

**Medical Coverage Policy | Preauthorization via Web-Based Tool for Durable Medical Equipment (DME)**



**EFFECTIVE DATE:** 10|01|2015  
**POLICY LAST UPDATED:** 09|01|2015

## 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. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

## PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

## POLICY STATEMENT

### BlueCHiP for Medicare and Commercial Products

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.bcsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp>

Durable medical equipment is considered medically necessary when the criteria in the BCBSRI online authorization tool has been met.

## 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 CPT and HCPCS codes require Prior Authorization:

**NOTE: Effective January 1, 2017, the services identified in blue font below will require prior authorization through the BCBSRI online prior authorization tool.**

Air Fluidized Bed  
E0194

Artificial Pancreas Device System  
S1034, S1036, S1037

**Automatic External Defibrillator, Non-Wearable  
Medicare Only: E0617**

Bone Growth Stimulators:  
E0747, E0748, E0760

Breast Pump, Hospital Grade, Electric:  
E0604

Cardioverter Defibrillator, Wearable (WCD):  
K0606, K0608

Continuous Passive Motion Device (CPM), Upper Extremity:  
E0936

Functional Neuromuscular Electrical Stimulation  
Medicare Only: E0764, E0770

Glucose Monitoring Systems  
Commercial Only: A9277, A9278, S1030, S1031

Hospital Beds and Cribs:  
E0265, E0266, E0296, E0297

Insulin Pump, Ambulatory:  
E0784

Medical Food:  
Commercial Only: S9433, S9434, S9435  
See Oral Nutrition Mandate for Claims Submission Form.

Negative Pressure Wound Therapy (NPWT) Pump:  
E2402

Orthoses, Upper Extremity:  
E1800, E1802, E1805, E1825

Pneumatic Compression Devices:  
E0650, E0651, E0652, E0655, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672,  
E0673

Power Operated Vehicles (Scooters):  
K0800, K0801, K0802, K0806, K0807, K0808, K0812

Power Wheelchairs:  
K0013, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827,  
K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849,  
K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862,  
K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886,  
K0890, K0891

Prosthetic Devices:

L5610, L5613, L5614, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5961, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987

Seat Lift Mechanism:  
E0627

Secretion Clearance Devices:  
E0480, E0481, E0483, E0484

Speech Generating Devices (SGD):  
E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512

Support Surfaces:  
E0181, E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373

Wheels or Wheelchairs, Power-Assist:  
E0983, E0984, E0986

#### **RELATED POLICIES**

Artificial Pancreas Device System  
Automatic External Defibrillators (AED)  
Breast Pumps  
Functional Neuromuscular Electrical Stimulation  
Oral Nutrition Mandate (for claims submission form)

#### **PUBLISHED**

Provider Update, November 2015  
Provider Update, September 2014

#### **REFERENCES**

Not applicable

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