

**Subject:** Durable Medical Equipment (DME): Miscellaneous

**Medical Policy #:** 4.5

**Original Effective Date:** 05/22/2006

**Status:** Reviewed

**Last Review Date:** 09-27-2023

## 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.

### Description

This Medical Policy includes the following items:

- I. Automatic External Defibrillator
- II. Elastic stockings
- III. Graduated Compression Stockings/Wrap (used as Surgical Dressing):
- IV. Hospital Grade Breast Pump:
- V. Hearing Aids:
- VI. Other Auditory Implants Devices (L7510, L8614, L8619):
- VII. Home PT/INR Monitoring: Test materials and equipment.
- VIII. Other covered or non-covered Durable Medical Equipment
- IX. Other covered or non-covered DME for Commercial and Medicare:

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;*<sup>24</sup>
- 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; and

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.

### Other related medical policies:

- Durable Medical Equipment (DME): Diabetic Equipment, MPM 4.4
- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Rehabilitation and Mobility Devices, MPM 4.2
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3
- Osteogenic Bone Growth Stimulators, MPM 15.1

## Coverage Determination

**Durable Medical Equipment (DME) listed in PHP's Medical Policies may or may not require Prior Authorization. Log on to Pres Online to submit a request:** <https://ds.phs.org/preslogin/index.jsp>

- 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.

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.

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 [MPMPCC051001].

- 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 CMS and New Mexico HSD (NMAC Program Rules) for both covered and non-covered DME.**

**Durable Medical Equipment, Prosthetic, Orthotic and Supply (DMEPOS) claims for Jurisdiction C refer to CGS.**

To verify **covered** DME click one of the following web links:

1. [Direct link to CGS](#) homepage for a complete listing of Local Coverage Determination. These LCDs are listed alphabetically along with the HCPCS codes.
2. To verify if a particular DME is covered, access Official Medicare Durable Medical Equipment Coverage, [Official U.S. Government Site for Medicare](#)

To verify **non-covered** DME click the following:

- Alphabetical list of non-covered (see **Attachment A** at end of policy) Durable Medical Equipment Reference List [NCD \(280.1\)](#).

Other criteria that rule DME for covered/non-covered Durable Medical Equipment, NM Medicaid.

- New Mexico Covered/Non-Covered Durable Medical Equipment, [NMAC Number 8.324.5](#)
  - 8.324.5.12 Covered Services: (See A-D for listings)
  - 8.324.5.13 Utilization Review and Prior Authorization: See section D: **Prior Authorization** for specific services (1-3) for listings.
  - 8.324.5.15 Non-Covered Services
  - New Mexico, Non-covered Durable Medical Equipment, [NMAC Number 8.301.3.15](#)

#### **I. Automatic External Defibrillator:**

No Prior Authorization is required.

Coverage for Medicare, Medicaid and Commercial members.

Automatic external defibrillator is used for patients at high risk of sudden cardiac death due to cardiac arrhythmia. PHP follows CMS Celerian Group Company (CGS), J-C DME MAC guidelines in the coverage of automatic external defibrillators, ([LCD L33690](#)), see also Local Coverage Article ([A52458](#)).

#### **II. Elastic stockings:**

Elastic Stockings (that do not have compression gradient) are non-covered for **Medicare, Commercial and Medicaid**. Per Durable Medical Equipment Reference List [NCD §280.1](#), elastic stockings are non-reusable supply; and not a rental-type items, (§1861(n) of the Act). (See §270.5 of the NCD Manual). See also CGS, [Correct Coding for items used to treat Edema](#), December 13, 2018. "Other items are non-covered by Medicare when used for the treatment of edema because they do not fall into a statutory benefit category."

#### **III. Graduated Compression Stockings/Wrap (used as Surgical Dressing):**

No prior authorization is required for (A6531, A6532 and A6545).

For **Medicaid members** PHP will follow [8.324.5.12](#), not an all-inclusive list.

- gauze, bandages, dressing, pads, and tape are covered for a non-institutionalized medical assistance programs eligible recipient without prior authorization.
- Covered for members 21 years and older meeting medically necessity to aide in mobility, support or physical function.
- custom-fitted compression stockings compression custom-fabricated stockings

For **Commercial and Medicare**, PHP follows Surgical Dressing LCD ([L33831](#)) and related article LCA ([A54563](#)). Please access the LCD for complete information of coverage indication.

**Qualifying wound** - A gradient compression stockings/wraps or other surgical dressings are only covered when a qualifying wound is present. A qualifying wound is defined as either of the following:

- A wound caused by, or treated by, a surgical procedure;
- **or**
- After debridement of the wound, regardless of the debridement technique.

Products that are eligible to be classified as a surgical dressing are defined as:

- Primary dressings – Therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin;
- Secondary dressing- Materials that serve a therapeutic or protective function and that are needed to secure a primary dressing are also covered. Items such as adhesive tape, roll gauze, bandages, and disposable compression material are examples of secondary dressings.

