

Subject: Durable Medical Equipment (DME): Miscellaneous

Medical Policy #: 4.5

Status: Reviewed

Original Effective Date: 05/22/2006

Last Annual Review Date: 08/27/2025

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.

- Items that do not require Prior Authorization 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.

Durable Medical Equipment (DME) is defined as equipment which:

- Can withstand repeated use;
- *Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;*²⁴
- 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, at school or at work.

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.

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.
- 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.

Coverage Determination

Hospital Grade Breast Pump:

Prior authorization is required for (E0604). Log on to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Coverage for Medicare, Medicaid and Commercial members.

Hospital Grade breast pump (E0604) is considered non-standard.

A hospital grade pump is designed for use in the hospital and occasionally for home use based on medical necessity. Hospital Grade breast pumps (HCPCS code **E0604**) are approved for rental only. An in-network provider, such as the mother's attending obstetrician, midwife or primary care practitioners, or the infant's practitioner, must order the device.

Indications for hospital grade breast pump include:

1. Ineffective breast feeding:
 - a) Inability of infant to latch on and effectively breastfeed due to the following conditions:
 - (1) Prematurity- defined as 24-36 weeks of gestation
 - (2) Newborn feeding difficulties caused by conditions such as jaundice
 - (3) Genetic disorders (e.g., Down's Syndrome)
 - (4) Neurological disorders (e.g., hydrocephalus)
 - (5) Congenital anomalies (e.g., cleft palate)
 - b) Pumps will be approved until infant reaches 40 weeks of gestational age or is discharged.
 - c) Mothers and Infants who continue to require a medical need for the pump will be approved for four months.
 - d) Any extension of time will require medical records review.
2. Separation of mother and infant: Pump may be authorized for infants meeting the above medical criteria for the following reasons:
 - a) Infant hospitalized (i.e., NICU, Pediatrics)
 - b) Mother hospitalized (i.e., infection, surgery)
 - c) Authorization will be given for an initial period of 4 weeks.

Note: All requests for extension of time will require medical records review.

Other relevant references:

- **Other covered or non-covered Durable Medical Equipment for Medicaid members:**

For additional list of covered or non-covered DME, see NMAC [\(8.324.5 – Durable Medical Equipment\)](#).

- **Other covered or non-covered DME for Commercial and Medicare:**

See CMS National Coverage Determination [\(NCD 280.1\)](#) Durable Medical Equipment Reference List. This is a quick reference tool for determining the coverage status of certain pieces of DME and especially for those items commonly referred to by both brand and generic names. The information contained herein is applicable (where appropriate) to all DME national coverage determinations (NCDs) discussed in the DME portion of this manual. The list is organized into two columns. The first column lists alphabetically various generic categories of equipment on which NCDs have been made by the Centers for Medicare & Medicaid Services (CMS); the second column notes the coverage status.

In the case of equipment categories that have been determined by CMS to be covered under the DME benefit, the list outlines the conditions of coverage that must be met if payment is to be allowed for the rental or purchase of the DME by a particular patient or cross-refers to another section of the manual where the applicable coverage criteria are described in more detail. With respect to equipment categories that cannot be covered as DME, the list includes a brief explanation of why the equipment is not covered. This DME list will be updated periodically to reflect any additional NCDs that CMS may make with regard to other categories of equipment.

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

See CMS National Coverage Determination [\(NCD 280.1\)](#) Durable Medical Equipment Reference List.

[Direct link to CGS](#) homepage for a complete listing of Local Coverage Determination. These LCDs are listed alphabetically along with the HCPCS codes.

- **For upgraded items or deluxe items, or duplicate (backup) items (i.e., for home, office or car). See the following:**

Medicare Claims Processing Manual [Chapter 20](#) - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)

CGS Supplier Manual, Chapter 3 - Supplier Documentation, [Section 15 - Backup Equipment](#).

- **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 service (rental only): Items for which there must be frequent and substantial service 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 needs continue.

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.

Standard Documentation Requirements: Please review [Local Coverage Article DME MACs \(A55426\)](#). In addition to the "reasonable and necessary" criteria contained in the LCDs there are other payment rules, which are discussed in the following documents, that must also be met prior to reimbursement: (1) the LCD-related policy article; (2) see also Standard Documentation Requirements for Claims, (A55426).

