

**DRAFT Medical Coverage Policy | Prior Authorization via Web-Based Tool for Durable Medical Equipment (DME)**



**EFFECTIVE DATE:** 02|01|2023  
**POLICY LAST UPDATED:** 06|11|2022

## OVERVIEW

This policy documents the prior authorization request process for durable medical equipment (DME).

## MEDICAL CRITERIA

Generally, InterQual criteria is used to determine medical necessity and is found in the online authorization tool. Medical necessity criteria from Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations (NCD/LCD) are used when applicable for Medicare Advantage Members to determine medical necessity of services and is found in the online authorization tool. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

For Medicare Advantage Plans, medical necessity criteria can be found in associated CMS National and Local Coverage Determinations.

## PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial products.

## POLICY STATEMENT

### Medicare Advantage Plans and Commercial Products

Durable medical equipment is considered medically necessary when the criteria in the BCBSRI online authorization tool has been met.

Requests for DME should be obtained via the BCBSRI online prior authorization tool, which is available only to participating providers. All other providers should fax the request to Utilization Management at (401) 272-8885 to complete the prior authorization process. Please see reference to the items requiring prior authorization through the online tool below.

<https://www.bcbsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Medical Equipment, Medical Supplies and Prosthetic Devices coverage/benefits.

## BACKGROUND

Not applicable

## CODING

The following HCPCS codes require Prior Authorization:

## Medicare Advantage Plans

In some instances, noted below, the National or Local Coverage Determinations need to be referenced for medical criteria.

## Commercial Products

The following list is intended to identify items that require prior authorization. The absence of a code from the list does not imply coverage. Subscriber Agreements should be referenced.

For any service in which authorization requirements differ between Medicare Advantage Plans and Commercial Products, please refer to the following applicable resources for coverage for Medicare Advantage Plans. See also Related Policies Section.

- National Coverage Determination
- Local Coverage Determination from Noridian Healthcare Solutions, Jurisdiction A
- Noridian Healthcare Solutions, Jurisdiction A Noncovered Items

**Please see 2023 updates in bold in the list below.**

Air Fluidized Bed  
E0194

Artificial Pancreas Device System  
E0787, S1034, S1036, S1037

Bone Growth Stimulators  
E0747, E0748, E0760

Breast Pump, Hospital Grade, Electric  
E0604  
Effective 8/1/2022, authorization no longer required.

Cardioverter Defibrillator, Wearable (WCD)  
K0606, K0608

Continuous Passive Motion Device (CPM), Upper Extremity  
Commercial Only: E0936

Functional Neuromuscular Electrical Stimulation  
Medicare Only: E0764, E0770

Hospital Beds and Cribs  
Commercial Only: E0265, E0266, E0296, E0297

Medical Food  
Commercial Only: S9433, S9434, S9435  
See Oral Nutrition Mandate for Claims Submission Form

Non-Wearable Automatic External Defibrillator  
Medicare Only: E0617

Orthoses, Upper Extremity  
Commercial Only: E1800, E1802, E1805, E1825

#### Pneumatic and other Powered Compression Devices

Medicare Advantage Plans and Commercial Products: E0650, E0651, E0652, E0655, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673

Commercial Products Only: E0676

Medicare Advantage Plans: Please refer to the resources above for coverage of E0676.

#### Power Operated Vehicles (Scooters)

Medicare Advantage Plans and Commercial Products: K0800, K0801, K0802, K0812

Commercial Products Only: K0806, K0807, K0808

Medicare Advantage Plans: Please refer to the resources above for coverage of K0806, K0807, K0808.

#### Power Wheelchairs

Medicare Advantage Plans and Commercial Products: K0013, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891

Commercial Products Only: K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886

Medicare Advantage Plans: Please refer to the resources above for coverage of K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886.

#### Prosthetics, Lower Extremity

L2006, L5610, L5613, L5614, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5961, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987

#### Seat Lift Mechanism

E0627

#### Secretion Clearance Devices

Medicare Advantage Plans and Commercial Products: E0480, E0483

Commercial Products Only: E0481, E0484

Medicare Advantage Plans: Please refer to the resources above for coverage of E0481. E0484 does not require prior authorization.

#### Speech Generating Devices (SGD)

E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512

#### Standing Frames

**Commercial Products: E0637, E0638, E0641, E0642 (Effective 1/01/2023)**

**Effective beginning 1/01/2023 and upon group renewals throughout 2023, requests for standing frames for Commercial Products must meet medical necessity criteria found in the online authorization tool.**

#### Support Surfaces

E0181, E0183 (New Code Effective 10/01/2022), E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373

#### Wheels or Wheelchairs, Power-Assist

Medicare Advantage Plans and Commercial Products: E0986

Commercial Products Only: E0983, E0984

Medicare Advantage Plans: Please refer to the resources above for coverage of E0983, E0984.

## RELATED POLICIES

Artificial Pancreas Device System  
Medicare Advantage Plans National and Local Coverage Determinations  
Functional Neuromuscular Electrical Stimulation  
Non-Wearable Automatic External Defibrillators (AED)  
Oral Nutrition Mandate (for claims submission form)

## PUBLISHED

Provider Update, August/October/December 2022  
Provider Update, June 2021  
Provider Update, November 2020  
Provider Update, March 2020  
Provider Update, February 2019

## REFERENCES

Noridian Healthcare Solutions. Noncovered Items:  
<https://med.noridianmedicare.com/web/jadme/topics/noncovered-items>

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