

Medical Coverage Policy | Durable Medical Equipment (DME)



EFFECTIVE DATE: 12|01|2014
POLICY LAST UPDATED: 02|16|2016

OVERVIEW

The intent of this policy is to address guidelines for durable medical equipment (DME) items.

In the absence of a medical policy for a specific item, Blue Cross & Blue Shield of Rhode Island (BCBSRI) follows Centers for Medicare and Medicaid Services (CMS) guidelines relating to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Rent-to-Purchase

The following guidelines apply to rental items:

- DME rentals are for a period of ten (10) continuous months, after which time they are considered paid up to the purchase price. Charges for monthly rentals beyond ten consecutive months are non-billable.
- As a general rule, DME rentals will be priced at one-tenth (1/10) of the purchase price per month.
- DME services that are identified as continuous rentals, such as oxygen concentrators and liquid oxygen systems, will be priced at the rental allowance and will be excluded from the rent-to-purchase cap.
- If there is a lapse in service prior to reaching the ten-month rental, the remaining balance of the original rental period will be used. For example, a member rents a wheelchair for two months and it is no longer required. Three weeks later the member has surgery and is required the use of a wheelchair, the rental period will be for the remaining 8 months. If the lapse in service is greater than 60 days, a new 10-month rental period will begin. This is applicable to a lapse in service of the same item, filed with the same HCPCS code. It is the responsibility of the provider to verify if the member had a rental period for the same item in the past.
- If a device is proven ineffective prior to reaching the end of a ten-month rental period and the member qualifies for an upgraded device, the remaining balance of the original rental period for the ineffective device will be used. For example, a member rents a continuous positive airway pressure (CPAP) E0601. After 2 months the CPAP has not provided the expected outcome. The member is re-evaluated and all indications show that a respiratory assist device with bi-level pressure or BIPAP (E0470, E0471) is needed. Coverage for the BIPAP will be provided for the remaining 8 months.

Repair of DME

Repair of DME is covered when:

- The original equipment was ordered by a physician; and
- The equipment continues to be medically necessary using the criteria applicable to an initial review.

Additional Notes:

- Repairs to and supplies for rental equipment used during the rental period are included in the rental allowance. The only exception is for CPAP/BiPAP supplies.
- Repair to a DME item will be covered when the repair is medically necessary to make the equipment serviceable, whether the repair is needed during or after the 10-month rental period.
- Rental of a DME item (i.e., “loaner” item) will be covered when a previously approved or covered item is being repaired.

Replacement of DME

Not all replacement durable medical equipment items require prior authorization. Generally, when the initial item required prior authorization, the replacement item will also require prior authorization. Please refer to the Preauthorization via Web-Based Tool for DME policy (See Related Policies Section below) for DME items that require prior authorization. When replacement of a previously authorized item is necessary, the equipment must continue to meet the criteria applicable to the initial review.

Replacement is considered covered when all of the following criteria are met:

- The equipment is ordered by a physician; and
- When a new item is required due to a change in the member’s medical condition; or
- The equipment no longer meets the member's functional needs due to the member's physical changes, such as skeletal growth or significant weight changes; or
- Cost to repair the DME is comparable to replacing it; or
- When an upgrade is required and the manufacturer no longer provides needed support for the item.

Maintenance and Service

- Maintenance, defined as the routine periodic servicing (e.g., testing, cleaning, regulating, and checking of the equipment), except for oxygen equipment, is not covered.
- Routine periodic servicing, such as testing, cleaning, regulating, and checking of the beneficiary’s equipment, is not covered. The owner is expected to perform such routine maintenance rather than a retailer or some other person who charges the member.

Convenience and Duplicate Equipment

Durable medical equipment and medical supplies prescribed primarily for the convenience of the member or the member's family are not covered, including but not limited to, duplicate DME and medical supplies for use in multiple locations or any DME or medical supplies used primarily to assist a caregiver.

Deluxe Equipment

Coverage is allowed for the basic item needed to meet the functional need of the average person. “Deluxe” or “enhanced” equipment is not covered.

Items Purchased by Members

Items purchased by members can be submitted for reimbursement. Claims submitted by members for reimbursement must include a receipt for the purchase of the item and a copy of the physician's order for the item. The physician's order must include the appropriate diagnosis code and the receipt from the vendor for the purchase must include the product description and HCPCS code.

Monthly Rentals

The following guidelines apply to monthly rentals:

- To ensure correct claims processing, claims for monthly rentals should include a unit of 1 per month.
- One month is equivalent to one calendar month.

Change in Suppliers

A change made by the member to a new DME supplier during a 10-month rental period will not initiate a new 10-month rental period whether or not there is a lapse in service between suppliers. For example: a member changes supplier after the 8th rental month, the new supplier will be allowed rental payment for the 2 remaining rental months. The supplier that provides the item in the 10th month of the rental period is responsible for supplying the equipment and for maintenance and servicing after the 10-month period.

Non-covered DME

DME and related supplies are a contract exclusion for the following:

- Repairs or replacement of the DME that are a result of abuse, neglect, or if stolen.
- Repair/replacement of DME covered by the manufacturer, under warranty, will be the responsibility of the manufacturer.

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, and Personal Appearance and/or Service Items not covered by this agreement.

BACKGROUND

The focus of the policy is to provide general guidelines relating to DME including Rent-to-Purchase, Repair and Replacement and Federal Medicare (CMS) Guidelines Related to All Other Durable Medical Equipment (DME). Please Note: Not all DME items have corresponding medical policies.

The CMS definition of DME is any physician ordered equipment providing therapeutic benefit to a patient based on their medical condition(s) and/or illness(es). DME may be used to facilitate treatment and/or rehabilitation helping to restore and/or improve function.

DME is equipment (and the supplies necessary for the effective use of the equipment) that is:

- Able to withstand repeated use;
- Primarily and customarily used to serve a medical purpose;
- Not useful to a person in the absence of an illness or injury; and
- For use in the home.

DME Repair and Replacement

Repair and replacement of medically required DME may be considered under certain circumstances. Repair to member owned equipment may be necessary to make the equipment serviceable. Replacement of an item is typically only considered if it is irreparably damaged, or the patient's medical condition changes and the item no longer meets the medical needs of the patient.

DME Rent-to-Purchase

BCBSRI follows CMS rent-to-purchase guidelines unless CMS specifically designates an item as a rental only. A DME rental item is billed on a monthly basis for a 10-month period, after which time the item is considered a purchased item and rental payment will no longer be required. Our allowance for a rental DME item will never exceed the allowance for a DME purchase price item.

CODING

Not applicable

RELATED POLICIES

Coding and Payment Guidelines

Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)

PUBLISHED

Provider Update, April 2016
Provider Update, September 2013
Provider Update, May 2012
Provider Update, June 2011
Provider Update, June 2010
Provider Update, October 2009
Provider Update, November 2008

REFERENCES

1. Blue Cross & Blue Shield of Rhode Island Subscriber Agreement, HMC2C 2015
2. Centers for Medicare and Medicaid Claims Processing Manual. Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Sections 40 - Payment for Maintenance and Service for Non-ESRD Equipment and 50 - Payment for Replacement of Equipment. <http://www.cms.gov/manuals/downloads/clm104c20.pdf>
3. Pub. 100-02 Medicare Benefit Policy Centers for Medicare & Medicaid Services (CMS). Transmittal 30 Date: FEBRUARY 18, 2005 <http://www.cms.hhs.gov/transmittals/downloads/r30bp.pdf>
4. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NDC) for Durable Medical Equipment Reference List (280.1).

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.

