

Durable Medical Equipment (DME): Rehabilitation and Mobility Devices**MPM 4.2****Disclaimer**

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally, is not useful to a person in the absence of illness or injury
- Is appropriate for use in a patient's home, at school or at work.¹

DME can be rented or purchased, depending on the length of time the member will need the equipment. The decision whether to rent or purchase DME is made by PHP.

Other related medical policies:

- Durable Medical Equipment (DME): Diabetic Equipment, MPM 4.4
- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Orthotics and Prosthetics, MPM 4.6
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3
- Durable Medical Equipment (DME) for State Coverage Insurance, MPM 4.7
- Osteogenic Bone Growth Stimulators, MPM 15.1

This Medical Policy includes information on the following items:

- Augmentative speech devices
- Continuous Passive Motion (CPM) device
- Custom/specialty wheelchairs
- Dynasplint and JAS Static Progressive Stretch Device
- Mobility Assistive Equipment (MAE)
 - Canes and Crutches
 - Gait trainers/walkers with trunk support
 - Knee crutch/hands free walker
 - Manual wheelchairs
 - Power mobility devices
 - Standers
 - Four-wheeled walker with seat and brakes
 - Repair and replacement of purchased rehab equipment
- Neuromuscular Electrical Stimulation (NMES)
- WalkAide (functional electrostimulator)
- Orthotrac Pneumatic Vest
- Specialty beds

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- Specialty car seats
- Specialty rehab equipment
- Post-operative boots/shoes

Durable Medical Equipment (DME) listed in PHP's [Benefit Certification Guide](#) requires Benefit Certification. Log on to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

- **Items that do not require Benefit Certification are subject to retrospective review, and are only covered for the indications listed.**
- **All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.**

Items classified in DME may not be covered in every instance. Coverage is subject to the following:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.¹
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

Many of the following criteria refer the user to a CMS Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, and can be accessed on the Internet at:

[http://www.cms.hhs.gov/mcd/results_index.asp?from='lmpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=1](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=1)

Criteria for Rehabilitation and Mobility Devices

1. **Augmentative speech devices:** PHP follows CMS DME MAC L11524 for coverage of augmentative speech devices. **Benefit Certification is required.** (Link to DME MAC Table of Contents on page 2.)
2. **Continuous Passive Motion (CPM) devices:** CPM devices are

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used to move a joint through a defined range of motion at a defined speed. **Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed.** Coverage is limited to 21 days postoperatively and does not include those days of CPM treatment while in the hospital. CPM devices are covered for the following indications:

- Total knee replacement
- Anterior cruciate ligament repair
- Following post-surgical repair of the shoulder^{5,6}

3. **Dynasplint and Joint Active Systems (JAS) Static Progressive Stretch Device⁶**: Dynasplint is designed to provide low-load prolonged stretch while the member is at rest. **JAS Static Progressive Stretch Device** uses progressive stretch techniques in three 30-minute sessions per day. Both systems aim to improve joint range of motion by achieving permanent elongation of the soft tissues. **Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for the indications listed.**

The following requirements apply to **both** Dynasplint and JAS Static Progressive Stretch Device:

The member must be in a physical or occupational therapy program to monitor use, safety, compliance, and to provide initial and follow-up range of motion information following the first month rental. In addition, **two** of the following criteria must be met:

- At least one month of previous physical/occupational therapy interventions with little or no significant improvement in range of motion.
- Range of motion limitations or contractures are less than 75% of normal range of motion and prevent or impede daily functional activities. (See Attachment A for specific information.) Documentation is required from a physician or therapist supporting a “soft end feel” for joint restrictions (i.e., additional passive motion is achieved by the therapist after the patient has reached an active motion limit). “Hard end feel” of joint restrictions (meaning no additional passive motion has been achieved) will not respond to use of this brace.
- Member has had manipulation under anesthesia to correct severe joint restrictions.

* An additional 1 to 2 month’s rental can be approved with demonstrated progress.

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- * If ROM is at least 75% of normal, no further rental is needed.
- * For rental extension beyond 3 months, or for a request for purchase, refer to the medical director.