- REASONABLE AND NECESSARY CRITERIA (R&N)
- MEDICAL RECORD DOCUMENTATION
- CONTINUED MEDICAL NEED
- CONTINUED USE
- REFILL DOCUMENTATION
- REPAIR/REPLACEMENT

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

HCPCS Codes	Breast Pumps
E0602	Breast pump, manual, any type
E0603	Breast pump, electric (AC and/or DC), any type
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type. Rental ONLY
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement

HCPCS Codes	Breast Pumps
A4284	Breast shield and splash protector for use with breast pump, replacement
A4285	Polycarbonate bottle for use with breast pump, replacement
A4286	Locking ring for breast pump, replacement
ICD-10 codes	Related condition for Mother (not an all-inclusive list)
O00.00 - O9A.53	Complications of pregnancy, childbirth and the puerperium
ICD-10 codes	Related conditions for Newborn (not an all-inclusive list informational list)
P07.20	Immaturity, extreme of newborn, gestational age, 23-27 completed weeks
P07.30	Preterm newborn, gestational age 28-36 completed weeks
(P58 - P59)	Neonatal jaundice
(P92.5 - P92.9)	Feeding problems of newborn
(Q03.1 - Q03.9)	Congenital hydrocephalus
(Q35.1 - Q37.9)	Cleft palate and cleft lip
(Q38.0 - Q38.4) (Q38.6 - Q38.8)	Other congenital malformations of tongue, mouth and pharynx
(Q90 - Q99)	Chromosomal abnormalities, such as Down syndrome, Trisomy, monosomies, etc.

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White MD

Senior Medical Director: Jim Romero MD

Medical Director: Kresta Antillon

Date Approved: 08-27-2025

References

1. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual NMAC 8.324.5, Vision Appliances, Hearing Appliances, Durable Medical Equipment, Oxygen, Medical Supplies, Prosthetics and Orthotics. Effective Date: January 01, 2014. [Accessed 07/24/2025]
2. CMS, Standard Documentation Requirement for All Claims Submitted to DME MACs (A55426), revised effective date: 01/01/2024 R25. [Accessed 07/24/2025]
3. Centers for Medicare and Medicaid Services. Durable Medical Equipment Reference List, National Coverage Determination 280.1 Effective Between: 05/16/2023 – N/A, Version Number 3. [Accessed 07/24/2025]
4. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual. General **Non-covered** Services, NMAC 8.301.3.15. [Archived, 03-01-2006] , [Accessed 07/24/2025]
5. MCG Health Ambulatory Care, 29th Edition. Graduated Compression Stockings: ACG: A-0336 (AC) Last update: 01/25/2025. Accessed 7/24/2025]
6. CMS, Medicare Benefit Policy Manual, Chapter 15, 110 Durable Medical Equipment – General. (Rev. 13108; Issued: 04-11-25). [Accessed 07/24/2025]
7. CMS, Medicare Claims Processing Manual, Chapter 20, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), (Rev. 12557; Issued: 03/28/24) [Accessed 07/24/2025]
8. CGS Supplier Manual, Chapter 3 - Supplier Documentation, Section 15 - Backup Equipment, Summer 2025 [Cited 07/24/2025]

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
02-22-12 Corrected language re: Comfort and convenience items.
12-10-12 Removed HCPCS code A6549 from policy and table. Not covered.
01-27-16 Annual Review. Added language re: Hospital Grade breast pumps. Added **Attachment A**. List of items that do not meet definition of DME by CMS.
03-27-19 Annual Review. Updated codes and policy description to reflect both CMS and NMAC. Added information on enteral nutritional supplements and products.
09-23-20 Annual review. Reviewed by PHP Medical Policy Committee on 07/08, 07/29, 08/05 and 08/12. Change are as follow:

