

EFFECTIVE DATE: 07|01|2026

POLICY LAST REVIEWED: 04|15|2026

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:

[2026 Prior Authorization of Durable Medical Equipment \(DME\)](#)

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, May 2026

Provider Update, January/February/September/October 2025

Provider Update, May/June/September 2024

Provider Update, July 2023

Provider Update, August/October/December 2022

REFERENCES

Noridian Healthcare Solutions. Noncovered Items:

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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