

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



EFFECTIVE DATE: 10|01|2015
POLICY LAST UPDATED: 12|20|2016

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 Clear Coverage online authorization tool. 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

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

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:

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, K0608

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

Functional Neuromuscular Electrical Stimulation
Medicare Only: E0764, E0770

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

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

Negative Pressure Wound Therapy (NPWT) Pump:
E2402

Non-Wearable Automatic External Defibrillator
Medicare Only: E0617

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
Breast Pumps
Functional Neuromuscular Electrical Stimulation
Non-Wearable Automatic External Defibrillators (AED)
Oral Nutrition Mandate (for claims submission form)

PUBLISHED

Provider Update, February 2017
Provider Update, November 2015
Provider Update, September 2014

REFERENCES

Not applicable

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.

