Durable Medical Equipment Prior Approval Requirements

COMMUNITY
Health Options®

Durable Medical Equipment Coverage Guideline

Durable medical equipment (DME) is any equipment that provides therapeutic benefits to a Member because of certain medical conditions and/or illnesses that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and is appropriate for use in the home.

Prior Approval Requirements

The DME/Supplies listed below require Prior Approval. Please submit a provider prescription and clinical documentation to inform the medical necessity review. Over-the-counter supplies are generally non-covered. Please note: A separate authorization will be required for the conversion from the rental of DME to purchase of the item.

Lowest Cost Item That Meets Member Needs

Whether the Member rents or buys Durable Medical Equipment (DME), the Plan provides Benefits for the least expensive (and, if applicable, lowest technology) equipment necessary to meet Member's medical needs.

DME supplied by an out-of-network sole source provider that can be adequately fulfilled by an in-network provider does not meet benefit coverage based on medical necessity. Each request is reviewed on a case-by-case basis.

When rented equipment is a covered benefit and medically necessary, Community Health Options will reimburse only until our share of the reasonable purchase price of the least expensive equipment is paid or until the equipment is no longer necessary, whichever comes first.

Durable Medical Equipment Rentals

Capped rentals: Durable medical equipment that a Member uses continuously over a relatively short period of time, where rental is more appropriate than purchase, as determined by Community Health Options. Therefore, capped rental items are reimbursed by Community Health Options as rentals rather than as purchases. Capped rental payment includes all related costs for the effective use of the equipment by the Member, including equipment, accessories, supplies, delivery, shipping and handling, labor, setup, visits, patient education, maintenance, repairs, and replacement parts of the DME item in question. Please note that for DME items to be eligible for reimbursement, the DME supplier must meet eligibility and/or credentialing requirements as defined by Community Health Options

Durable Equipment Repair and Replacement

Include the initial date of purchase, manufacturer name, model number and serial number when submitting a Prior Approval request for previously purchased DME replacement.

Repair of non-routine service for durable medical equipment (other than oxygen) requiring the skill of a technician, labor component, per 15 minutes. Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes. A prescription will be required along with a statement of what is being repaired. An estimate of the cost (supplies and labor) is required.

Durable Medical Equipment Abbreviation Legend

Standard Abbreviations Used in This Document	
DME	Durable Medical Equipment
DISP	Disposable Benefit (Supplies
ORTHO	Orthotic, Prosthetic, Bracing Benefit

Items	Description (Medical Necessity Review is required unless otherwise specified)	Benefit	Maximum Rental Period/ Purchase Guidelines
Cardiac			
Automated External Defibrillator Components	Wearable Defibrillator Vest Prior Approval is required prior to hospital discharge and should be included as part of discharge planning coordination.	DME	one-month intervals (rental only)
Equipment			
Pneumatic Appliances	Segmental/Non-segmental Only covered for the treatment of lymphedema or for the treatment of chronic venous insufficiency with venous stasis ulcers	DME	six-month rental, then submit request for purchase, if medically necessary
Pneumatic Compressor	Segmental, Non-segmental, Intermittent Limb Dialysis Equipment and Supplies Only covered for the treatment of the following conditions: • Lymphedema • Chronic venous insufficiency (CVI) with venous stasis ulcers • Deep Vein Thrombosis (DVT) prevention for immobilized individuals	DME	six-month rental, then submit request for purchase, if medically necessary
Diabetes			
Continuous Glucose Monitor-Sensors	Code-specific requirements are available through our online authorization platform	DISP DME	Purchase
Continuous noninvasive glucose monitoring device	Code-specific requirements are available through our online authorization platform	DME	Purchase or up to six-month rental
Insulin Pump	Code-specific requirements are available through our online authorization platform	DME	Purchase or up to six-month rental
End Stage Renal Disease (ESRD/Dialysis)			
Dialysis Equipment & Supplies	Code-specific requirements are available through our online authorization platform	DME	Purchase