#### **GRADIENT COMPRESSION STOCKINGS/WRAPS (A6531, A6532 and A6545)**

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 [MPMPCC051001].

A gradient compression stocking described by codes **A6531** or **A6532** or a non-elastic gradient compression wrap described by code **A6545** is only covered when it is used in the treatment of an open venous stasis ulcer that meets the qualifying wound requirements described in LCD (L33831) and the related article LCA (A54563).

Codes A6531, A6532, and A6545 are non-covered for the following conditions:

- Venous insufficiency without stasis ulcers;
- Prevention of stasis ulcers;
- Prevention of the reoccurrence of stasis ulcers that have healed;
- Treatment of lymphedema in the absence of ulcers.

In these situations, since there is no ulcer, the stockings/wraps do not meet the definition of a surgical dressing, as there is no qualifying wound. Claims for these uses will be denied as non-covered, no benefit.

Note: A gradient compression wrap (A6545) is only covered when it is used as a primary or secondary dressing over wounds that meet the statutory requirements for a qualifying wound (surgically created or modified, or debrided)

**Limitation:** Gradient compression wrap (A6545) is limited to one per 6 months per leg.

**Non-covered:** See LCA ([A54563](#)) for examples of clinical conditions and/or wound care items which are non-covered under the surgical dressing benefit because they do not meet the statutory definition of a dressing (not all-inclusive). Other items considered non-covered are: Elastic stockings, support hose, foot coverings, leotards, knee supports, surgical leggings, gauntlets, and pressure garments for the arms and hands are examples of items that are not ordinarily covered as surgical dressings.

#### **IV. Hospital Grade Breast Pump:**

Prior authorization is required for (E0604).

Coverage for Medicare, Medicaid and Commercial members.

##### **A. 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) Pump will be approved until infant reaches 40 weeks 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.

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

#### **V. Hearing Aids:**

Please refer to the member's specific benefit plan for (A-D) below to determine coverage as outlined below:

##### **A. For Medicaid members:**

**No Prior authorization is required.**

PHP follows [INMAC 8.324.5.12.B](#) for the following services and procedures: hearing appliances; hearing aid dispensing; purchase; rental and replacement; hearing aid repairs for which the provider's billed charge exceeds \$100;

For details of coverage, see [NMAC 8.324.5](#).

Hearing appliances: Within specified limitations, MAD covers the following services when furnished by primary care provider (PCP), licensed audiologists or by licensed hearing aid dealers:

- a. hearing aid purchase, rental repairs, hearing aid repair and handling, replacements, and the loan of equipment while repairs or replacements are made:
  - (i) binaural hearing aid fitting will be covered for a MAP eligible recipient with bilateral hearing loss who is attending an educational institution, seeking employment, is employed, or for a MAP eligible recipient

- with a current history of binaural fitting;
  - or**
  - (ii) binaural hearing aid fitting will be considered on a case-by-case basis for a MAP eligible recipient determined to be legally blind;
  - b. hearing aid accessories and supplies, including the batteries required after the initial supply furnished at the time the hearing aid is dispensed;
  - and**
  - c. Mandatory purchase of hearing aid insurance against loss and breakage, up to four years for all purchased hearing aids for Medicaid members
    - 1. hearing aid insurance against loss and breakage for up to four years for all purchased hearing aids; hearing aid insurance is required when the aid is dispensed; four years of hearing aid insurance is required for:
      - (i) a MAP eligible recipient under 21 years of age;
      - (ii) a MAP eligible recipient residing in a nursing facility (NF); or (iii) a MAP eligible recipient who has a developmental or intellectual disability; 8.324.5 NMAC 5
  - d. replacement of hearing aids is limited to the provisions of the MAP eligible recipient's hearing aid insurance; the provider is responsible for obtaining insurance for every hearing aid purchased for a MAP eligible recipient.
- Hearing appliances: Hearing aid selection and fitting is considered included in the hearing aid dispensing fee, and will not be reimbursed separately

Hearing aid purchase:

NMAC 8.324.5.16. D(7)(a), Hearing aid purchase is limited to one monaural or binaural purchase per four year period with the following exceptions:

- (i) a MAP eligible recipient under 21 years of age and is subject to prior approval;
  - (ii) progressive hearing loss, such as otosclerosis;
  - (iii) changes due to surgical procedures;
  - (iv) traumatic injury; and
  - (v) replacement of lost hearing aid in accordance with his or her insurance coverage.
- B. For **Presbyterian Senior Care (HMO/PPO)** member: Please see the current year benefit plan for hearing aid coverage. **Prior Authorization is not required.**
  - C. For **DSNP member**: Please see the current year benefit plan for hearing aid coverage. **Prior Authorization is not required.**
  - D. For **Group commercial member**: Please see the current year benefit plan for hearing aids coverage. **Prior Authorization is not required.**

