

## Durable Medical Equipment (DME): Miscellaneous

### MPM 4.5

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<b>Disclaimer</b>	<b>Refer to the member's specific benefit plan and <i>Schedule of Benefits</i> 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 these criteria.</b>
<b>Description</b>	<p>Durable Medical Equipment (DME) is equipment which:</p> <ul style="list-style-type: none"><li>• Can withstand repeated use</li><li>• Is primarily and customarily used to serve a medical purpose</li><li>• Generally is not useful to a person in the absence of illness or injury</li><li>• Is appropriate for use in a patient's home, at school or at work<sup>1,3</sup></li></ul> <p>DME can be rented or purchased, depending on the length of time the member will need the equipment, or if there must be frequent and substantial servicing in order to avoid risk to the patient's health. The decision whether to rent or purchase DME is made by PHP.</p> <p>This Medical Policy includes the following items:</p> <ul style="list-style-type: none"><li>• Automatic external defibrillators</li><li>• Blood pressure monitor systems</li><li>• Compression hose</li><li>• Electric breast pump</li><li>• Enuresis alarms</li><li>• Erectile dysfunction devices</li><li>• Hearing aids</li><li>• Home INR monitoring: test material and equipment for home</li><li>• Light therapy for Seasonal Affective Disorder</li><li>• Pelvic floor electrical stimulation for urinary incontinence</li><li>• Wigs</li></ul>
<b>Coverage Determination</b>	<p><b>Durable Medical Equipment (DME) listed in PHP's Prior Authorization/Benefit Certification Guide requires Prior Authorization/Benefit Certification.</b> View the <b>Prior Authorization/Benefit Certification Guide</b> on the Internet at <a href="http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001400.pdf">http://www.phs.org/idc/groups/public/@phs/@php/documents/phscontent/wcmdev1001400.pdf</a>.</p> <p>Log on to Pres Online to submit a request: <a href="https://ds.phs.org/preslogin/index.jsp">https://ds.phs.org/preslogin/index.jsp</a></p> <ul style="list-style-type: none"><li>• <b>Items that do not require Prior Authorization/Benefit Certification are subject to retrospective review, and are only covered for the indications listed.</b></li><li>• <b>All Durable Medical Equipment is subject to the limitations and exclusions of the member's specific benefit plan.</b></li></ul>

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Determination  
(cont'd)**

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.<sup>1</sup>

- 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 Cigna DME MAC 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 Miscellaneous DME**

- 1. Automatic external defibrillator. Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for indications listed.**  
Automatic external defibrillator is used for patients at high risk of sudden cardiac death. PHP follows CMS Cigna Government Services DME MAC guidelines in the coverage of automatic external defibrillators. DME MAC LCD L13877 can be accessed on the Internet at the link above.
- 2. Blood Pressure monitor systems (A4660, A4663 and A4670). Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for indications listed.**  
Covered for patients with end stage renal disease or hypertension (essential or labile).
- 3. Bright Light Therapy for Seasonal Affective Disorder (SAD) in adults. Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for indications listed.**  
Bright light therapy may be indicated for SAD when the patient meets criteria for a major depressive disorder with seasonal specifiers.<sup>7,10</sup>

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4. **Compression hose (A6530-A6544; A6549 on case-by-case review). Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and are only covered for indications listed.**

Gradient compression stockings are covered for 18-50 mm Hg, two pair per calendar year (unless otherwise indicated by the member's GSA), when the following criteria are met:

- A. Severe and persistent swollen and painful varicosities, or lymphedema/edema or venous insufficiency not responsive to simple elevation; *or*
- B. Venous stasis ulcers that have been treated by a physician or other healthcare professional requiring medically necessary debridement; *or*
- C. Prevention of thrombosis in patients immobilized due to surgery, trauma, or general debilitation; *or*
- D. Post thrombotic syndrome; *or*
- E. Post sclerotherapy; *or*
- F. Postural hypotension<sup>9</sup>
- G. Additional stockings are covered (as noted above) when changes in the pressure gradient or stocking type are required.

