

Corporate Medical Policy

Durable Medical Equipment (DME)

Description of Procedure or Service

Durable medical equipment (DME) is equipment and supplies that:

- Are prescribed by your attending physician (i.e., the physician who is treating your illness or injury)
- Are medically necessary
- Are primarily and customarily used only for a medical purpose
- Are generally useful only to a person with an illness or injury
- Are designed for prolonged use
- Serve a specific therapeutic purpose in the treatment of an illness or injury

Background

DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, ventilators, oxygen, monitors, pressure mattresses, nebulizers and bili blankets and/or lights. This medical policy discusses the following aspects of DME coverage:

- Durable medical equipment in general
- Maintenance, repair and replacement
- Upgrade options
- Rental versus purchase of the equipment

The following concepts are relevant to the determination of whether a particular product meets the definition of durable medical equipment:

- A. **Durability** - An item is considered durable if it can withstand repeated use, i.e., the type of item that could normally be rented. Medical supplies of an expendable nature, such as incontinent pads, lambs wool pads, catheters, ace bandages, elastic stockings, surgical facemasks, irrigating kits, sheets, and bags are not considered “durable” within the meaning of the definition. There are other items that, although durable in nature, may fall into other coverage categories such as supplies, braces, prosthetic devices, artificial arms, legs, and eyes.

- B. **Medical Equipment** - Medical equipment is equipment primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. In most instances, no further research will be needed to determine whether a specific item of equipment is medical in nature. However, some cases may require gathering of additional information to determine whether the item constitutes medical equipment. If the equipment is new on the market, it will likely be necessary to obtain information from the supplier or manufacturer explaining the design, purpose, effectiveness and method of using the



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equipment in the home, as well as the results of any tests or clinical studies that have been conducted, before seeking clinical consultation from expert resources.

Items such as hospital beds, wheelchairs, hemodialysis equipment, iron lungs, respirators, intermittent positive pressure breathing machines, medical regulators, oxygen tents, crutches, canes, trapeze bars, walkers, inhalators, nebulizers, commodes, suction machines, and traction equipment presumptively constitute medical equipment.

Equipment which is primarily and customarily used for a nonmedical purpose may not be considered "medical" equipment for which payment can be made under the medical benefit. This holds true even though some items may have some remote medically related use. For example, in the care of a heart failure patient, an air conditioner might possibly be used to lower room temperature to optimize fluid loss in the patient and to restore an environment conducive to maintenance of the proper fluid balance. Nevertheless, because the primary and customary use of an air conditioner is a nonmedical one, the air conditioner cannot be deemed to be medical equipment for which coverage would be offered. Other devices and equipment used for environmental control or to enhance the environmental setting are not considered covered DME. These include, for example, room heaters, humidifiers, dehumidifiers, and electric air cleaners. Equipment which basically serves comfort or convenience functions or is primarily for the convenience of a person caring for the patient, such as elevators, stairway elevators, and posture chairs, do not constitute medical equipment. Similarly, physical fitness equipment, first-aid or precautionary-type equipment, self-help devices (such as safety grab bars), and training equipment (such as Braille training texts) are considered nonmedical in nature.

- C. Necessary and Reasonable - Although an item may be classified as DME, it may not be covered in every instance. Coverage in a particular case is subject to the requirement that the equipment be necessary and reasonable for treatment of an illness or injury, or to improve the functioning of a covered member with a specified medical condition. These considerations will preclude payment for equipment which cannot reasonably be expected to perform a therapeutic function in an individual case or will permit only partial therapeutic function in an individual case, as well as when the type of equipment furnished substantially exceeds that required for the treatment of the illness or injury involved.

Regulatory Status

Equipment should be FDA or other applicable governing entity approved for the intended use.

A drug, device, or biological product is experimental or investigational if the drug, device, or biological product cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time it is furnished

Policy Statement

GEHA will provide coverage for Durable Medical Equipment when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.



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GEHA will provide coverage for repairs, maintenance and replacement of eligible DME when it is necessary to make the equipment usable and the clinical need for which it was obtained persists. Rental versus purchase decisions will always be made at the discretion of GEHA and may be based on the item prescribed, the patient's prognosis, the time frame required for use, and/or the total cost (rental vs. purchase) for the equipment.