4. Mobility Assistive Equipment (MAE)⁵

MAE includes, but is not limited to canes, crutches, walkers, manual wheelchairs, power wheelchairs and scooters. Medical necessity must be established. A sequential approach should be the foundation for determining the type of equipment that is medically necessary, except when the member's condition clearly precludes the reasonable use of a device. For example, if you already have a walker through Medicare, you do not qualify for a cane. If you have a walker, you can upgrade to a wheelchair (with medical necessity established). A change in the member's medical condition may dictate a change in the MAE.

Many of the items below do not require Benefit Certification. Check the Benefit Certification Guide. All claims are subject to retrospective review, and are only covered when CMS coverage criteria are met.

PHP follows the algorithm established by CMS to determine when MAE is reasonable and necessary. For detailed information, refer to MLN Matters Number MM3791 and MM3952, available at the following websites:

<http://www.cms.gov/MLNMattersArticles/downloads/MM3791.pdf>

<http://www.cms.gov/MLNMattersArticles/downloads/MM3952.pdf>

- A. **Canes and Crutches:** PHP follows CMS DME MAC **L4989** for the coverage of canes and crutches.
- B. **Manual Wheelchair Bases:** PHP follows CMS DME MAC **L11443** for coverage of manual wheelchairs.
- C. **Power Mobility Devices:** PHP follows CMS DME MAC **L23613** for the coverage of power mobility devices. **Benefit Certification is required.**
- D. **Wheelchair Options:** PHP follows CMS DME MAC **L11451** for coverage of wheelchair options. **Benefit Certification is required.**
- E. **Wheelchair Seating:** PHP follows CMS DME MAC **L15887** for coverage of wheelchair seating. **Benefit Certification is required.**
- F. **Gait Trainer** is a term used to describe certain devices used to support a person during ambulation. **CMS has determined that gait trainers serve the same purpose as walkers.** PHP follows CMS DME MAC **L11450** for the coverage of walkers and gait

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trainers. As noted above, PHP follows the algorithm established by CMS to determine when MAE is reasonable and necessary. The sequential approach used by CMS for determining medically necessary treatment applies to gait trainers and walkers, i.e. if you have a walker, you do not qualify for a gait trainer unless a change in condition occurs and medical necessity is established.

- For gait trainers, or walkers with trunk support (E0140, E8000, E8001, E8002), **Benefit Certification is required.** A patient must meet CMS coverage criteria for a standard walker, have documentation in the medical record justifying the medical necessity for the special features, and must be able to ambulate independently with the assistance of the gait trainer. A gait trainer is not to be used as a standing device.
- A knee crutch/hands free walker (E0118), such as Roll-A-Bout walker, Rolleraid™ or iWALKFree™, used for below-the-knee injuries or surgery, is covered only when the individual's condition is such that he/she is unable to use standard assistive devices. **Benefit Certification is required.**

(Link to DME MAC Table of Contents on page 2.)

5. **Four-wheeled walker with seat and brakes (E1399). Benefit Certification is required.**

The member must have previously attempted to meet mobility needs with a standard-wheeled walker, a straight cane or quad cane. If these assistive devices do not meet the member's mobility needs, **or** if the member's condition is such that it is clear he/she will not be able to use a standard-wheeled walker, straight cane or quad cane, then **two** of the following criteria must be met:

- Member has a severe orthopedic condition that limits ability to ambulate, (i.e., osteoporosis, osteoarthritis, joint replacement or moderate to severe pain).
- Member has a cardiopulmonary condition that limits endurance during ambulation.
- Member requires frequent rests during ambulation due to fatigue.
- Without a four-wheeled walker, the member's independence, activities of daily living or the ability to perform self-care activities are restricted.

6. **Prone standers (covered for Medicaid only)¹ HCPC E0638: Benefit Certification is required.** All of the following criteria must be met:

- Treatment goals for use of a stander cannot be for convenience or socialization.
- Member is pre-ambulatory with potential to become ambulatory,

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and is involved in structured therapy for strengthening.

- Caregiver is unable to carryout a standing home program for the member in the absence of a stander.
- The treatment plan is clearly defined, and includes frequency and duration with structured therapy for the use of a stander.
- There is evidence that the caregiver is able to follow through at home and the member has had a trial in the stander without ill effects (i.e. increased hypotensive response, increased spasticity or increased anxiety and irritability).