**VI. Other Auditory Implants Devices (L7510, L8614, L8619):**

Coverage is for Medicare, Medicaid and Commercial:

**Prior Authorization is not required.**

PHP follows [NCD 50.3 Cochlear Implantation](#) and Medicare Benefit Policy Manual-([100-02.Ch16, 100 Hearing Aids and Auditory Implants](#)) for certain prosthetic hearing devices that produce perception of sound by replacing the function of the middle ear, cochlea or auditory nerve. 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:

- 1. Cochlear implants and auditory brainstem implants.
- 2. Osseointegrated implants device, known as the Bone-Anchored Hearing Aid (BAHA) device. (See MPM 2.9 for BAHA)

**VII. Home PT/INR Monitoring: Test materials and equipment:**

Coverage is for Medicare, Medicaid and Commercial members.

**No prior authorization required.**

Patients must meet CMS coverage criteria for home INR monitoring (G0248, G0249, G0250). Refer to CMS [NCD 190.11 Home Prothrombin Time/International Normalized Ratio \(PT/INR\) Monitoring for Anticoagulation Management](#) for diagnostic coverage and additional requirement.

Warfarin (also prescribed under other trade names, e.g., Coumadin®) is a self-administered, oral anticoagulant (blood thinner) medication that affects the vitamin K-dependent clotting factors. It has a narrow therapeutic index and must be closely monitored to avoid serious complications. A PT/INR monitoring system is a portable testing device that includes a finger-stick and an FDA-cleared meter that measures the time it takes for a person's blood plasma to clot.

**Indications and Limitations of Coverage:**

PHP will cover for the use of home PT/INR monitoring for chronic, oral anticoagulation management for patients with mechanical heart valves, chronic atrial fibrillation, or venous thromboembolism (inclusive of deep venous thrombosis and pulmonary embolism) on warfarin. The monitor and the home testing must be prescribed by a treating physician as provided at 42 CFR 410.32(a), and all of the following requirements must be met:

1. The patient must have been anticoagulated for at least 3 months prior to use of the home INR device;  
**and**
2. The patient must undergo a face-to-face educational program on anticoagulation management and must have demonstrated the correct use of the device prior to its use in the home;  
**and**
3. The patient continues to correctly use the device in the context of the management of the anticoagulation therapy following the initiation of home monitoring;  
**and**
4. Self-testing with the device should not occur more frequently than once a week

#### **VIII. Other covered or non-covered Durable Medical Equipment:**

For Medicaid members.

1. **For additional list of covered or non-covered DME, see NMAC (8.324.5 – Durable Medical Equipment).**
  - A. Disposable gloves sterile (A4930) or non-sterile (A4927) are limited to 200 per month. **No prior authorization required**
  - B. For patients who require oral nutritional supplements. **Prior Authorization is required through [PHP Pharmacy](#).**
2. **For additional list of non-covered DME, see [NM Administrative Code number 8.301.3](#).** Not an all-inclusive list.  
**Note:** The following non-coverage list applies to the general public.  
MAD does not cover durable medical equipment or medical supplies that do not meet the definition of durable medical equipment as described in 8.324.5.12 NMAC, covered durable medical equipment and medical supplies. The following criteria are applied to each request as part of the determination of non-coverage:
  - A. items that do not primarily serve a therapeutic purpose or are generally used for comfort or convenience purposes;
  - B. environment-control equipment (or items) that is not primarily medical in nature;
    - a. Protective clothing or materials:
    - b. Window tinting
    - c. Light filters
    - d. Screens
    - e. Specialized clothing
  - C. institutional equipment that is not appropriate for home use;
  - D. items that are not generally accepted by the medical profession as being therapeutically effective or are determined by Medicare regulations to be ineffective or unnecessary;
  - E. items that are hygienic in nature;
    - a. Hygiene and miscellaneous products:
    - b. Oral moisturizing swabs
    - c. Antimicrobial hand gel (example: Prevacare™)
    - d. Incontinence wipes
    - e. Control III disinfectant
    - f. Cotton tip applicators, sterile or non-sterile
    - g. Dressing supplies in the absence of an open wound
  - F. hospital or physician diagnostic items;
  - G. instruments or devices manufactured for use by physicians;
  - H. exercise equipment not primarily medical in nature or for the sole purpose of muscle strengthening or muscle stimulation without a medically necessary purpose;
  - I. support exercise equipment primarily for institutional use;
  - J. items that are not reasonable or necessary for monitoring the pulse of homebound eligible recipients with or without cardiac pacemakers;
  - K. items that are used to improve appearance or for comfort purposes;
  - L. items that are precautionary in nature except those needed to prevent urgent or emergent events; and
  - M. a provider or medical supplier that routinely supplies an item to an eligible recipient must document that the order for additional supplies was requested by the recipient or their personal representative and the provider or supplier must confirm that the eligible recipient does not have an excess of a 15 calendar day supply of the item before releasing the next supply to the eligible recipient; see 8.324.5 NMAC, Durable Medical Equipment and Medical Supplies.
  - N. Assistive Listening Devices (AKA FM Systems): Public school systems are required to provide FM systems for educational purposes for students starting at age 3.

