



**Covered Benefit: Durable Medical Equipment** CMP Published:  Yes  No  
CMP Link: [DME](#)

Definitions:

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.
- Includes Enteral & Parenteral Supplies, Prosthetics & Orthotics.

Benefit Packages: RItE Care, Substitute Care, Children with Special Health Care Needs, and Rhody Health Partners

The Extended Family Planning (EFP) benefit package does not include DME coverage; however, some covered family planning devices may be identified as DME. Refer to the EFP benefit coverage summary for covered family planning devices

Coverage Limitations:

1. Coverage limitations fall into 3 categories:
  - a. Non-covered items
    - i. The list of non-covered items is approved by the Chief Medical Officer or his designee, based on CMS Medicare guidelines, DHS guidelines and Neighborhood review.
  - b. Conditionally covered items which require authorization, refer to the Clinical Medical Policy.
    - i. All other DME-where quantity limits are established per the individual HCPCS code based largely on industry standard with some modifications to account for the unique needs of our membership, utilizing CMS and DHS guidelines where applicable.

Exclusions: See Non-covered items

Coverage Includes:

DME is either ordered by a practitioner or delivered/utilized by a practitioner during an episode of care. Both primary care and specialty care practitioners can order/utilize DME.

Episodes of care can occur across multiple settings:

Professional (office) (POS 11)

Home (POS 12)

Urgent care center (POS 20)

Inpatient (POS 21)

Outpatient (POS 22)

Federally qualified community health center (CHC) (POS 50)



Please note, the largest volume of DME is delivered to and utilized in the member’s home. Neighborhood’s DME partner, DMEnSion Benefit Management, processes claims and manages the DME vendor network for DME delivered in the home. All medical review decisions are made by Neighborhood’s Medical Management department in conjunction with the Associate Medical Director.

Table 1: DME

Detailed Benefit Service Category	ICD 9 Diagnosis	HCPCPS	Comments
Medical and Surgical Supplies Auth Required		"A4335", "A4421", "A4520", "A4554", "A4600", "A4606", "A4649", "A6261", "A6262", "A6512", "A6542", "A6549", "A9274", "A9276", "A9277", "A9278", "A9279", "A9280", "A9900", "A9901", "A9999", "B4102" to "B4104", "B4149", "B4150", "B4152" to "B4155", "B4157" to "B4162", "B9998", "E0147", "E0172", "E0193", "E0194", "E0203", "E0270", "E0300", "E0328", "E0329", "E0371" to "E0373", "E0424" to "E0431", "E0434", "E0440" to "E0450", "E0460" to "E0464", "E0470", "E0471", "E0472", "E0481", "E0483", "E0574", "E0575", "E0601", "E0604", "E0610", "E0615", "E0617", "E0620", "E0627" to "E0629", "E0635" to "E0642", "E0650" to "E0655", "E0660" to "E0694", "E0740", "E0747", "E0748", "E0760", "E0762", "E0764", "E0770", "E0784", "E0983", "E0986", "E0990", "E1002" to "E1008", "E1035", "E1085", "E1086", "E1089", "E1130", "E1140", "E1231" to "E1239", "E1250", "E1260", "E1285", "E1290", "E1300", "E1310", "E1340", "E1390" to "E1399", "E2100", "E2101", "E2230", "E2300" to "E2311", "E2330", "E2399", "E2402", "E2500" to "E2599", "E2609", "E2610", "E2617", "E8000" to "E8002", "K0005", "K0009", "K0108", "K0462", "K0606" to "K0669", "K0738" to "K0899", "L0999", "L1499", "L2861", "L2999", "L3649", "L3891", "L5000" to "L5600", "L5700" to "L5703", "L5856" to "L5858", "L5999", "L7499" to "L7520", "L8039", "L8499", "L8692", "L8693", "L9900", "Q0478", "Q0479", "Q0502" to "Q0505", "S1040", "V5299", "V5336"	
Medical and Surgical Supplies No Auth		"A4206" to "C9899", "E0100" to "E8002", "K0001" to "L7520", "L8000" to "L9900", "Q0480" to "Q0506", "Q4001" to "Q9968", "S8096" to "S9001", AND NOT "Medical and Surgical Supplies Auth Required" OR "Non-Covered DME"	
Diabetic Shoes	"250.00" to "250.93"	"A5500" to "A5513", "L3215" to "L3222"	Auth required and member must be diabetic
Wigs		A9282	Authorization required



Other DME Services		"97542"	Wheelchair management No auth required; auth would be on the wheelchair if applicable.
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**Table 2. Non-Covered DME Items (any place of service)**

<b>HCPCS</b>	<b>LONG DESCRIPTION</b>
A4336	Incontinence supply; miscellaneous
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH
A9270	NON-COVERED ITEM OR SERVICE
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH
A9300	EXERCISE EQUIPMENT
C9365	OASIS ULTRA TRI-LAYER, PER SQUARE CENTIMETER
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT
E0241	BATH TUB WALL RAIL, EACH
E0242	BATH TUB RAIL, FLOOR BASE
E0243	TOILET RAIL, EACH
E0273	BED BOARD
E0274	OVER-BED TABLE
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)
L7600	PROSTHETIC DORNING SLEEVE, ANY MATERIAL, EACH
L7900	Male vacuum erection system
<b>HCPCS</b>	<b>LONG DESCRIPTION (NON COVERED CONTINUED)</b>
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT



T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT
T4535	DISPOSABLE LINER
T4536	INCONTINENCE PRODUCT, UNDERWEAR
T4537	INCONTINENCE PRODUCT, UNDERPAD
T4538	DIAPER SERVICE
T4539	INCONTINENCE PRODUCT, DIAPER
T4540	INCONTINENCE PRODUCT, UNDERPAD
T4541	INCONTINENCE PRODUCT, UNDERPAD
T4542	INCONTINENCE PRODUCT, UNDERPAD
T4543	INCONTINENCE PRODUCT, BARIATRIC
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS
T5999	SUPPLY, NOS

Notes: Incontinence products are covered with authorization, see codes A4520, A4554

Breast pumps for lactating mothers are covered per the DME Clinical Medical Policy. Please note the prescription for the breast pump may be written for the mother or the infant.

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