

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



EFFECTIVE DATE: 09/01/2023

POLICY LAST UPDATED: 08/31/2023

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.bcsri.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

Oral Nutrition Mandate (for claims submission form)

Medical Necessity

PUBLISHED

Provider Update, July 2023
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>

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