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

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 [MPMPCC051001].

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 or see the list at the end of this policy.

1. Wigs: (A9282) are not a covered benefit for Medicaid or Medicare. 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.
2. Comfort and convenience items for Medicare that are **not covered**.
  - Incontinence supplies, single-use disposable sheets.
  - Toilet frame.
  - Raised toilet seat.
3. Upgraded or deluxe items, or duplicate items (i.e., for home, office or car)
4. Erectile Dysfunction Prosthetic Devices: Diagnosis and Treatment of Impotence, Vacuum Erection Devices (HCPCS codes L7900 and related accessories (L7902) are statutorily non-covered for dates of service on or after July 1, 2015. See CMS ([L34824](#)); CMS NCD ([230.4](#)).

\*\*See also items that do not meet the CMS definition of Durable Medical Equipment (DME). See **Attachment A** at end of policy. Reference list located at the end of the policy pages.

## **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.

**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	Automatic External Defibrillators
A9999	Miscellaneous DME supply or accessory, not otherwise specified
E0617	External defibrillator with integrated electrocardiogram analysis

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<b>HCPCS Codes</b>	<b>Automatic External Defibrillators</b>
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0607	Replacement battery for automated external defibrillator, Sp type only, each
K0608	Replacement garment for use with automated external defibrillator, each
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each
<b>ICD-10 for Automatic External Defibrillators</b>	
For diagnosis please visit Automatic External Defibrillators Policy Article ( <a href="#">A52458</a> ).	

<b>HCPCS Codes</b>	<b>Gradient Compression Stockings (Hose)/Wrap Description Those marked with an * are covered services for Wounds only Others without * are for non-wound services. See LCD <a href="#">L33831</a></b>
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each
<b>*A6531</b>	<b>Gradient compression stocking, below knee, 30-40 mmHg, each (*wound only)</b>
<b>*A6532</b>	<b>Gradient compression stocking, below knee, 40-50 mmHg, each (*wound only)</b>
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each
<b>*A6535</b>	<b>Gradient compression stocking, thigh length, 40-50 mmHg, each (*wound only)</b>
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each
A6544	Gradient compression stocking, garter belt
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each
A6549	Gradient compression stocking/sleeve
For diagnosis please visit Surgical Dressings - Policy Article ( <a href="#">A54563</a> )	

<b>HCPCS Codes</b>	<b>Surgical Dressing Description. See Surgical Dressings LCD (<a href="#">L33831</a>)</b>
A4450	Tape, non-waterproof, per 18 square inches
A4452	Tape, waterproof, per 18 square inches
A4461	Surgical dressing holder, non-reusable, each
A4463	Surgical dressing holder, reusable, each
A4465	Non-elastic binder for extremity
A4490	Surgical stockings above knee length, each
A4495	Surgical stockings thigh length, each
A4500	Surgical stockings below knee length, each
A4510	Surgical stockings full length, each
A4649	Surgical supply; miscellaneous
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	Collagen based wound filler, gel/paste, per gram of collagen
A6021	Collagen dressing, sterile, size 16 sq. In. Or less, each
A6022	Collagen dressing, sterile, size more than 16 sq. In. But less than or equal to 48 sq. In., each
A6023	Collagen dressing, sterile, size more than 48 sq. In., each

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HCPCS Codes	Surgical Dressing Description. See Surgical Dressings LCD ( <a href="#">L33831</a> )
A6024	Collagen dressing wound filler, sterile, per 6 inches
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	Wound pouch, each
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. In. Or less, each dressing.
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., each dressing
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. In., each dressing
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	Composite dressing, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing
A6204	Composite dressing, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing
A6205	Composite dressing, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6206	Contact layer, sterile, 16 sq. In. Or less, each dressing
A6207	Contact layer, sterile, more than 16 sq. In. But less than or equal to 48 sq. In., each dressing
A6208	Contact layer, sterile, more than 48 sq. In., each dressing
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6215	Foam dressing, wound filler, sterile, per gram
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing



HCPCS Codes	Surgical Dressing Description. See Surgical Dressings LCD ( <a href="#">L33831</a> )
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. In., but less than or equal to 48 sq. In., without adhesive border, each dressing
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. In. Or less, each dressing
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. In., but less than or equal to 48 sq. In., each dressing
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. In., each dressing
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing

