

Clinical Medical Policy Durable Medical Equipment (DME), Supplies, Prosthetics/Orthotics

Benefit Coverage:

Covered benefit when the descriptions of Durable Medical Equipment (DME), Orthotics, or Prosthetics are met. Prior authorization and medical review is required for those items specified in the document “*DME Benefit -Prior Auth Requirements*”

DME items available through retail pharmacy include:

- Aerochambers
- Glucometers (NHPRI Formulary brand name is Accu-Chek[®])
- Peak flow meters
- Syringes

Description:

Neighborhood utilizes the definitions developed by The Centers for Medicare and Medicaid Services (CMS).

DME is equipment which:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient’s home.

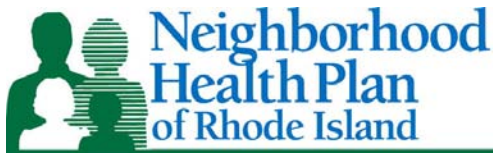
Orthotics are rigid or semi-rigid devices that are used for the purpose of supporting a weak or deformed body part or restricting or eliminating motion in a diseased or injured part of the body. An orthosis can be either prefabricated or custom fabricated.

Prosthetic devices (other than dental), a) replace all or part of an internal or external body organ, or b) replace all or part of the function of a permanently inoperative or malfunctioning internal or external body organ.

Coverage Determination:

Neighborhood’s day to day oversight of our durable medical equipment (DME) and prosthetics and orthotics (P&O) delivery network is managed through our selected vendor, DMension Benefit Management.

DME items which **do not** require prior authorization are obtained through physician orders directed to contracted DMension’s providers. Before submitting a claim to DMensions, the provider **must** have on file a dispensing order, the written order, the CMN (if applicable), information from the treating physician concerning the patient’s diagnosis (if an ICD-9-CM code



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is required on the claim), and any information required for the use of specific modifiers, or attestation statements, in accordance with Medicare guidelines.

Neighborhood follows Medicare (CMS) policy guidelines for monthly quantity limits. For miscellaneous supply items, (CMS does not have limits for NOC codes), Neighborhood utilizes the "Neighborhood Misc. Supply Quantity List." "If the quantity limit is exceeded, the member is eligible to appeal the benefit. **The definition of DME included in this policy, along with the criteria below, will be applied.**

Because CMS quantity limits may not be appropriate for prosthetics and orthotics for the Pediatric population (all lines of business, under age 19 years), Neighborhood will review medical necessity documentation and give consideration to age, growth, and conditions which may warrant additional prosthetic or orthotic items.

Requests for DME items which **do require** prior authorization and a medical necessity determination are reviewed by Neighborhood's Medical Review Nurses, in accordance with Medical Management applicable policies and procedures for utilization review decisions. The Associate Medical Director or his designee reviews requests that fail to meet medical necessity criteria, and renders a determination.

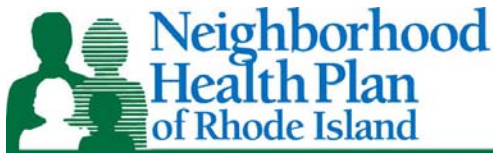
Submitted documentation expected for medical review decisions includes but is not limited to:

- Appropriate CMS DME Information Form (DIF) or appropriate Certificate of Medical Necessity (CMN)
- Documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).
- The information should include the patient's diagnosis and other pertinent information including, but **not** limited to, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, and impact of physical change such as growth (in the pediatric population only).

Criteria:

NHPRI classifies DME, orthotics and prosthetics, as per CMS descriptions listed above. Additionally, the following criteria must be met:

- Equipment is reasonable and necessary to sustain a minimum level of independent daily living
- Equipment can withstand repeated use



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- Covered orthotics must be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part

Medical Management utilizes the following government references to determine medical necessity when medical review required:

- “CMS’ DME Coverage Issues Manual” (see reference below)

NOTE: Neighborhood Associate Medical Directors consider the special considerations of the pediatric population of members when applying CMS criteria.

- “Rhode Island DHS – Screening List for Durable Medical Equipment” (see reference below)

Exclusions:

- Maintenance and repairs covered under warranty.
- Items intended for sports related purposes, exercise equipment, physiotherapy, personal comfort and convenience items.
- A second piece of equipment for the same or similar medical purpose as existing equipment
- Devices/appliances considered to be experimental

CMP Number: CMP-018.02
CMP Cross Reference: Foot Orthotics
Diapers

References: CMS Reference - NHIC (National Heritage Insurance Company) the DME MAC for Region A.
http://www.medicarenhic.com/dme/handout_cd/DME_MAC_A_Resources_Guide.pdf

CMS DME Benefit Regulation Definition – 42 CFR 414.202

DHS Reference – On Line DME manual
<http://www.dhs.state.ri.us/dhs/heacre/provsvcs/manuals/dme/scrnlstA.htm>

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