

Durable Medical Equipment (DME)

Benefit Coverage

Medically necessary and authorized durable medical equipment (DME) (also known as home medical equipment (HME)) and supplies needed to operate DME, oxygen and its administration, ostomy supplies, and medical supplies to support and maintain gastrointestinal, bladder, or respiratory function are covered. Visual aids (excluding eyewear) needed to assist the visually impaired when measuring (or dosing) their own insulin are also covered. DME is defined as:

Equipment designed for repeated use, which is medically necessary to treat illness or injury, to improve the functioning of a malformed body member, or to prevent further deterioration of the patient's medical condition.

Delivery charges are covered. Rental of DME is covered up to the purchase price unless the HMO authorizes purchase of the equipment instead of rental.

If an emergency room visit is authorized, no additional authorization is needed for the related DME given to the member at the emergency room. For instance, if a member has a fracture and is given crutches, a separate authorization for the crutches is not needed. The DME given must match services on the ER claim.

Out of state DME claims should be processed by the local plan as with any out of state service. However, the local plan is not necessarily the state where the supplier resides. The local plan is defined as the plan in whose service area the ancillary services are rendered. For DME, the local plan would be the plan in whose service area the equipment was shipped to or purchased at a retail store.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

Other Services

Medical Supplies

Durable Medical Equipment (DME)/Prosthetics

Orthotics

Diabetes Care

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Benefit Exclusions

Services are excluded for the following:

- Comfort items
- Over-the-counter disposable medical supplies
- Environmental control and hygienic equipment
- Exercise equipment
- Devices to perform medical tests on blood or other body substances in the home.
- Home monitoring equipment and monitoring supplies (see Exceptions)
- Rental charges in excess of the purchase price (except rental charges for ventilators for long term use, and DME which are considered continuous rentals (e.g., oxygen & oxygen administration equipment). Provider-specific Agreements as well as Blue Shield payment and/or medical policy may also dictate DME which is eligible for continuous rental status.
- Routine maintenance, repair, or replacement of DME due to damage of any type, including loss resulting from fire or other accidents (see Exceptions)
- Self-help/educational devices
- Speech/language assistance devices
- Wigs
- Eyewear (even if it is designed to assist the visually impaired diabetic with proper dosing of insulin)
- Video-assisted visual aids for diabetics
- Generators
- Backup or alternate equipment
- Assisted Listening Devices

Benefit Limitations

Limited to the least costly item to meet the patient's medical needs.

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Exceptions

When authorized as DME, other covered items include peak flow monitor for self-management of asthma, glucose monitor including continuous blood glucose monitor and all related necessary supplies for the self-management of diabetes, apnea monitors for management of newborn apnea, and the home prothrombin monitor for specific conditions as determined by Blue Shield. Rental charges for ventilators for long-term use are covered when authorized.

When authorized, visual aids (excluding eyewear) designed to assist the visually impaired with proper dosing of insulin (excluding video-assisted visual aids) are covered.

When authorized, replacement parts to extend the lifetime of Durable Medical Equipment are covered as a cost-effective measure.

When authorized, replacement of DME is covered only when it no longer meets the clinical needs of the patient or has exceeded the expected lifetime of the item.

Note: For oral appliances (mouthpieces) used to manage “obstructive sleep apnea (OSA)” and the symptoms of temporomandibular dysfunction (TMD), the provider must provide photographic documentation of the current (non-useable) appliance, written clinical documentation as to the reason(s) why the oral appliance is no longer functional, documentation the appliance is effective in managing the symptoms of the medical issue, and whether or not the Member was compliant in the use of the oral appliance.

A patient who requires a power wheelchair (PWC) usually is totally non-ambulatory and has severe weakness of the upper extremities due to a neurologic or muscular disease/condition. Power-operated wheelchairs/vehicles are covered when prescribed by an MD or DO and when all of the following criteria are met:

- A mobility limitation exists that significantly impairs ability to participate in one or more mobility-related activities of daily living (MRADLs) in customary locations.
- The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair.
- The patient does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs.
- The patient’s mental and physical capabilities are sufficient to safely operate a PWC that is provided.