5. **Electric breast pump.<sup>4</sup> Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and only covered for indications listed.**

An electric breast pump consists of a compressor and collection kit. An in-network provider, such as the mother's attending obstetrician, midwife or primary care practitioners, or the infant's practitioner, must request the device. Indications for electric breast pump:

- Separation of mother and infant:
  - A. Infant hospitalized (i.e., NICU, Pediatrics)
  - B. Mother hospitalized (i.e., infection, surgery)
- Ineffective breast feeding:
  - A. Inability of infant to latch on and effectively breastfeed due to the following conditions:
    - Prematurity
    - Newborn feeding difficulties caused by conditions such as jaundice
    - Genetic disorders (e.g., Down's Syndrome)
    - Neurological disorders (e.g., hydrocephalus)
    - Congenital anomalies (e.g., cleft palate)

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**B. Mother:**

- Inverted, flat/non-extendable nipples
- Temporary need for medication contraindicated during breast-feeding. Pumping would be necessary to maintain supply until medication is cleared from mother's system.
- Cracked nipples that are not relieved by such temporary measures as manual expression, repositioning of the nursing infant, application of nipple creams or nursing shields.

**Exclusions of Coverage for Electric Breast Pump:**

Lapses in breast-feeding for convenience due to maternal preference and lifestyle, including but not limited to returning to work, travel, etc.

**6. Enuresis alarms.<sup>5</sup> Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and only covered for indications listed.**

All of the following criteria must be met:

- Member is at least five years of age, and has a diagnosis of nocturnal enuresis (ICD-9: 788.36).
- History and physical exam are negative for a specific etiology.
- Alarm to be used in conjunction with supportive measures, which may include but are not limited to education, fluid restriction and night awakening.

**7. Erectile dysfunction devices. Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and only covered for indications listed.**

Vacuum erection devices are covered when medically necessary and only when pharmacologic treatment is inappropriate. Refer to the member's GSA and CMS NCD for Diagnosis and Treatment of Impotence (230.4).

**8. Hearing aids<sup>6</sup> (For BAHA, see separate Medical Policy, MPM 2.9). Prior Authorization/Benefit Certification is not required, but all claims are subject to retrospective review and only covered for indications listed. Please refer to the member's specific benefit plan to determine coverage.****A. Salud coverage of hearing aids:**

- The New Mexico Medicaid program pays for medically necessary hearing aids and related services. All covered services must be rendered by contracted providers. Please see NMAC 8.324.6 for details of coverage, available on the Internet at [http://www.hsd.state.nm.us/mad/pdf\\_files/provmanl/prov83246.pdf](http://www.hsd.state.nm.us/mad/pdf_files/provmanl/prov83246.pdf).

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- Mandatory purchase of hearing aid insurance against loss and breakage, up to four years for all purchased hearing aids for Salud members<sup>6</sup>.

B. Presbyterian Senior Care (HMO) Plan coverage of hearing aids: Hearing aids or examination for the purpose of prescribing, fitting or changing hearing aids is not a covered benefit for Medicare members. Certain devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve are payable by Medicare as prosthetic devices. These devices are indicated only when hearing aids are medically inappropriate or cannot be utilized due to congenital malformation, chronic disease, severe sensorineural hearing loss or surgery. The following are prosthetic devices:

- Cochlear implants and auditory brainstem implants.
- Osseointegrated implants.<sup>13</sup>

C. Group health coverage\* for hearing aids: Hearing aids and the evaluation for the fitting of hearing aids are not covered except for school-aged children under 18 years old (or under 21 years if still attending high school). Coverage includes:

- Up to \$2200.00 every 36 months "per hearing-impaired ear" for school-aged children under 18 years old (or under 21 years if still attending high school).
- Fitting and dispensing services, including ear molds as necessary to maintain optimal fit, as provided by a participating provider licensed in New Mexico<sup>12</sup>.