- Bright Light Therapy for SAD will now follow MCG B-803-T, removed incorrect codes 96900 and added E0203.
- Changed title to Compression Hose to Graduated Compression Hose/Stocking. Removed “require prior authorization” since applicable codes are not on prior authorization grid. PA is not required for all Product line. Additional criteria to follow MCG A-0336 for Commercial; NCD 280.1 for Medicare; and keep [8.324.5.12] for Centennial members.
- New item: Surgical Dressing. Commercial and Medicare will follow LCD L33831 and Centennial NMAC 8.324.5.12C(7)(C). No prior authorization will be required for all Product lines.
- Hospital Grade Breast Pump: Continue PA for E0604. No PA authorization is required for all other applicable codes.
- No change to Enuresis Alarms.
- Break down of hearing aid by product lines (section A-D). Add codes for hearing aids. Indicated to “see current year benefit plan” for all except Centennial. Add “No prior authorization is required” for all product lines. Removed verbiage about Medicare is a non-covered benefit for hearing aide.
- Moved prosthetic hearing devices (Cochlear & Osseointegrated) implants as a separate item. Coverage will follow NCD 50.3 for all lines of businesses and no prior authorization is required.
- Add language, coverage for Home PT/INR monitoring will be for all lines of businesses and no prior authorization is required.
- Pelvic Floor Electrical Simulation for Urinary Incontinence: Continue PA for E0740. Add language “Prior Authorization is required” and the policy will continue to follow NCD 230.8.
- For Other Covered DME, add language to clarify PA information as follow:
 1. Disposable gloves (sterile or non-sterile). No prior authorization required
 2. Bathtub rails and other rails. Prior Authorization is required
 3. Wheelchair tray. Prior Authorization is required
 4. Enteral nutritional supplements and products. No prior authorization required
 5. Oral nutritional supplement. Requires Prior Authorization through pharmacy.
- Removed Hospital beds since there is a separate MPM (4.2).
- Removed from exclusion section and moved to the coverage section under (XII) Other covered DME for Centennial members the following: Items hygienic in nature, such as bath/shower chairs, bath systems; and Shower/tub bench

09-22-21

Annual review. Reviewed by PHP Medical Policy Committee on 08/27/2021. All items remain the same except for the following items:

- Bright Light Therapy for SAD (E0203): Removed from policy. No utilization
- Moved Elastic stockings to be listed separately and will follow NCD 280.1 as non-covered for Medicare, Commercial and Centennial. These stockings are for those that do not have compression gradient.
- Graduated Compression Hose/Stocking and Surgical Dressing are merged together. Commercial will now follow L33831 and removed MCG A-0336. Added language: Graduated Compression products that are not able to be used as a primary or secondary dressing on a qualifying wound of the skin or that are composed of materials that do not serve a therapeutic or protective function will be denied as non-covered.
- Enuresis Alarms: Removed from policy
- Hearing Aids: Added language regarding frequency. Purchase is limited to one monaural or binaural purchase per four-year period with exceptions.
- Home PT/INR monitoring: New codes added 93792 and 93793
- Pelvic Floor Electrical Simulation (E0740) for urinary incontinence: Removed from policy. Code E0740 to be removed from the PA grid
- Consolidated the covered and non-covered DME items for Centennial under section IX. Added additional non-covered items from NMAC 8.301.3.
- Consolidated the covered and non-covered DME items for Commercial and Medicare under section X.
- Removed Hospital beds from policy since there is a separate MPM (4.2). (Did not remove this from last review).

09-28-22

Annual review. Reviewed by PHP Medical Policy Committee on 07/29/2022.

- Automatic external Defib: Continue to follow LCD L33690 and LCA A52458 for all LOB. Remove coverage determination guideline language from policy and reformatted to only include LCD/LCA weblinks. Continue no PA requirement for: A9999, E0617, K0606, K0607, K0608, and K0609.
- Sphygmomanometers Systems: Continue coverage for Medicaid only. Continue no PA requirement for A4660, A4663 and A4670
- Elastic stockings: Continue to follow NCD 280.1 as non-covered for Medicare, Commercial and Centennial. These stockings are for those that do not have compression gradient.
- Graduated Compression Hose/Stocking and Surgical Dressing: Commercial and Medicare continue follow LCD L33831. Medicaid continues to follow NMAC 8.324.5.12. Continue no PA requirement for (A6531, A6532 and A6545).

