Durable Medical Equipment, Prosthetics and Orthotics

Policy Number: MM.01.002
Original Effective Date: 05/21/1999
Line(s) of Business: HMO; PPO; QUEST
Current Effective Date: 08/01/2013
Section: DME
Place(s) of Service: Home

I. Description
Durable medical equipment (DME) is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.

Prosthetics are artificial substitutes that replace all or part of a body organ, or replace all or part of the function of a permanently inoperative, absent, or malfunctioning body part.

Orthotics are rigid or semi-rigid supportive devices used to protect, restore, or improve body function.

II. Criteria/Guidelines
Durable medical equipment, prosthetics and orthotics are covered (subject to Limitations/Exclusions and Administrative Guidelines) when all of the following criteria are met:
A. The item meets the definition of DME, prosthetics or orthotics as described above (see Description).
B. The item is used in the home. Home means the place where the member lives, other than a hospital or skilled or intermediate nursing facility.
C. The item is ordered by the treating physician.
D. The item is FDA approved for the purpose that it is being prescribed.
E. Criteria for the specific DME, orthotic or prosthetic as stated in the sources below are met:
   1. HMSA has developed specific policies for the following items. Click on the link to be directed to the policy located in the Provider E-library.

Apnea Monitor for Infants
Continuous Glucose Monitoring of Interstitial Fluid

Insulin Pumps - External

Negative Pressure Wound Therapy (NPWT)

High Frequency Chest Wall Oscillation

Oxygen and Oxygen Equipment

Home Phototherapy for Neonatal Jaundice

Positive Airway Pressure and Oral Devices for the Treatment of Obstructive Sleep Apnea

Pulse Oximeter for Children

Transcutaneous Electrical Nerve Stimulation (TENS)

Implantable Ventricular Assist Devices and Total Artificial Hearts

2. In the absence of an HMSA medical policy addressing specific durable medical equipment (DME), orthotic or prosthetic, the Medicare coverage determination criteria in the following sources will be used to determine medical necessity:

   a. Noridian - Durable Medical Equipment
   b. Noridian - Part A/B
   c. Medicare National Coverage Determinations

III. Limitations/Exclusions

   The following items are not covered:
   
   A. Medical equipment that does not meet the definition of DME, prosthetics or orthotics as noted above.
   
   B. Items that are excluded under the patient's plan benefits.
   
   C. DME that represents a duplicative piece of equipment that is intended to be used as a back-up device, for multiple residences, or for traveling, etc. (e.g., back-up manual wheelchair when a power wheelchair is the member's primary means of mobility, a second wheeled mobility device specifically for work or school use); or
   
   D. Items that meet the same medical need as the current item, but in a more efficient manner or is more convenient, when there is no change in the member's condition.
   
   E. Items that are not primarily medical in nature (e.g., environmental control equipment, comfort or convenience item, hygienic equipment, exercise equipment and educational equipment).
   
   F. Items used primarily for participation in sports, exercise, or leisure activities.
   
   G. Institutional equipment that will be used in the home setting with the exception of breast pumps and pulse oximeters for children (subject to member benefits).
H. Devices that are not therapeutic in nature (e.g., emergency first-aid or precautionary equipment including but not limited to back-up equipment).
I. Items that will only be used outside of the home.
J. Supplies and accessories used with DME when criteria are not met for the DME.

IV. Administrative Guidelines
A. Precertification is required for the following items. To precertify, complete HMSA's [Precertification Request] and mail or fax the form and all applicable documentation from the medical record, including the signed and dated written order by the treating physician, as indicated.
   1. Continuous glucose monitoring system
   2. Custom-fabricated knee orthosis
   3. External Prosthetic devices exceeding $10,000 in charges
   4. Insulin pump, external
   5. High frequency chest wall oscillation device
   6. Oxygen and oxygen equipment (as specified in the policy)
   7. Pneumatic compression device
   8. Oral Appliances for the Treatment of Obstructive Sleep Apnea
   9. Pulse oximeter for children
   10. Respiratory assist device (bi-level positive airway pressure device)
   11. Spinal cord stimulator for pain management
   12. TENS unit
   13. Items that are uniquely constructed or substantially modified based on the member's specific need. Please include a complete and clear description of the item.
   15. Power mobility devices (PMDs) with HCPCS codes K0013, K0800-K0898 and push-rim activated power assist devices with HCPCS code E0986.
   16. Any DME coded with a miscellaneous HCPCS code (i.e., E1399, K0108 and/or K0900).
   17. In addition, for HMSA QUEST, precertification is required for the purchase of DME, orthotics, external prosthetics or supplies when the allowance is more than $500 or for rental of such when the total allowance over the rental period will be more than $500.

B. For items that do not require precertification, documentation supporting medical necessity should be legible, maintained in the patient's medical record and must be made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.

C. DME can be rented or purchased, depending on the length of time the equipment is needed. The decision whether to rent or purchase durable medical equipment is made by HMSA. HMSA has adopted the Medicare category for capped rental items which are available as rentals only.

D. In general, Medicare criteria for repairs, maintenance, and replacement apply.
   1. This information is available in Noridian/Medicare DME Supplier Manual, Chapter 5, [Maintenance, Repair, and Replacement]
2. Payment may be made for the replacement of a prosthetic device that is an artificial limb, or replacement part of a prosthetic device if the ordering physician determines that the replacement device or part is necessary because of any of the following:
   a. A change in the physiological condition of the patient;
   b. Irreparable wear of the device, or in a part of the device; or
   c. The condition of the device, or the part of the device, requires repairs and the cost of such repairs would be more than 60 percent of the cost of a replacement device, or, as the case may be, of the part being replaced.
   d. Loss
   e. Irreparable accidental damage
3. Payment may be made for replacement of a complete orthosis or component of an orthosis due to loss, significant change in the patient’s condition, or irreparable accidental damage, if the device is still medically necessary.

E. Break in service
1. For an item described by the same code, a new capped rental period begins if there has been an interruption in the medical necessity for the item and the interruption lasted for 60-plus consecutive days. A 60-plus consecutive day interruption is defined as a period including two full rental months plus whatever days are remaining in the rental month during which the need ends.
2. For an item described by a different code, a new capped rental period would begin if there is a substantive change in the patient’s condition that necessitates a significantly different item. The claim for these items must include, but is not limited to:
   a. A description of the patient’s prior medical condition that necessitated the previous item
   b. A statement explaining when and why the medical necessity for the previous item ended; and
   c. A statement explaining the patient’s new or changed medical condition and when the new need began.

V. Important Reminder
The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with
HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References
3. Noridian/Medicare Durable Medical Equipment website. Noridian DME