\* Group health coverage, per Senate Bill 529, includes any form of self-insurance that is offered, issued or renewed under the Health Care Purchasing Act. Please refer to the member's specific benefit plan to determine coverage.

9. **Home INR Monitoring: Test materials and equipment. Prior Authorization/Benefit Certification is required.** Patients must meet CMS coverage criteria for home INR monitoring. Refer to CMS NCD for Home Prothrombin Time INR Monitoring for Anticoagulation (190.11) for diagnostic coverage and additional requirements. CMS NCD 190.11 can be accessed on the Internet at

[http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=190.11&ncd\\_version=2&basket=ncd%3A190%2E11%3A2%3AHome+Prothrombin+Time+INR+Monitoring+for+Anticoagulation+Management](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=190.11&ncd_version=2&basket=ncd%3A190%2E11%3A2%3AHome+Prothrombin+Time+INR+Monitoring+for+Anticoagulation+Management)

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10. **Pelvic Floor Electrical Stimulation for Urinary Incontinence.** **Prior Authorization/Benefit Certification is required.** Pelvic floor electrical stimulation involves the use of a non-implantable electrode, which is often a vaginal or anal probe, and an external pulse generator that delivers variable rates of current through the pelvic floor. The goal is to stimulate the nerves involved in bladder and sphincter function and to strengthen pelvic floor musculature to decrease or eliminate urge, stress and mixed forms of urinary incontinence.

PHP follows the CMS National Coverage Determination for Non-Implantable Pelvic Floor Electrical Stimulator (230.8), available on the Internet at

[http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=230.8&ncd\\_version=2&basket=ncd%3A230%2E8%3A2%3ANon%2DImplantable+Pelvic+Floor+Electrical+Stimulator](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=230.8&ncd_version=2&basket=ncd%3A230%2E8%3A2%3ANon%2DImplantable+Pelvic+Floor+Electrical+Stimulator)

**Exclusions**

1. Protective clothing or materials.
  - Window tinting
  - Light filters
  - Screens
  - Specialized clothing
2. Hygiene and miscellaneous products.
  - Oral moisturizing swabs (example: Toothettes®)
  - Antimicrobial hand gel (example: Prevacare™)
  - Incontinence wipes
  - Control III disinfectant
  - Cotton tip applicators, sterile or non-sterile
  - Dressing supplies in the absence of an open wound
3. Wigs. Wigs are not a covered benefit for Salud or Medicare<sup>8</sup>. Commercial member contracts vary and most contracts exclude wigs from coverage, even when there is a medical reason for the hair loss. Refer to the member's specific benefit plan to determine coverage.
4. Assistive Listening Devices (AKA FM Systems). Public school systems are required to provide FM systems for educational purposes for students starting at age 3.
5. Comfort and convenience items generally are **not covered**. This includes, but is not limited to the following:
  - Single-use supplies such as incontinence pads or disposable sheets.
  - Items hygienic in nature, such as bath/shower chairs, bath systems.

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- Diapers (except as covered for Salud, NMAC 8.324.5)
- Shower/tube bench (except as covered for Salud, NMAC 8.324.5).
- Safety rails for bathtub (except as covered for Salud, NMAC 8.324.5).
- Toilet frame (except as covered for Salud, NMAC 8.324.5).
- Raised toilet seat (except as covered for Salud, NMAC 8.324.5).

6. Upgraded or deluxe items, or duplicate items (i.e., for home, office or car)

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

[http://www.cms.hhs.gov/mcd/results\\_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter\\_range=4&retired=&sort=titlea&num\\_on\\_page=10&page\\_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=titlea&num_on_page=10&page_num=5)

**Definitions**

**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.

**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.

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**Coding**

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

<b>CPT Codes</b>	<b>Description</b>
54400 – 54405	Insertion of penile prosthesis
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes

<b>HCPCS Codes</b>	<b>Description</b>
A4280	Adhesive skin support attachment for use with external breast prosthesis, each
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
A4283	Cap for breast pump bottle, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	Blood pressure cuff only
A4670	Automatic blood pressure monitor
A6530- A6544	Gradient compression stockings
A6549	Gradient compression stocking, not otherwise specified
A9280	Alert or alarm device, not otherwise classified
A9282	Wig, any type
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, noninflatable
E0203	Therapeutic lightbox, minimum 10000 lux, table top model
E0617	External defibrillator with integrated electrocardiogram analysis

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.