HCPCS Codes	Surgical Dressing Description. See Surgical Dressings LCD ( <a href="#">L33831</a> )
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., without adhesive border, each dressing
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. In. Or less, with any size adhesive border, each dressing
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. In. But less than or equal to 48 sq. In., with any size adhesive border, each dressing
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. In., with any size adhesive border, each dressing
A6257	Transparent film, sterile, 16 sq. In. Or less, each dressing
A6258	Transparent film, sterile, more than 16 sq. In. But less than or equal to 48 sq. In., each dressing
A6259	Transparent film, sterile, more than 48 sq. In., each dressing
A6260	Wound cleansers, any type, any size
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	Wound filler, dry form, per gram, not otherwise specified
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. In. Or less, without adhesive border, each dressing
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. In. Less than or equal to 48 sq. In., without adhesive border, each dressing
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. In., without adhesive border, each dressing
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard
A6410	Eye pad, sterile, each
A6411	Eye pad, non-sterile, each
A6412	Eye patch, occlusive, each
A6413	Adhesive bandage, first-aid type, any size, each
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard

HCPCS Codes	Surgical Dressing Description. See Surgical Dressings LCD ( <a href="#">L33831</a> )
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	Tubular dressing with or without elastic, any width, per linear yard
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	Compression burn garment, chin strap, custom fabricated
A6503	Compression burn garment, facial hood, custom fabricated
A6504	Compression burn garment, glove to wrist, custom fabricated
A6505	Compression burn garment, glove to elbow, custom fabricated
A6506	Compression burn garment, glove to axilla, custom fabricated
A6507	Compression burn garment, foot to knee length, custom fabricated
A6508	Compression burn garment, foot to thigh length, custom fabricated
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	Compression burn garment, not otherwise classified
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated

HCPCS Codes	Surgical Dressing Description. See Surgical Dressings LCD ( <a href="#">L33831</a> )
A9270	Non-covered item or service
Diagnosis for Surgical Dressings	
For list of diagnosis please see Local Coverage Article, Surgical Dressings Policy ( <a href="#">A54563</a> )	

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. <b>Rental ONLY</b>
A4281	Tubing for breast pump, replacement
A4282	Adapter for breast pump, replacement
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	ICD-10 for Breast Pump
O00.00 - O9A.53	Complications of pregnancy, childbirth and the puerperium
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
Z34.00 - Z34.93	Encounter for supervision of normal pregnancy
Z39.0 - Z39.2	Encounter for maternal postpartum care and examination

HCPCS Codes	Hearing Aids
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5040	Hearing aid, monaural, body worn, bone conduction
V5298	Hearing aid, not otherwise classified
V5100	Hearing aid, bilateral, body worn
V5254	Hearing aid, digital, monaural, CIC
V5255	Hearing aid, digital, monaural, ITC
V5256	Hearing aid, digital, monaural, ITE
V5257	Hearing aid, digital, monaural, BTE
V5258	Hearing aid, digital, binaural, CIC
V5259	Hearing aid, digital, binaural, ITC
V5260	Hearing aid, digital, binaural, ITE
V5261	Hearing aid, digital, binaural, BTE
V5248	Hearing aid, analog, binaural, CIC
V5249	Hearing aid, analog, binaural, ITC
V5262	Hearing aid, disposable, any type, monaural
V5263	Hearing aid, disposable, any type, binaural
V5243	Hearing aid, analog, monaural, ITC (in the canal)
V5252	Hearing aid, digitally programmable, binaural, ITE
V5253	Hearing aid, digitally programmable, binaural, BTE

HCPCS Codes	Auditory Cochlear & Osseo integrated and Auditory Brainstem Devices.
L7510	Repair of prosthetic device, repair or replace minor parts
L8614	Cochlear device, includes all internal and external components
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement
For covered diagnosis see <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11905.zip">https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11905.zip</a>	

HCPSC codes	PT/INR Monitoring or Anticoagulation Management
G0248	Demonstration, prior to initial use, of home INR monitoring for patient with <b>either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism</b> who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient ability to perform testing and report results.
G0249	Provision of test materials and equipment for home INR monitoring of patient with <b>either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism</b> who meets Medicare coverage criteria; includes provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
G0250	Physician review, interpretation, and patient management of home INR testing for a patient with either <b>mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism</b> who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests
For covered diagnosis see <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11491.zip">https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR11491.zip</a>	

HCPSC Codes	Other DME for Medicaid members. ( <a href="#">8.324.5 – Durable Medical Equipment</a> ), that may or may not be covered
A4927	Gloves, nonsterile, per 100
A4930	Gloves, sterile, per pair

## Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 09/27/2023

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## 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.

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 [MPMPCC051001].

- 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.
  - Sphygnomanometers 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.
  - Sphygnomanometers 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.

