09-E0000-01

Original Effective Date: 12/15/02

Reviewed: 04/23/26

Revised: 09/15/26

Subject: Durable Medical Equipment (DME)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates	DME Table		

DESCRIPTION:

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits to a patient because of certain medical conditions and/or illnesses. DME includes, but is not limited to, wheelchairs (manual or electric), hospital beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, bili lights and biliblankets.

The Centers for Medicare and Medicaid Services (CMS) defines DME as any equipment that:

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

Medical supplies that may be needed for patients to care for themselves at home (e.g., ostomy supplies) are a separate issue from supplies needed to maintain durable medical equipment. These types of medical supplies are not address in this guideline.

Although convenience items may be associated with secondary medical uses, the principal or primary use of a convenience item is usually not medical, e.g. an elevator or an over-bed table.

Additional or duplicate items of DME used for the same purpose, but not at the same time (e.g. for home/work/school) are considered convenience, e.g., additional and/or "backup" glucometers, wheelchairs, etc.

Durable Medical Equipment when provided by a Durable Medical Equipment Provider and when prescribed by a Physician, is limited to the most cost effective Durable Medical Equipment that meets the member's needs as determined by Florida Blue.

"Deluxe" electrical or mechanical features, which enhance basic equipment usually serve a convenience function and will therefore be reviewed for medical necessity.

POSITION STATEMENT:

Note: Refer to the subscriber certificate of coverage for availability of benefit and pre-authorization necessary for the rental/purchase of Durable Medical Equipment. Certain items of covered DME are off-the-shelf items with standard design. Others must be custom-built for the member to their physical specifications and/or a physician's prescription. Requests for such items are subject to medical review.

Durable Medical Equipment (DME) **meets the definition of medical necessity** when **ALL** of the following criteria are met:

- The equipment provides therapeutic benefit to the member who has certain medical conditions or illnesses; **AND**
- The DME is prescribed by a physician; **AND**
- The DME does not serve primarily as a comfort or convenience item; **AND**
- The equipment does not have significant non-medical uses (e.g., environmental control equipment) **AND**
- The technology must have final approval from the appropriate government regulatory bodies (e.g., the U.S. Food and Drug Administration (FDA)).

DME purchase and rental fees include equipment delivery services and set-up, and education and training for member and family. These services are not eligible for separate reimbursement.

DME rental fees will cover the cost of maintenance, repairs, replacements, adjustments, supplies, and accessories.

Reimbursement will begin on the day the device is delivered to the member.

For some equipment, coverage may include a trial rental period to ensure efficacy of treatment before purchase determination.

Maintenance, Repairs, and Replacement of Purchased DME

Repairs or maintenance to equipment that is purchased may be considered eligible for coverage on an individual consideration basis when necessary to make the equipment usable.

- If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the amount in excess.
- The repair charge may include the use of "loaner" equipment when necessary.
- Repair or replacement of a purchased item may occur when the item is irreparably damaged or replacement is needed due to growth of a child or due to a change in the member's condition. The cost will be negotiated on a rental versus purchase agreement.
- Replacement or repair of an item that has been misused or abused by the member or member's caregiver will be the responsibility of the member.

Maintenance, Repairs, and Replacement of Rented DME

Replacement of the rental equipment may occur when the rented item is irreparably damaged, or if replacement is required during repair and/or maintenance of a specific item. Monthly rental fees allow for the replacement costs, and are not eligible for separate reimbursement.

Coverage for Optional DME Features

Optional DME equipment or features will be reviewed on an individual consideration basis for medical necessity.

Optional DME equipment or accessories are generally considered contract exclusions and are not eligible for coverage unless covered per specific contract benefit:

- Optional equipment or features are intended primarily for convenience or upgrades beyond what is necessary to meet the member's legitimate medical needs. Examples include: decorative items, unique materials (e.g. magnesium, wheelchair wheels, lights, extra batteries, etc.); **OR**
- The equipment serves primarily as a comfort or convenience item. Examples include: tray, back packs, wheelchair racing equipment; **OR**
- The equipment services as exercise equipment; **OR**
- The devices and equipment are used to enhance the environment setting (for example; air conditioners, humidifiers, air filters, portable Jacuzzi pumps). These are not primarily medical in nature and will not be eligible for coverage; **OR**
- Commercially-available furniture (i.e., including but not limited to CraftMatic, SleepNumber, Tempurpedic beds, bed wedges, reclining chairs, etc.); **OR**
- Repair or replacement is requested for a non-covered item; **OR**
- Accessories are requested for a non-covered item; **OR**
- Replacement or repair of an item is due to misuse or abuse by the member or member's caregiver.

Equipment delivery services and set-up, education and training for member and family, and nursing visits, are not eligible for separate reimbursement regardless of agreement to rent or purchase.

BILLING/CODING INFORMATION:

The appropriate HCPCS code should be used describing the durable medical equipment (E0100 – E8002; and K0001 – K0899).

REIMBURSEMENT INFORMATION:

Refer to sections entitled **POSITION STATEMENT** and **OTHER**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following are located at cms.gov: Medicare Claims Processing Manual Chapter 20- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); National Coverage Determination (NCD) Durable Medical Equipment (DME) Reference List (280.1); National Coverage Determination (NCD) Seat Lift (280.4).

