, humidifiers, air filters, portable Jacuzzi pumps). (These are not primarily medical in nature and will not be eligible for coverage.); or

When prior approval is not obtained for DME items with a purchase price of over \$250.00; or

When item is a specific exclusion in the certificate such as, but not limited to, motorized scooters, hearing aids, dynamic splinting; or

When the criteria in the previous section is not met.

Equipment delivery services and set up, education and training for the member and their family and nursing visits, are not eligible for separate reimbursement regardless of agreement to rent or purchase.

DME items, add-ons, or upgrades that are intended primarily for member/caregiver convenience, or that do not significantly enhance DME functionality are not covered.

Information required (if plan approval required)

To review DME for medical necessity the following information is required:

- HCPCS code
- Physician's and/or healthcare provider's plan of treatment, including anticipated timeframe that the equipment will be needed;
- Predicted outcomes (therapeutic benefit);
- Physician and/or healthcare provider's involvement in supervising the use of the prescribed item; and
- A detailed description of the member's clinical and functional status so that a determination of medical necessity can be made.



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An itemized detailed statement including costs will be required when a non-specific code is used to bill for DME.

Eligible Suppliers of DME

Benefits are provided for DME purchased from a:

- Allopathic Physicians (M.D.)
- Osteopathic Physicians (D.O.)
- Podiatrists D.P.M.
- Naturopathic Doctors (N.D.)
- Occupational, physical or speech therapist; or
- Network Durable Medical Equipment supplier for managed care lines of business
- Durable Medical Equipment supplier for indemnity and PPO lines of business.

Policy Implementation/Update information, References

07/2003 clarified language and added/deleted appropriate codes. 06/2003 extended DME code range, clarified who could supply DME, 02/2003 reformatted; 01/2003 - Updated to include HIPAA information; 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. Reviewed by the CAC 11/2007
10/2008 annual review.
05/2009 Reviewed by CAC

Approved by BCBSVT Medical Policy Committee: Date Approved

Robert F. Griffin, M.D.
Chairman, Medical Policy Committee

APPROVED FOR IMPLEMENTATION:

Allen J. Hinkle, M.D.
Chief Medical Director

Date Approved: _____