Benefit Application

As per the current Service Benefit Plan, the following services are **not** covered:

- *Computers, tablets, computer programs/games used in association with communication aides, internet or phone services used in conjunction with communication devices*
- *Air purifiers, air conditioners, heating pads, cold therapy units, whirlpool bathing equipment, sun and heat lamps, exercise devices (even if ordered by a doctor), and other equipment that does not meet the definition of durable medical equipment (see Section 10)*
- *Lifts, such as seat, chair or van lifts*
- *Wigs*
- *Bone stimulators except for established non-union fractures*
- *Devices or programs to eliminate bed wetting*
- *If a member is a patient in a facility other than the member's primary residence, or in a distinct part of a facility that provides services such as skilled nursing, rehabilitation services, or provides medical or nursing, DME will not be covered separately for rental or purchase.*

Please refer to: www.geha.com to view the most current guidance. Additional information regarding coverage, limitations, etc. may be found in the Service Benefit Plan that is not explicitly discussed in this policy.

When Durable Medical Equipment (DME) is covered

Durable medical equipment may be covered when **All** of the following criteria are met:

1. The equipment provides therapeutic benefit to a patient in need because of certain medical conditions and/or illnesses;
And
2. The DME is prescribed by a provider or other professional provider for a specific indication;
And
3. The DME does not serve primarily as a comfort or convenience item;
And
4. The equipment does not have significant non-medical uses (e.g., environmental control equipment, air conditioners, air filters, and humidifiers).

When Durable Medical Equipment (DME) is not covered

DME Add-ons or Upgrades are not covered:



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- When the DME add-ons or upgrades are intended primarily for convenience or upgrades beyond what is necessary to meet the member's legitimate medical needs. Examples include: decorative items, unique materials (e.g. magnesium wheelchairs wheels, lights, extra batteries, etc.); or
- When it does not provide a therapeutic benefit to a patient in need because of certain medical conditions or illnesses; or
- When the DME has not been prescribed by a physician or other professional provider; or
- When the DME serves primarily as a comfort or convenience item. Trays, back packs, wheelchair racing equipment are examples of non-covered or convenience items; or
- When the equipment is used in a facility that has a responsibility to provide such items to the patient; or
- When the devices and equipment are used to enhance the environmental setting (for example; air conditioners, humidifiers, air filters, portable Jacuzzi pumps, or chair lifts used to go up and down the stairs). These are not primarily medical in nature and will not be eligible for coverage; or
- For equipment delivery services and set-up, education and training for patient and family are not eligible for separate reimbursement regardless of agreement to rent or purchase.
- For DME add-ons or upgrades that are intended primarily for member/caregiver convenience, or that do not significantly enhance DME functionality for a specific clinical purpose.

Policy Guidelines

If cost to rent based on length of need is in excess of cost to buy, consideration will be made to purchase equipment.

Breast Pump and supplies - One double channel electric breast pump with double suction capability is purchased for breast-feeding patients with a physician's prescription every two years. A new prescription is required when requesting a new/replacement pump. Additional pumps may be obtained from the GEHA breast pump contracted provider at the member's expense. There is no cost to the member when the designated pump is obtained through GEHA's breast pump contracted provider. You must obtain the breast pump and supplies from our contracted provider. An initial all-inclusive supply kit is provided with a new pump order. Two supplemental supply kits are allowed in a 12 month period. Supplemental supply kits contain new tubing and canisters. All other requested supplies can be obtained from the GEHA contracted provider at the member's expense.

Physician documentation

Current documentation should include:

- Letter of Medical Necessity including length of need
- Supporting Clinical Documentation related to type of equipment needed

Scientific references

1. MCG Health Ambulatory Care 21st Edition, MCG Health, part of the Hearst Health network 901 5th Avenue, Suite 2000, Seattle, WA 98164 | 888 464 4746 | www.mcg.com
2. Medicare Coverage guidelines, <https://www.cms.gov/Center/Provider-Type/Durable-Medical-Equipment-DME-Center.html>, U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244, September 24, 2018
3. Frequently Asked Questions on Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) 2015 Medicare Payment Final Rules (CMS-1614-F), June 23, 2017, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/Downloads/2015-DMEPOS-FR-FAQs.pdf>, U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244, September 24, 2018

Policy implementation and updates

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