The following are located at cgsmedicare.com: DMERC Local Coverage Determinations (LCDs).

DEFINITIONS:

Comfort or Convenience: a convenience item is any object/device that increases physical comfort without serving a medically necessary purpose, such as a bedside table.

Condition: a disease, illness, ailment, injury, bodily malfunction, or pregnancy.

Durable Medical Equipment (DME): equipment furnished by a supplier or a Home Health Agency that (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical purpose; (3) not for comfort or convenience; (4) generally is not useful to an individual in the absence of a Condition; and (5) is appropriate for use in the home.

Durable Medical Equipment Provider: a person or entity that is properly licensed, if applicable, under Florida law (or a similar applicable law of another state) to provide home medical equipment, oxygen therapy services, or dialysis supplies in the patient's home under a Physician's prescription.

Environmental Control: environmental control equipment is any device or appliance that alters or maintains the conditions in the existing surroundings, such as an air conditioning unit.

Exercise equipment: exercise equipment is any device or object that serves as a means to allow for energetic physical action or exertion in order to train, strengthen or condition all or part of the human body.

Furniture: furniture items are movable articles or accessories which serve as a place upon which to rest (people or things) or in which things are placed or stored, such as a chair or a dresser.

Home Health Agency: a properly licensed agency or organization which provides health services in the home pursuant to Chapter 400 of the Florida Statutes, or similar applicable law of another state.

RELATED GUIDELINES:

Home Health Care, 01-99500-01

Investigational Services, 09-A0000-03

Non-Covered Services, 09-A0000-00

Refer to the DME Table and other individual MCGs for additional information on specific DME items.

OTHER:

The DME Table represents some of the more commonly encountered items, which may be submitted as **DME.** The list is not all-inclusive as new devices are constantly being invented and marketed. When an item is encountered which is not on the list, the item must be reviewed for medical necessity. The following information may be required documentation to support medical necessity: Physician history and physical, physician treatment notes, treatment plan, and radiology reports, surgical reports, physical therapy notes (if applicable).

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician treatment/ visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months

			or fewer before starting date of service for the claim.
Radiology study report	18726-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physical therapy notes	28579-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REFERENCES:

1. Beeson T, Davis C. PI90 An Innovative Technique for Managing Female Urinary Incontinence in Acute and Critically Ill Women. Wound, Ostomy and Continence Nurses Society Annual Conference; Philadelphia, Pennsylvania, June 3-6, 2018; accessed at wocn.confex.com.
2. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual Chapter 20- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); accessed at cms.gov.
3. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) Durable Medical Equipment (DME) Reference List (280.1); accessed at cms.gov.
4. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) Seat Lift (280.4); accessed at cms.gov.
5. CGS Administrators, LLC. Region C Medicare DMERC Local Coverage Determinations (LCDs); accessed at cgsmedicare.com.
6. Code of Federal Regulations; accessed at cms.gov.
7. Eckert L, Mattia L, et al. Reducing the Risk of Indwelling Catheter-Associated Urinary Tract Infection in Female Patients by Implementing an Alternative Female External Urinary Collection Device: A Quality Improvement Project. J Wound Ostomy Continence Nurs. Jan/Feb 2020;47(1):50-53.
8. Rearigh L, Gillett G, et al. Effect of an external urinary collection device for women on institutional catheter utilization and catheter-associated urinary tract infections. Infect Control Hosp Epidemiol. 2021 May;42(5):619-621.
9. Rose G, Pyle-Eilola AL. The Effect of Urine Collection with a Novel External Catheter Device on Common Urine Chemistry and Urinalysis Results. J Appl Lab Med. 2021 Jun 18;jfab054. PMID:34142131.
10. Uhr A, Glick L, et al. How I Do It: PureWick female external catheter: a non-invasive urine management system for incontinent women. Can J Urol. 2021 Jun;28(3):10669-10672. PMID: 34129459.
11. U.S. Food and Drug Administration (FDA); accessed at fda.gov.
12. Warren C, Fosnacht JD, Tremblay EE. Implementation of an external female urinary catheter as an alternative to an indwelling urinary catheter. Am J Infect Control. 2021 Jun;49(6):764-768.
13. Zavodnick J, Harley C, et al. Effect of a Female External Urinary Catheter on Incidence of Catheter-Associated Urinary Tract Infection. Cureus. 2020 Oct 23;12(10):e11113. PMID: 33240709.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 04/23/26.