Items	Description (Medical Necessity Review is required unless otherwise specified)	Benefit	Maximum Rental Period/ Purchase Guidelines
Hospital Beds/Patient Lifts			
Hospital Beds	Code-specific requirements are available through our online authorization platform	DME	six-month rental; then submit a request for purchase, if medically necessary **or** Purchase without renting, if meets medical necessity
Mattress	Code-specific requirements are available through our online authorization platform	DME	six-month rental; then submit a request for purchase, if medically necessary **or** Purchase without renting if meets medical necessity
Patient Lift	Code-specific requirements are available through our online authorization platform	DME	Up to six-month rental, then submit request for purchase, if medically necessary
Miscellaneous Equipment Supplies			
Breast Pump	No Prior Approval is required, subject to benefit limits.	DME	Purchase
Paraffin Bath Unit Paraffin/ Pound	Covered when the Member has undergone a successful trial period of paraffin therapy ordered by a provider and the Member's condition is expected to be relieved by long-term use of this modality.	DME	six-month rental; then submit a request for purchase, if medically necessary
Protime/ Coagucheck/INR Monitors	Code-specific requirements are available through our online authorization platform.	DME	Rental Only
Speech Generating Device (SGD)	Synthesized Speech Augmentation Device	DME	Purchase
Ultraviolet Light Therapy System	System and Replacement bulb/lamp	DME	Purchase
Mobility Assistance			
Manual Wheelchair	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Power Wheelchair Base	Lowest cost wheelchair, to include manual wheelchair if applicable, that meets Member needs	DME	six-month rental, then submit a request for purchase, if medically necessary

Items	Description (Medical Necessity Review is required unless otherwise specified)	Benefit	Maximum Rental Period/ Purchase Guidelines
Rollabout Wheelchair (GeriChair)	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Wheelchair Accessories	Coverage applies to accessories that meet immediate Member needs.	DME	six-month rental, then submit a request for purchase, if medically necessary, or may purchase without renting if meets medical necessity
Nerve/Bone Stimulators and Biofeedback			
Bone Growth Stimulator	Code-specific requirements are available through our online authorization platform.	DME	Purchase
Functional Electrical Stimulators (FES)	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Nerve Stimulator	Code-specific requirements are available through our online authorization platform.	DME	Purchase
Neuromuscular Stimulator	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Pelvic Floor Stimulator	Code-specific requirements are available through our online authorization platform.	DME	Purchase
Transcutaneous Electrical Joint Stimulation Device System (e.g., BioniCare)	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Transcutaneous Electrical Nerve Stimulator (TENS)	Code-specific requirements are available through our online authorization platform.	DME	six-month rental, then submit a request for purchase, if medically necessary
Orthotics/Orthopedic Devices			
Orthopedic Devices: Dynamic Splinting Devices	Code-specific requirements are available through our online authorization platform.	ORTHO	Purchase
Orthopedic Footwear	Code-specific requirements are available through our online authorization platform.	ORTHO	Purchase

Items	Description (Medical Necessity Review is required unless otherwise specified)	Benefit	Maximum Rental Period/ Purchase Guidelines
Orthosis	Generally, no Prior Approval is required for Orthosis; however, Prior Approval is required for lower extremity and spinal orthotics.	ORTHO	Purchase
Orthotics, Prosthesis, and Braces Repairs for orthotic devices	An estimate of the cost (supplies and labor) and what is being repaired will be required. Repairs will be approved only when the orthotic device meets the coverage guidelines.	ORTHO	Purchase
Traction Cervical Extremity Fracture Frame Pelvic	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
Prothesis			
Prosthesis	Repairs for prosthetic devices requires submission of an estimate of the cost (supplies and labor) and what is being repaired	ORTHO	Purchase
Prosthetic Implants	Code-specific requirements are available through our online authorization platform.	ORTHO	Purchase
Prosthetics	Code-specific requirements are available through our online authorization platform.	ORTHO	Purchase
Pulse Oximeter and Probes	Pulse Oximeter Pulse Oximeter Probes Note: Over-the-counter devices are non-covered.	DME DISP	six-month rental, then submit a request for purchase, if medically necessary Purchase
Ventilator	Code-specific requirements are available through our online authorization platform	DME	12 months (rental only)
Respiratory			
Apnea Monitor (With or Without Kit)	Covered for infants less than 12 months of age with documented apnea or who have known risk factors for life-threatening apnea.	DME	six-month rental, then submit a request for continued rental (maximum 12 months), if medically necessary
CPAP/BiPAP	For treatment of obstructive sleep apnea (OSA). Rental period is limited to 90-day intervals with a compliance report due at each rental renewal and upon purchase request. CPAP - Continuous positive airway pressure BiPAP - Bi-level positive airway pressure	DME	six-month rental, then submit a request for purchase, if medically necessary
Cough Stimulating Device	Code-specific requirements are available through our online authorization platform	DME	six-month rental or purchase

Items	Description (Medical Necessity Review is required unless otherwise specified)	Benefit	Maximum Rental Period/ Purchase Guidelines
High-Frequency Chest Wall Oscillation Devices (HFCWO) Air-Pulse Generator System/ Vest Clearance Airway System	Code-specific requirements are available through our online authorization platform	DME	six-month rental, then submit a request for purchase, if medically necessary
IPPB Machine IPPB Humidifier	Used to treat respiratory diseases	DME	12 months (rental only)
Oxygen	Code-specific requirements are available through our online authorization platform	OXYGEN	12 months (rental only)