Exclusions of coverage for standers:

Dynamic Standers are considered mobility exercise devices/equipment and are not medically necessary. Supine and prone standers have not been proven to offer significant benefit. Prone standers are **only** covered for Medicaid members.

7. Repair and replacement of purchased wheelchairs and specialty rehab DME:

Refer to the member's Group Subscriber Agreement (GSA) or New Mexico Administrative Code (NMAC) 8.324.5

8. Neuromuscular Electrical Stimulation (NMES) – HCPCS E0731, E0744, E0745, E0764, L8680. Benefit Certification required.

NMES involves the use of a device which transmits an electrical impulse to the skin over selected muscle groups by way of electrodes. There are two indications for NMES: 1) disuse muscle atrophy, and 2) to enhance functional activity of neurologically impaired patients.

NMES is covered when **one** of the following criteria are met

- Disuse atrophy, covered for neurologically intact patients, where the disuse atrophy is due to non-neurological reasons. Examples of non-neurological reasons for disuse atrophy would be the casting or splinting of a limb, contracture due to scarring of soft tissue as in burn lesions, and hip replacement surgery (until orthotic training begins).

OR

- Used for walking in patients with Spinal Cord Injury (SCI): The type of NMES used to enhance the ability of SCI patients to walk is *functional electrical stimulation* (FES). The goal of physical therapy must be to train SCI patients on the use of NMES/FES devices to achieve walking, not to reverse or retard muscle atrophy.²

See CMS NCD 160.12 for the extensive requirements for coverage, as well as exclusions for coverage.

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In addition to the above, **each** of the following applies:

- NMES is used successfully in the clinic for 2 to 3 weeks prior to adding to home treatment plan.
- Member actively participates in a treatment plan for strengthening while NMES is in use.
- Member demonstrates potential for compliance in using the unit at home.
- Member demonstrates tolerance to actual NMES.
- Regular follow-up is scheduled with treating physical or occupational therapist for assessing benefit and continued need.
- NMES is no longer considered medically necessary when sustained active movements against gravity are demonstrated.
- Usual rental time frame is two to four months.
- Request for purchase should be reviewed with the Medical Director.

Exclusions of coverage for NMES:

- NMES is **not** covered for the treatment of muscle weakness due to the following conditions (list is not all-inclusive); stroke, spinal cord injury, peripheral nerve injury, other central nervous system, spinal or peripheral nerve disease/condition affecting motor and/or sensory pathways to/from the muscles being stimulated.
- NMES is covered for disuse atrophy **only** as described above.²
NMES is not covered for prevention of potential atrophy.

9. **WalkAide (E0770):** E0770 is covered only for members meeting the extensive criteria for functional electrical stimulators, as addressed in CMS NCD 160.12 and Cigna Government Services publication dated December 8, 2008 and available on the Internet at:
<http://www.cignagovernmentservices.com/jc/pubs/news/2008/1208/cope8931.html>

10. **Orthotrac Pneumatic Vest (E0830):** This technology as been reviewed and approved by Technology Assessment Committee and Medical Policy Committee. It is covered for Commercial and ASO plans that cover DME on a case-by-case basis when specific criteria are met and certified by PHP.

The Orthotrac device uses pneumatic pressure to provide a traction-like effect by shifting weight bearing off the lower back and onto the hips. It is intended as a conservative treatment of subacute and chronic low back pain for patients who have not responded adequately

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to standard medical therapy or who have failed surgical therapy. The Orthotrac Pneumatic Vest is beneficial for back pain that benefits from axial unloading. The Orthotrac Pneumatic Vest is only approved when it is part of a comprehensive back pain management program.

11. Specialty beds and mattresses: Benefit Certification is required.

PHP follows CMS Cigna DME MAC for specialty beds and mattresses. (Link to DME MAC Table of Contents on page 2.) Refer to the following LCDs :

- LCD for Pressure Reducing Support Surfaces, Group 1 (L11563): overlay mattresses
- LCD for Pressure Reducing Support Surfaces, Group 2 (L11564): mattress or bed
- LCD for Pressure Reducing Support Surfaces, Group 3 (L11565): air fluidized bed
- LCD for Hospital Beds and Accessories (L11557)
- Unless addressed in one of the above LCDs, all requests for specialty beds or mattresses should be referred to the Medical Director.