- Hospital Grade Breast Pump: Continue to follow homegrown criteria for all LOB. Continue PA E0604. Continue no PA requirement for: E0602, E0603, A4281, A4282, A4284, A4285 and A4286.
- Hearing Aids: No change for (A, B, C & D). Continue no PA requirement for codes: V5050, V5060, V5040, V5298, V5100, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5248, V5249, V5262, V5263, V5243, V5252 and V5253.
- Other Auditory Implants Devices: no change. Continue to follow NCD 50.3 for Cochlear implant. Continue no PA requirement.
- Home PT/INR monitoring: No change, continue to follow NCD 190.11 for all LOB. Removed codes (93792 and 93793) since CMS TN#2427 said it was added in error. Continue no PA requirement.
- Pelvic Floor Electrical Simulation for Urinary Incontinence: Change: Removed item from policy CY 2021. Code E0740 to be removed from the PA grid due to no utilization.
- Other Covered and Non-covered DME items for Centennial: removed DME items related to Bath aids since these are related to MPM 48.0.

- 09-27-2023 Annual review. Reviewed by PHP Medical Policy Committee on 08-16-23, 08-18-23, and 08-25-2023. Replaced "Centennial" with "Medicaid" throughout the policy. Added the following newly updated language "Effective with respect to items classified as DME after January 1, 2012, has an expected life of at least 3 years;" found in Durable Medical Equipment Reference List, National Coverage Determination 280.1.
- Automatic external Defib: No change. Continue to follow LCD L33690 and LCA A52458 for all LOB. Continue no PA requirement for: A9999, E0617, K0606, K0607, K0608, and K0609.
 - Sphygmomanometers Systems: This item is removed from policy due to low utilization. Coverage was for Medicaid only. Continue no PA requirement for A4660, A4663 and A4670 and codes removed from policy.
 - Elastic stockings: No change. Continue to follow NCD 280.1 as non-covered for ALOB. These stockings are for those that do not have compression gradient.
 - Graduated Compression Hose/Stocking and Surgical Dressing: No change. Commercial and Medicare continue follow LCD L33831. Medicaid continues to follow NMAC 8.324.5.12. Continue no PA requirement for (A6531, A6532 and A6545).
 - Hospital Grade Breast Pump: No change. Continue to follow homegrown criteria for all LOB. Continue PA E0604. Continue no PA requirement for: E0602, E0603, A4281, A4282, A4284, A4285 and A4286.
 - Hearing Aids: No change. Coverage is for Medicaid and dependent upon benefit plan it may cover other HMO, PPO and DSNP. No change for (A, B, C & D). Continue no PA requirement for codes: V5050, V5060, V5040, V5298, V5100, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5248, V5249, V5262, V5263, V5243, V5252 and V5253.
 - Other Auditory Implants Devices: No change. Continue to follow NCD 50.3 for Cochlear implant. Continue no PA requirement.
 - Home PT/INR monitoring: No change. Continue to follow NCD 190.11 for all LOB. Continue no PA requirement for G0248, G0249, G0250.
 - Other Covered and Non-covered DME items for Centennial, Commercial Medicare: No change. Only the removal of items which are mentioned in other MPM.
 - Removed wheelchair tray (E0950), since it is managed under MPM 4.2
 - Removed bath aid related codes, since they are managed under MPM 48.0: E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, and E0950.
 - Added coverage language for Attachment A: "Seat Elevation (power-operated) on Medicare Covered Power Wheelchairs. DME on Medicare covered power wheelchairs and covered under conditions specified in 280.16 of this manual."
 - Added the newly updated language from: 42 CFR §414.202 regarding "DME defined as equipment" and moved the entire definition under Disclaimer.

- 10-23-2024 Annual review. Reviewed by PHP Medical Policy Committee on 09/13/2024.
- Automatic external Defib: Item has been removed. Continue no PA requirement for: A9999, E0617, K0606, K0607, K0608, and K0609.
 - Elastic stockings: Continue to follow NCD 280.1 as non-covered for ALOB. These stockings are for those that do not have compression gradient.
 - Graduated Compression Hose/Stocking and Surgical Dressing:
 - Removed to follow LCD (L33831) and replaced to follow MCG (A-0336), Graduated Compression Stockings for ALOB. All related criteria and codes from LCD were removed. For informational purposes, the announcement information from CMS Final Rule 1780-F was added:
 - "Effective January 01, 2024, the Surgical Dressing LCD (L33831) and LCA (A54563) have been updated to exclude gradient compression stockings. Per CMS Final Rule CMS-1780-F, these stockings are not covered under the surgical dressing benefit as they do not meet the statutory definition of a dressing. This update affects HCPCS codes: A6530, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, and A6549".
 - Title changed: Removed "Graduated Compression Stockings/Wrap (used as Surgical Dressing)" and replaced with "Graduated Compression Treatment".
 - In addition, removed codes listed in LCD (L33831) but not in MCG (A-0336): A4450, A4452, A4461, A4463, A4465, A4490, A4495, A4500, A4510, A4649, A6010, A6011, A6021, A6022,