*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.*



**Covered/Non-Covered Durable Medical Equipment Reference List**

For NMAC Non-Covered Durable Medical Equipment and Medical Supplies see [NM Administrative Code number 8.301.3](#). Those non-covered services that are not listed in this area. Please visit the site for more details on those non-covered services.

For Commercial and Medicare, see CMS NCD (280.1) Item/Service Description: National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). **Please Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service. The first column lists alphabetically various generic categories of equipment on which national coverage decisions have been made by CMS; and the second column notes the coverage status of each equipment category.

Items	Covered/Non-Covered Durable Medical Equipment Reference List
Air Cleaners	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Air Conditioners	Deny - environmental control equipment; not primarily medical in nature (§1861 (n) of the Act).
Air-Fluidized Beds	(See Air-Fluidized Beds, §280.8 of the NCD Manual.)
Alternating PRESSURE Pads, Mattresses and Lamb's Wool Pads	Covered if patient has, or is highly susceptible to, decubitus ulcers and the patient's physician specifies that he/she has specified that he will be supervising the course of treatment.
Audible/Visible Signal/Pacemaker MONITORS	(See Self-Contained Pacemaker MONITORS.)
Augmentative Communication Devices	(See Speech Generating Devices §50.1 of this manual.)
Bathtub Lifts	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Bathtub Seats	Deny - comfort or convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Bead Beds	(See §280.8.)
Bed Baths (home type)	Deny - hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Bed Lifters (bed elevators)	Deny - not primarily medical in nature (§1861(n) of the Act).
Bed boards	Deny - not primarily medical in nature (§1861(n) of the Act).
Bed Pans (autoclavable hospital type)	Covered if patient is bed confined.
Bed Side Rails	(See Hospital Beds, §280.7 of this manual.)
Beds-Lounges (power or manual)	Deny - not a hospital bed; comfort or convenience item; not primarily medical in nature (§1861(n) of the Act).
Beds (Oscillating)	Deny - institutional equipment; inappropriate for home use.
Bidet Toilet Seats	(See Toilet Seats.)
BLOOD Glucose Analyzers (Reflectance Colorimeter)	Deny - unsuitable for home use (see §40.2 of this manual).
BLOOD Glucose MONITORS	Covered if patient meets certain conditions (see §40.2 of this manual).
Braille Teaching Texts	Deny - educational equipment; not primarily medical in nature (§1861(n) of the Act).
Canes	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Carafes	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Catheters	Deny - nonreusable disposable supply (§1861(n) of the Act). (See the Medicare Claims Processing Manual, Chapter 20, DMEPOS).
Commodes (without wheels only)	Covered if patient is confined to bed or room. NOTE: The term "room confined" means that the patient's condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a patient to a home in a case where there are no toilet facilities in the home may be equated to room confinement. Moreover, payment may also be made if a patient's medical condition confines him to a floor of the home and there is no bathroom located on that floor.
Communicators	(See §50.1 of this manual, Speech Generating Devices.)
Continuous Passive Motion Devices	Continuous passive motion devices are devices Covered for patients who have received a total knee replacement. To qualify for coverage, use of the device must commence within 2 days following surgery. In addition, coverage is limited to that portion of the 3-week period following surgery during which the device is used in the patient's home. There is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications.