12. Specialty car seats*: Benefit Certification is required. All of the following criteria must be met:

- The patient has a neuromuscular, neurological, orthopedic or cognitive condition affecting the ability to sit unsupported and maintain postural or head control while being transported.
- The patient is not able to be transported in current mobility system (wheelchair, or stroller).
- The patient is no longer able to use a standard car safety seat due to height and weight restrictions, or has severe postural support needs (i.e.scoliosis/kyphosis) that can not be met by a standard car safety seating system.
- The patient has been evaluated by a seating specialist or therapist to determine physical need, size, accessories, and fit into the caregiver's vehicle.

* **Exclusion:** Mobility bases for specialty car seats are considered convenience items and are not a covered benefit.

13. Specialty Rehabilitation Equipment: Benefit Certification is required. PHP follows CMS Cigna DME MAC for coverage. (Link to DME MAC Table of Contents on page 2.) Refer to the following LCDs:

- LCD for Hospital Beds and Accessories (L11557)
- LCD for Patient Lifts (L11562)
- LCD for Seat Lift Mechanisms (L11523)

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- Unless addressed in one of the above LCDs, all requests for specialty rehabilitation equipment should be referred to the medical director.

14. Post-Operative Shoes and Boots (L3260): Benefit Certification is not required.**Additional Exclusions**

1. Comfort and convenience items generally are not covered and include but are not limited to:
 - Hand-held showers or shower heads
 - Bath/Shower chairs, stools or seats
 - Heating pads
 - Pump-driven hot or cold therapy pads
 - Water beds
 - Jacuzzi units
 - Hot tubs
 - Grab bars (only covered for Medicaid members)
 - Non-hospital beds, such as Temperapedic or Select Comfort mattresses, etc.
 - Toilet frames
 - Wheelchair/walker/stroller accessories such as baskets, trays, seats or shades
2. Physical fitness exercise equipment. Exercise equipment is considered primarily non-medical and is not covered.
3. Upgraded or deluxe items, or duplicate items (i.e., for home and office).
4. All DME located in skilled nursing facility or hospital is excluded from coverage.
5. Structural changes to the home to accommodate DME.
6. Repair or replacement of DME due to loss, neglect, theft, misuse, abuse or to improve appearance is not covered.
7. Repair and replacement of DME under the manufacturer or supplier warranty is not covered.

See Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C for additional specific criteria not listed in this Medical Policy.

[http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5)

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Durable Medical Equipment (DME): Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member's residence (excluding a SNF or acute-care hospital) under a physician's supervision

Orthotic appliances: Devices that support or brace the body and may be used to improve the function of a movable part of the body.

Prosthetic device: Artificial substitutes for a missing body part; used for functional or cosmetic reasons.

Items requiring frequent and substantial servicing (rental only): Items for which there must be frequent and substantial servicing in order to avoid risk to the patient's health. Examples of these items include ventilators, aspirators, IPPB machines, passive motion exercise devices, etc. Items in this category may be rented for as long as the patient's need continues.

Reasonable useful lifetime: In the absence of Medicare Program Instructions, the reasonable useful lifetime can be determined by the member's individual plan, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment was delivered to the member, not the age of the equipment. If the equipment remains in good working order and meets the member's medical needs, it should not be automatically replaced.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered DME are included in this list. See CMS Local Coverage Determinations for additional coding references

HCPCS Codes	Description
E0118	Crutch substitute, lower leg platform, with or without wheels, each
E0140	Walker, with trunk support, adjustable or fixed height, any type

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HCPCS Codes	Description
E0194	Air fluidized bed.
E0301- E0304	Hospital bed, heavy duty, extra wide, with any type side rails, without mattress.
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.
E0638	Standing frame system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels.
E0731	Form-fitting conductive garment for delivers of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer.
E0744	Neuromuscular stimulator for scoliosis
E0745	Neuromuscular stimulator, electronic shock unit.
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E0830	Ambulatory traction device, all types, each.
E0935	Continuous passive motion exercise device for use on knee only.
E0936	Continuous passive motion exercise device for use other than knee.
E0950	Wheelchair accessory, tray, each.
E0951	Heel loop/holder, any type, with or without ankle strap, each.
E0952	Toe loop/holder, any type, each.
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each.

