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

EFFECTIVE DATE: 11|01|2024
POLICY LAST REVIEWED: 03/06|2024

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

The attached list in the Coding section of this policy is intended to identify items that require prior authorization. The absence of a code from the list does not imply coverage. Refer to the Coverage section in this policy for details.

Medicare Advantage Plans
In some instances, the Centers for Medicare and Medicaid Services (CMS) National or Local Coverage Determinations need to be referenced for medical criteria. Refer to the attached list in the Coding section of this policy:

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

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 codes in the attached grid listed in the link below, are covered when the applicable medical criteria are met:

2024 Prior Authorization of Durable Medical Equipment (DME)

RELATED POLICIES
Artificial Pancreas Device System
Digestive Enzyme Cartridges
Medical Necessity
Medicare Advantage Plans National and Local Coverage Determinations
Microprocessor-Controlled Prostheses for the Lower Limb
Oral Nutrition Mandate (for claims submission form)
Medical Necessity

PUBLISHED
Provider Update, May/June/September 2024
Provider Update, July 2023
Provider Update, August/October/December 2022
Provider Update, June 2021
Provider Update, March/November 2020

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

FOR INTERNAL USE ONLY

PA CHANGES -
INTERNAL USE ONLY

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.