Items	Covered/Non-Covered Durable Medical Equipment Reference List
Continuous Positive Airway PRESSURE (CPAP) Devices	(See §240.4 of this manual.)
Crutches	Covered if patient meets Mobility Assistive Equipment clinical criteria (see section 280.3 of this manual)
Cushion Lift Power Seats	(See Seat Lifts.)
Dehumidifiers (room or central heating system type)	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Diathermy Machines (standard pulses wave types)	Deny - inappropriate for home use (see §150.5 of this manual).
Digital Electronic Pacemaker MONITORS	(See Self-Contained Pacemaker MONITORS .)
Disposable Sheets and Bags	Deny - non-reusable disposable supplies (§1861(n) of the Act).
Elastic Stockings	Deny - non-reusable supply; not rental-type items (§1861(n) of the Act). (See §270.5 of this manual.)
Electric Air Cleaners	Deny - (See Air Cleaners.) (§1861(n) of the Act).
Electric Hospital Beds	(See Hospital Beds §280.7 of this manual.)
Electrical Stimulation for Wounds	Deny - inappropriate for home use. (See §270.1 of this manual.)
Electrostatic Machines	Deny - (See Air Cleaners and Air Conditioners.) (§1861(n) of the Act).
Elevators	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Emesis Basins	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Esophageal Dilators	Deny - physician instrument; inappropriate for patient use.
Exercise Equipment	Deny - not primarily medical in nature (§1861(n) of the Act).
Fabric Supports	Deny - nonreusable supplies; not rental-type items (§1861(n) of the Act).
Face Masks (oxygen)	Covered if oxygen is covered. (See §240.2 of this manual.)
Face Masks (surgical)	Deny - nonreusable disposable items (§1861(n) of the Act).
Flow Meters	(See Medical Oxygen Regulators.) (See §240.2 of this manual.)
Fluidic Breathing Assisters	(See Intermittent Positive PRESSURE Breathing Machines.)
Fomentation Devices	(See Heating Pads.)
Gel Flotation Pads and Mattresses	(See Alternating PRESSURE Pads and Mattresses.)
Grab Bars	Deny - self-help device; not primarily medical in nature (§1861(n) of the Act).
Heat and Massage Foam Cushion Pads	Deny - not primarily medical in nature; personal comfort item (§1861(n) and 1862(a)(6) of the Act).
Heating and Cooling Plants	Deny - environmental control equipment not primarily medical in nature (§1861(n) of the Act).
Heating Pads	Covered if MAC's medical staff determines patient's medical condition is one for which the application of heat in the form of a heating pad is therapeutically effective.
Heat Lamps	Covered if MAC's medical staff determines patient's medical condition is one for which the application of heat in the form of a heat lamp is therapeutically effective.
Hospital Beds	(See §280.7 of this manual.)
Hot Packs	(See Heating Pads.)
Humidifiers (oxygen)	(See Oxygen Humidifiers.)
Humidifiers (room or central heating system types)	Deny - environmental control equipment; not medical in nature (§1861(n) of the Act).
Hydraulic Lifts	(See Patient Lifts.)
Incontinent Pads	Deny - nonreusable supply; hygienic item (§1861(n) of the Act).
Infusion Pumps	For external and implantable pumps, see §40.2 of this manual. If pump is used with an enteral or parenteral nutritional therapy system, see §180.2 of this manual for special coverage rules.
Injectors (hypodermic jet)	Deny - not covered self-administered drug supply; PRESSURE powered devices (§1861(s)(2)(A) of the Act) for injection of insulin.
Intermittent Positive PRESSURE Breathing Machines	Covered if patient's ability to breathe is severely impaired.
Iron Lungs	(See Ventilators.)
Irrigating Kits	Deny - nonreusable supply; hygienic equipment (§1861(n) of the Act).
Lamb's Wool Pads	(See Alternating PRESSURE Pads, Mattresses, and Lamb's Wool Pads.)
Leotards	Deny - (See PRESSURE Leotards.) (§1861(n) of the Act).
Lymphedema Pumps	Covered (See Pneumatic Compression Devices, §280.6 of this manual.)
Massage Devices	Deny - personal comfort items; not primarily medical in nature (§1861(n) and 1862(a)(6) of the Act).
Mattresses	Covered only where hospital bed is medically necessary. (Separate Charge for replacement mattress should not be allowed where hospital bed with mattress is rented.) (See §280.7 of this manual.)

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 [MPMPCC051001].

Items	Covered/Non-Covered Durable Medical Equipment Reference List
Medical Oxygen Regulators	Covered if patient's ability to breathe is severely impaired. (See §240.2 of this manual.)
Mobile Geriatric Chairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual). (See Rolling Chairs).
Motorized Wheelchairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Muscle Stimulators	Covered for certain conditions. (See §250.4 of this manual.)
Nebulizers	Covered if patient's ability to breathe is severely impaired.
Oscillating Beds	Deny - institutional equipment - inappropriate for home use.
Over-bed Tables	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Oxygen	Covered if the oxygen has been prescribed for use in connection with medically necessary DME. (See §240.2 of this manual.)
Oxygen Humidifiers	Covered if the oxygen has been prescribed for use in connection with medically necessary DME for purposes of moisturizing oxygen. (See §240.2 of this manual.)
Oxygen Regulators (Medical)	(See Medical Oxygen Regulators.)
Oxygen Tents	(See §240.2 of this manual.)
Paraffin Bath Units (Portable)	(See Portable Paraffin Bath Units.)
Paraffin Bath Units (Standard)	Deny - institutional equipment; inappropriate for home use.
Parallel Bars	Deny - support exercise equipment; primarily for institutional use; in the home setting other devices (e.g., walkers) satisfy patient's need.
Patient Lifts	Covered if MAC's medical staff determines patient's condition is such that periodic movement is necessary to effect improvement or to arrest/retard deterioration condition.
Percussors>	Covered for mobilizing respiratory tract secretions in patients with chronic obstructive lung disease, chronic bronchitis, or emphysema, when patient or operator of powered percussor receives appropriate training by a physician or therapist, and no one competent to administer manual therapy is available.
Portable Oxygen SYSTEMS	1. Regulated Covered (adjustable Covered under conditions specified in a flow rate). Refer all claims to medical staff for this determination. 2. Preset Deny - (flow rate Deny - emergency, first-aid, or not adjustable) precautionary equipment; essentially not therapeutic in nature
Portable Paraffin Bath Units	Covered when the patient has undergone a successful trial period of paraffin therapy ordered by a physician and the patient's condition is expected to be relieved by long term use of this modality.
Portable Room Heaters	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Portable Whirlpool Pumps	Deny - not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act).
Postural Drainage Boards	Covered if patient has a chronic pulmonary condition.
Preset Portable Oxygen Units	Deny - emergency, first-aid, or precautionary equipment; essentially not therapeutic in nature.
PRESSURE Leotards	Deny - non-reusable supply, not rental-type item (§1861(n) of the Act).
Pulse Tachometers	Deny - not reasonable or necessary for Monitoring pulse of homebound patient with/without a cardiac pacemaker.
Quad-Canes	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Raised Toilet Seats	Deny - convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Reflectance Colorimeters	(See BLOOD Glucose Analyzers.)
Respirators	(See Ventilators.)
Rolling Chairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual). Coverage is limited to those roll-about chairs having casters of at least 5 inches in diameter and specifically designed to meet the needs of ill, injured, or otherwise impaired individuals. Coverage is denied for the wide range of chairs with smaller casters as are found in general use in homes, offices, and institutions for many purposes not related to the care/treatment of ill/injured persons. This type is not primarily medical in nature. (§1861(n) of the Act.)
Safety Rollers	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Sauna Baths	Deny - not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act).