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HCPCS Codes	Description
E0959	Manual wheelchair accessory, adapter for amputee, each.
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each.
E0966	Manual wheelchair accessory, headrest extension, each.
E0967	Manual wheelchair accessory, hand rim with projections, any type, each.
E0971 – E1030	Wheelchair accessory (refer to <i>HCPCS Manual</i> for full description).
E1035	Multipositional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity up to and including 300 lbs.
E1036	Multipositional patient transfer system, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1038 – E1039	Transport chair, adult size (refer to <i>HCPCS Manual</i> for full description)
E1161	Manual adult size wheelchair, includes tilt in space.
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.
E1227	Special height arms for wheelchair.
E1229	Wheelchair, pediatric size, not otherwise specified
E1230	Power operated vehicle (3 or 4-wheel non-highway), specify brand name and model number.
E1231 – E1239	Wheelchair, pediatric size (refer to <i>HCPCS Manual</i> for full description).
E1296	Special wheelchair seat height from floor.
E1297	Special wheelchair seat depth, by upholstery.
E1298	Special wheelchair seat depth and/or width, by construction.
E1399	Durable medical equipment, miscellaneous.
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material.
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.

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HCPCS Codes	Description
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material.
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material.
E1806	Static progressive stretch wrist device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material.
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.
E1812	Dynamic knee, extension/flexion device, with active resistance control.
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material.
E1816	Static progressive stretch ankle device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.
E1818	Static progressive stretch forearm pronation/supination device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material.
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material.
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material.
E2201 – E2206	Manual wheelchair accessory (refer to <i>HCPCS Manual</i> for full description).
E2208 – E2372	Wheelchair accessories (refer to <i>HCPCS Manual</i> for full description).
E2500 – E2599	Speech generating devices and accessories (refer to <i>HCPCS Manual</i> for full description)
E2601 – E2621	Wheelchair cushions (refer to <i>HCPCS Manual</i> for full description).
E8000 – E8002	Gait trainer, pediatric size (refer to <i>HCPCS Manual</i> for full description).
K0005	Ultra lightweight wheelchair.
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair

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HCPCS Codes	Description
K0009	Other manual wheelchair/base.
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters (refer to <i>HCPCS Manual</i> for full description).
K0012	Lightweight portable motorized/power wheelchair
K0014	Other motorized/power wheelchair base
K0015 – K0108	Wheelchair components (refer to <i>HCPCS Manual</i> for full description).
K0739	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes (Please note, this code is non-covered)
K0800 – K0812	Power operated vehicles (refer to <i>HCPCS Manual</i> for full description).
K0813 – K0891	Power wheelchairs (refer to <i>HCPCS Manual</i> for full description).
L1900 – L4396	AFO, KAFO orthosis and components (refer to <i>HCPCS Manual</i> for full description).
L8680	Implantable neurostimulator electrode, each.

References:

1. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual, Durable Medical Equipment and Medical Supplies, NMAC 8.324.5, November 2005, and Prosthetics and Orthotics, NMAC 8.324.8, July 2005.
2. Centers for Medicare and Medicaid Services (CMS). Neuromuscular Electrical Stimulation (NMES), National Coverage Determination 160.12. Effective date of 10-02-06.
3. Cigna Government Services. Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction CME MAC Cigna Government Services. Coverage policies may be accessed at: [http://www.cms.hhs.gov/mcd/results_index.asp?from='Imrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003.%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='Imrpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003.%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5)
4. Centers for Medicare and Medicaid Services. Mobility Assistive Equipment (MAE), National Coverage Determination 280.3. Effective date 5-5-05.
5. Centers for Medicare and Medicaid Services. Durable Medical Equipment

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Reference List, National Coverage Determination 280.1. Effective date of 5-5-05. Accessed 05-19-10 on the Internet at:

http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=280.1&ncd_version=2&basket=ncd%3A280%2E1%3A2%3ADurable+Medical+Equipment+Reference+List