A6023, A6024, A6025, A6154, A6196, A6197, A6198, A6199, A6203, A6204, A6205, A6206, A6207, A6208, A6209, A6210, A6211, A6212, A6213, A6214, A6215, A6216, A6217, A6218, A6219, A6220, A6221, A6222, A6223, A6224, A6228, A6229, A6230, A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238, A6239, A6240, A6241, A6242, A6243, A6244, A6245, A6246, A6247, A6248, A6250, A6251, A6252, A6253, A6254, A6255, A6256, A6257, A6258, A6259, A6260, A6261, A6262, A6266, A6402, A6403, A6404, A6407, A6410, A6411, A6412, A6413, A6441, A6442, A6443, A6444, A6445, A6446, A6447, A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455, A6456, A6457, A6501, A6502, A6503, A6504, A6505, A6506, A6507, A6508, A6509, A6510, A6511, A6512, A6513, A6545, A9270.

- Additional codes added from MCG: A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6568, A6569, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6593, A6610.
- Continue no PA requirement for all HCPCS codes from LCD & MCG listed above.
- For Medicaid added "see also NMAC 8.324.5.12".
- **Hospital Grade Breast Pump:** Continue to follow homegrown criteria for all LOB. Continue PA for code E0604. Continue no PA requirement for: E0602, E0603, A4281, A4282, A4284, A4285 and A4286. Removed ICD-10: Q35.1 - Q37.9; Q38.0 - Q38.4; Q38.6 - Q38.8; Z34.00 - Z34.93; and Z39.0 - Z39.2. ICD-10 added: P07.20, P07.30, (P58 - P59), (P92.5 – P92.9), (Q03.1 – 03.9), (Q35.1 - Q37.9), (Q38.0 - Q38.4), (Q38.6 - Q38.8), and (Q90 - Q99)
- **Hearing Aids:** Item has been removed. Continue no PA requirement for codes: V5040, V5050, V5060, V5298, V5100, V5243, V5248, V5249, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, and V5263.
- **Other Auditory Implants Devices:** Item has been removed. Continue no PA requirement for DME implant devices L8614, L8619, L7510.
- **Home PT/INR monitoring:** Item has been removed. Continue no PA requirement for G0248, G0249, G0250.
- **Other Covered and Non-covered DME items for Medicaid:** Removed the following info: Disposable gloves (sterile or non-sterile) are limited to 200 per month since no PA is required for A4927 and A4930. Removed Enteral nutritional supplements (B4149 – B4162), since PA is managed through Pharmacy, under Nutritional Supplementation. Removed NMAC 8.301.3 since it has been Archived on 03-01-2006. Removed listing of non-covered items since NMAC 8.324.5 lists these items
- **Other Covered and Non-covered DME items for Commercial Medicare:** Continue to follow NCD 280.1. Removed the following info: Removed Comfort and convenience items from policy and Erectile Dysfunction Prosthetics Devices. Also removed the Table of Contents (Attachment A) derived from NCD 280.1.

08-27-2025

Annual review. Reviewed by PHP Medical Policy Committee on 07/30/2025. Removed "Elastic Stockings" and "Graduated Compress Treatment" since they do not require PA and there is steady utilization. The affiliated codes (A6520, A6521, A6522, A6523, A6524, A6525, A6526, A6527, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6549, A6552, A6553, A6554, A6555, A6556, A6557, A6558, A6559, A6560, A6561, A6562, A6563, A6564, A6565, A6568, A6569, A6572, A6573, A6574, A6575, A6576, A6577, A6578, A6579, A6580, A6581, A6582, A6583, A6584, A6585, A6586, A6587, A6588, A6593 & A6610) will be removed. No change to Heavy Duty hospital grade breast pump homegrown criteria for all LOB. Continue PA requirement for E0604 to ensure heavy-duty or hospital-grade breast pump is ordered for the specified conditions that it is intended for. No PA requirement for: E0602, E0603, A4281, A4282, A4284, A4285 and A4286. No change on ICD-10 codes. Policy was reformatted and removed duplicate information.

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 online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.