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Exceptions *(cont'd.)*

- If the patient is unable to safely operate a PWC, the patient has a caregiver who is available, willing, and able to safely operate a PWC for the patient but is otherwise NOT physically able to adequately propel a manual wheelchair.
- The patient's weight does not exceed the weight capacity of the requested PWC.
- The use of a PWC is expected to significantly improve or restore the patient's ability to perform or participate in MRADLs. For patients with severe cognitive and or physical impairments, participation in MRADLs may require the assistance of a caregiver.

Examples of Covered Services

Covered Services include, but are not limited to:

- Breast pumps
- Elastic, compression, or custom high-pressure support stockings knee length or thigh length for the treatment of chronic venous insufficiency and edema (e.g., Jobst, Juzo, Sidvaris)
- Canes
- Colostomy/Ostomy supplies (See the *HMO Benefit Guideline for Medical Supplies*)
- Crutches
- Hospital beds
- Traction equipment
- Walkers
- Wheelchairs
- Positive Airway Pressure Devices and supplies (for treatment of sleep apnea)
- Oral appliances to manage obstructive sleep apnea when all medical criteria are met for such an appliance

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Examples of Covered Services *(cont'd.)*

- Nonsurgical treatments-Oral appliances to manage symptoms of temporomandibular joint (TMJ) discomfort. Medical documentation of joint pathology must be provided for review to include radiographs of the jaw joint and/or a medical radiology report on the condition of the jaw joints. It is the responsibility of the provider to unambiguously differentiate between “clenching and nocturnal grinding of teeth” (a dental problem) from a true medical jaw joint pathology (e.g., arthritic condition of the TMJ, articulating joint disc displacement, aberrant wear of the TMJ condyles, etc.). The mere fact the patient demonstrates limited jaw opening, has pain to the face, pain to the muscles of the jaw (muscles of mastication), pain to the area around the TMJ is insufficient medical documentation to make a definitive diagnosis of TMJ pathology.
- Hydraulic patient lifts (e.g., Hoyer Lift) See non-covered services for types of patient lifts not covered.
- Insulin pumps (including needles and tubing) per Blue Shield Medical Policy
- Dosing devices, such as dosing devices for syringes, insulin gauges, measuring devices, insulin measuring devices, needle guides and syringe/vial holders, syringe loading devices with magnifier or insulin syringe magnifiers.
- Transcutaneous Electrical Nerve Stimulation (TENS) for the treatment of pain

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Examples of Non-Covered Services

Non-Covered Services include, but are not limited to:

- Environmental control and hygienic equipment, such as air conditioners, humidifiers, dehumidifiers, or air purifiers
- Over-the-counter disposable medical supplies for home use, purchased by the member; for example, face mask (not including CPAP), gauze dressings (sterile/non-sterile), and gloves.
- Support stockings and disposable/ thromboembolic deterrent stockings such as TED stockings, bandages, splints, etc. (See the *HMO Benefit Guideline for Medical Supplies*)
- Bandages
- Diapers
- Exercise equipment
- Spa or whirlpool baths
- Binoculars and other visual aid devices which only assist with distance vision.
- Video-assisted visual aid devices
- Repair or replacement of DME due to damage of any type, including loss resulting from fire or other accidents.
- Coverage for equipment that is not medically necessary, is predominantly for the convenience or comfort of the member or is not primarily for a medical purpose.
- Electric, elevator, stairwell-mounted, truck-mounted, or ceiling-mounted patient lifts
- Power operated wheelchairs for patients who are capable of ambulation within the home but require a power vehicle for movement outside the home; power operated wheelchairs/vehicles generally intended for use outdoors; custom or heavy-duty wheelchairs, unless required to accommodate a patient's physical needs.

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References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Home Health Care

Medical Supplies

Orthoses

Prostheses

Blue Shield HMO IPA/Medical Group Procedures Manual

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