

EFFECTIVE DATE: 06|01|2025

POLICY LAST REVIEWED: 12|18|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, January/February 2025

Provider Update, May/June/September 2024

Provider Update, July 2023

Provider Update, August/October/December 2022

Provider Update, June 2021

REFERENCES

Noridian Healthcare Solutions. Noncovered Items:

<https://med.noridianmedicare.com/web/jadme/topics/noncovered-items>

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