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05-27-09: Annual review and revision
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05-25-11: Annual review and revision

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

Durable Medical Equipment: Rehabilitation and Mobility Devices
MPM 4.2
***Dynasplint and JAS Range of Motion, Attachment A**

Body Part	Motion	Normal Ranges	75% Normal
Cervical Spine	Flexion	60 degrees	45 degrees
Cervical Spine	Extension	75 degrees	56 degrees
Cervical Spine	Lateral flexion/side bending	45 degrees	34 degrees
Cervical Spine	Rotation	80 degrees	60 degrees
Thoracic Spine	Flexion	80-90 degrees	60 degrees
Thoracic Spine	Extension	20-30 degrees	15 degrees
Thoracic Spine	Lateral flexion/side bending	20-35 degrees	15 degrees
Thoracic Spine	Rotation	30-45 degrees	23 degrees
Lumbosacral Spine	Flexion	60 degrees	45 degrees
Lumbosacral Spine	Extension	25 degrees	19 degrees
Lumbosacral Spine	Lateral flexion/side bending	25 degrees	19 degrees
Lumbosacral Spine	Rotation		
Shoulder	Flexion	150-180 degrees	113 degrees
Shoulder	Extension	40-60 degrees	30 degrees
Shoulder	Abduction	150-180 degrees	113 degrees
Shoulder	Horizontal Abduction	90 degrees	68 degrees
Shoulder	Horizontal Adduction	45 degrees	34 degrees
Shoulder	Internal Rotation	55 degrees	41 degrees
Shoulder	External Rotation	60-90 degrees	45 degrees
Elbow and Forearm	Flexion	140-150 degrees	105 degrees
Elbow and Forearm	Extension	0-5 degrees	lacking 15 degrees
Elbow and Forearm	Supination	80-90 degrees	60 degrees
Elbow and Forearm	Pronation	80-90 degrees	60 degrees
Wrist	Flexion	70-80 degrees	53 degrees
Wrist	Extension	60-70 degrees	45 degrees
Wrist	Ulnar Deviation	30 degrees	23 degrees
Wrist	Radial Deviation	20 degrees	15 degrees
Thumb	MP Flexion - Extension	0-50 degrees	
Thumb	IP Flexion - Extension	0-80 degrees	
Thumb	Abduction	0-70 degrees	

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

[MPMPPC051001]

Durable Medical Equipment: Rehabilitation and Mobility Devices
MPM 4.2
Dynasplint and JAS Range of Motion, Attachment A (con't)

Body Part	Motion	Normal Ranges	75% Normal
Index Finger	MP Flexion	90 degrees	68 degrees
Index Finger	MP Hyperextension	45 degrees	34 degrees
Index Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Index Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Middle Finger	MP Flexion	90 degrees	68 degrees
Middle Finger	MP Hyperextension	45 degrees	34 degrees
Middle Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Middle Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Ring Finger	MP Flexion	90 degrees	68 degrees
Ring Finger	MP Hyperextension	45 degrees	45 degrees
Ring Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Ring Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Little Finger	MP Flexion	90 degrees	68 degrees
Little Finger	MP Hyperextension	45 degrees	45 degrees
Little Finger	PIP Flexion - Extension	0-100 degrees	15-75 degrees
Little Finger	DIP Flexion - Extension	0-90 degrees	15-68 degrees
Hip	Flexion	100-120 degrees	75 degrees
Hip	Extension	30 degrees	23 degrees
Hip	Abduction	40-50 degrees	30 degrees
Hip	Adduction	20-30 degrees	15 degrees
Hip	Internal Rotation	35-45 degrees	26 degrees
Hip	External Rotation	35-45 degrees	26 degrees
Knee	Flexion	135 degrees	101 degrees
Knee	Extension	0 degrees	lacking 10 degrees
Ankle	Dorsiflexion	10-15 degrees	8 degrees
Ankle	Plantarflexion	40-50 degrees	30 degrees
Ankle	Inversion	5-35 degrees	
Ankle	Eversion	5-20 degrees	
Great Toe	Flexion	25-35degrees	19 degrees
Great Toe	Extension	40-70 degrees	30 degrees

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

[MPMPPC051001]