Items	Covered/Non-Covered Durable Medical Equipment Reference List
Seat Elevation Equipment (power-operated) on Medicare Covered Power Wheelchairs	DME on Medicare-covered power wheelchairs and covered under conditions specified in §280.16 of this manual.
Seat Lifts	Covered under the conditions specified in §280.4 of this manual. Refer all to medical staff for this determination.
Self-Contained Pacemaker MONITORS	Covered when prescribed by a physician for a patient with a cardiac pacemaker. (See §§20.8.1 and 280.2 of this manual.)
Sitz Baths	Covered if MAC's medical staff determines patient has an infection or injury of the perineal area and the item has been prescribed by the patient's physician as a part of his planned regimen of treatment in the patient's home.
Spare Tanks of Oxygen	Deny - convenience or precautionary supply.
Speech Teaching Machines	Deny - education equipment; not primarily medical in nature (§1861(n) of the Act).
Stairway Elevators	Deny - (See Elevators.) (§1861(n) of the Act).
Standing Tables	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).
Steam Packs	These packs are Covered under the same conditions as heating pads. (See Heating Pads.)
Suction Machines	Covered if MAC's medical staff determines that the machine specified in the claim is medically required and appropriate for home use without technical or professional supervision.
Support Hose	Deny - (See Fabric Supports.) (§1861(n) of the Act).
Surgical Leggings	Deny - non-reusable supply; not rental-type item (§1861(n) of the Act).
Telephone Alert SYSTEMS	Deny - these are emergency communications SYSTEMS and do not serve a diagnostic or therapeutic purpose.
Toilet Seats	Deny - not medical equipment (§1861(n) of the Act).
Traction Equipment	Covered if patient has orthopedic impairment requiring traction equipment that prevents ambulation during the period of use (Consider covering devices usable during ambulation; e.g., cervical traction collar, under the brace provision).
Trapeze Bars	Covered if patient is bed confined and the patient needs a trapeze bar to sit up because of respiratory condition, to change body position for other medical reasons, or to get in and out of bed.
Treadmill Exercisers	Deny - exercise equipment; not primarily medical in nature (§1861(n) of the Act).
Ultraviolet Cabinets	Covered for selected patients with generalized intractable psoriasis. Using appropriate consultation, the MAC should determine whether medical and other factors justify treatment at home rather than at alternative sites, e.g., outpatient department of a hospital.
Urinals autoclavable	Covered if patient is bed confined (hospital type).
Vaporizers	Covered if patient has a respiratory illness.
Ventilators	Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative PRESSURE types. (See §240.5 of this manual.)
Walkers	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Water and PRESSURE Pads and Mattresses	(See Alternating PRESSURE Pads, Mattresses and Lamb's Wool Pads.)
Wheelchairs (manual)	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Wheelchairs (power operated)	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Wheelchairs (scooter/POV)	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Wheelchairs (specially sized)	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).
Whirlpool Bath Equipment	Covered if patient is homebound and has a (standard) condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, payment is restricted to the cost of providing the services elsewhere; e.g., an outpatient department of a participating hospital, if that alternative is less costly. In all cases, refer claim to medical staff for a determination.
Whirlpool Pumps	Deny - (See Portable Whirlpool Pumps.) (§1861(n) of the Act).
White Canes	Deny - (See §280.2 of this manual.) (Not considered Mobility Assistive Equipment)