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<b>HCPCS Codes</b>	<b>Description</b>
E0602	Breast Pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve, chronic atrial fibrillation or venous thromboembolism who meets Medicare coverage criteria; includes provision of materials for use in home and reporting of test results to physician; not occurring more frequently than once a week
G0283	Electrical stimulation (unattended), to one or more areas for indications(s) other than wound care, as part of a therapy plan of care
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0607	Replacement batteries for automated external defibrillator, garment type only, each
K0608	Replacement garment for use with automated external defibrillator, each
K0609	Replacement electrodes for use with automated external defibrillator, garment type, each
L7900	Male vacuum erection system
S8270	Enuresis alarm, using auditory buzzer and/or vibration device
V5000 – V5999	Hearing services

- 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. Updated March 1, 2011.
  2. Cigna Government Services. Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction CME MAC Cigna Government Services. Accessed on the Internet 06-25-10 at [http://www.cms.hhs.gov/mcd/results\\_index.asp?from='lmrprcontractor'&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='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5).
  3. Centers for Medicare and Medicaid Services. Durable Medical Equipment Reference List, National Coverage Determination 280.1. Effective Date: 5-5-05
  4. Presbyterian Health Plan ICR 2.3. Electric Breast Pump, archived 2006.
  5. National Guideline Clearinghouse. Evidence-based clinical practice guidelines: primary monosymptomatic nocturnal enuresis in primary care. October 2005. Accessed on the Internet at [http://www.guideline.gov/summary/summary.aspx?ss=15&doc\\_id=12239&string=enuresis](http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=12239&string=enuresis).
  6. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual. Hearing Aids and Related Evaluations, NMAC 8.324.6.

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7. Hayes Directory, © Winifred S. Hayes, Inc. Light Therapy for Seasonal Affective Disorder. March 20, 2005. Archived 04-20-10.
8. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual. General Noncovered Services, NMAC 8.301.3.15.
9. Milliman Care Guidelines®, Ambulatory Care, 14<sup>th</sup> Edition. Compression Stockings: Graded-Elastic, Custom-Fit. ACG: A-0336 (AC). Last update: 02-09-10.
10. Milliman Care Guidelines®, Ambulatory Care, 14<sup>th</sup> Edition. Bright Light Therapy. ACG: A-0334(AC). Last update: 02-09-10.
11. Milliman Care Guidelines®, Ambulatory Care, 14<sup>th</sup> Edition. Ambulatory Blood Pressure Monitoring, 24-Hour. ACG: A-0123(AC). Last update: 02-09-10.
12. New Mexico Legislature. Senate Bill 529. An Act Relating to Insurance; Requiring Insurance Coverage for Hearing Aids for Eligible Children. 07-01-07.
13. Centers for Medicare and Medicaid Services. CMS Manual System, Pub 100-02 Medicare Benefit Policy. Transmittal 39. Change Request 4038. 11-10-05.

**Reviewed by:** Mike Nelson, MD, Presbyterian Medical Group Pediatrics, September 2006 (for Enuresis Alarms).

**Approval Signatures:** **Clinical Quality Committee:** Mark Whitaker MD

**Medical Director:** Albert Rizzoli MD

**Date:** August 24, 2011

**Publication History:**

April 1999:	Original effective date of Health Services DME Criteria
05-28-08:	Merging of Health Services DME Criteria, Benefit Alerts and benefit interpretation; transitioned central DME Criteria to four separate Medical Policies.
06-24-09:	Annual Review and Revision
01-27-10:	Revision to Hearing Aid coverage
06-23-10:	Annual Review and Revision
08-24-11:	Annual Review

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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. This 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>

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