Medical Coverage Policy | Prior Authorization for Durable Medical Equipment (DME)

EFFECTIVE DATE: 01|01|2026
POLICY LAST REVIEWED: 11|19|2025

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.

Effective 10/1/2025, for Fully-Funded Commercial Products only, prior authorization requests may not be needed when the requesting physician is a BCBSRI Contracted Primary Care Provider. See below for a list of specialties. Prior authorization continues to be needed for all other Commercial Products, including Self-Funded and Medicare Advantage Plans.

The following specialties, that are credentialed as a primary care provider, are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- Obstetrics and Gynecology
- Doctor of Osteopathic Medicine
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

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:

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RELATED POLICIES

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)

PUBLISHED

Provider Update, January/February/September/October 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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