

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



EFFECTIVE DATE: 12|01|2014
POLICY LAST UPDATED: 09|02|2014

OVERVIEW

This policy documents the prior authorization request process for Durable Medical Equipment.

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

Blue CHiP for Medicare and Commercial

Requests for Durable Medical Equipment 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 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 October 1, 2015, 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

Bone Growth Stimulators:
E0747, E0748, E0760

Breast Pump, Hospital Grade, Electric:
E0604

Cardioverter Defibrillator, Wearable (WCD):
K0606, K0607, K0608, K0609

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

Functional Neuromuscular Electrical Stimulation
Medicare Only: E0764, E0760

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

Transport Chair, Pediatric:

E1037

Wheels or Wheelchairs, Power-Assist:

E0983, E0984, E0986

RELATED POLICIES

Breast Pumps

Glucose Monitoring Systems

Oral Nutrition Mandate (for claims submission form)

PUBLISHED

Provider Update, September 2014

REFERENCES

Not applicable.

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