GUIDELINE UPDATE INFORMATION:

12/05/02	Medical Coverage Guideline Reformatted and DME Table developed.
01/01/03	Annual HCPCS coding update (added E0761).
12/15/04	Scheduled review; added items to DME Table with cross-references to existing MCGs.
01/15/05	Annual HCPCS coding update (gait trainer added to DME table).
07/01/05	3rd Quarter HCPCS coding update (added enuresis alarm to DME table); added gait belts to DME table; revised information regarding gait trainer.
10/15/05	Revision; added portable, battery-powered, hand held nebulizer to DME table.
01/01/06	Annual HCPCS coding update; (commode seat lift mechanisms, standing frames, and transfer boards and devices added to DME Table).
11/15/06	Scheduled review; update DME Table; add “post-vitrectomy face-down devices” to DME table; added cross-references to other individual DME MCGs.
07/15/07	DME Table updated to remove cross-reference links to archived MCGs.
09/15/07	Reviewed; reformatted guideline; updated references.
11/15/09	Scheduled review; position statements unchanged; DME table and references updated.
06/01/12	Revision: revised DME Table reference to breast pumps.
09/06/13	Revision: revised DME Table reference to electric breast pumps; Program Exception section updated; references updated.
03/15/15	Revisions and reformatting, including DME Table.
06/15/18	Updates to DME Table.
10/15/18	Review; coverage maintained, Other section, DME table, and references updated.
11/28/18	Update to DME Table; Removed entry for Chair, Auto-Tilt (Chair And Mechanism).
08/15/20	Update to DME Table; added ReWalk.
09/15/20	Review; Position statements maintained; DME table and references updated.
10/01/20	Quarterly CPT/HCPCS update. Added K1007.
09/15/21	Update to DME Table: PureWick Urine Collection System added.
07/15/22	Revision: Alternating Pressure Pads section in DME table updated.
04/01/23	Quarterly CPT/HCPCS update. Codes A6590, A6591 added to DME table.
01/01/24	Position statements maintained. Annual CPT/HCPCS coding update. Code E2001 added and code K1006 deleted in the DME table. Program exception and references updated.
10/15/24	Review: Activity chair added to DME table.
05/15/25	Review: Transfer system description and guideline updated in DME table.
05/15/26	Review: DME table updated.

09/15/26	DME table updated.

DME TABLE

Ambulatory Assist Devices	Diabetic Equipment/Supplies	Heat and Cold Applications	Positive Airway Pressure Devices
Bath and Toilet Aids	Electrical Neuromuscular/ Bone Growth Stimulators	Light Sources/ Equipment	Wheelchairs (Mobility Equipment)
Beds/Bedding Accessories/Cushions/ Pads	Environmental Control Devices	Monitoring Equipment	Wound Care Equipment
Communication Devices	Exercise and Massage Equipment	Oxygen and Respiratory Equipment/ Humidifiers/Dehumidifiers	Miscellaneous Equipment/Devices
Compression Pumps/Garments/Devices	Furniture (Chairs, Tables)	Patient Lifts/Transfer Equipment/Elevators	

Note: For Medicare Advantage products refer to CMS NCDs located at cms.gov and Region C Medicare DMERC LCDs located at cgsmedicare.com.

Ambulatory Assist Devices

Item	Description	Guidelines	Coverage
Canes and Accessories	A wooden stick or metal rod used for support in walking.	Medically necessary for patients with impaired ambulation or vision when medically indicated.	Approve
Crutches and Accessories	A support typically fitting under the armpit for use by the disabled in walking.	Medically necessary for patients with impaired ambulation when medically indicated.	Approve
Gait Trainer (E8000– E8002)	A device made of lightweight metal tubing, sometimes with wheels, for patients who need more support for walking than that given by a cane or a crutch.	Medically necessary when prescribed by a physician to provide support to the patient similar to a walker but because the gait trainer has items such as arm prompts, chest prompts, and stabilizing belts, the gait trainer provides support, such that if a patient were to lose their balance or lose their strength the gait trainer will support the patient to avoid falling.	Approve
ReWalk (K1007)	A wearable robotic exoskeleton system.	See MCG Investigational Services, 09-A0000-03.	Investigational

Roll-A-Bout Crutch Substitute, Knee crutch/hands-free walker (e.g., Roll-A-Bout walker, RollerAid™,iWALKFree™ , Easy Crutch, Turning Leg Caddy®) (E0118)	An assistive 4-wheeled device, similar to a walker but with a handle and a support pad on which the patient places the knee of the injured leg, while ambulating with the non-injured leg, or hands-free crutch.	Medically necessary in lieu of a standard walker for patients following below knee injuries when their condition is such that they are unable to bear weight on the affected leg and: Unable to use crutches due to an inability to support upper body, OR Lack of an upper extremity to sustain weight with crutches, standard walkers or other standard ambulatory assist devices, OR The patient has tried and failed use of a standard ambulatory assist device.	Approve
Stander /Prone Stander (E0638) One position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels Passive (static) stander: A passive stander remains in one place, sometimes has casters but cannot be self-propelled; most prone/supine	A device used to accommodate both adults and children in the standing position when they are unable to obtain optimum positioning due to a disease process.	Medically necessary when prescribed by a physician as part of a therapeutic program to prevent contractures (hip, knees, ankles), reduce spasticity, and prevent pressure ulcers through a change of position. Standing may also alleviate pain or discomfort from other prolonged positions, assist healthy skeletal development. Replacement standers are considered medically necessary when the stander's adjustments no longer can accommodate the patient's growth.	Approve

Standing Frame System, Multi-Position or Mobile (E0637, E0641, E0642)	Examples: 3-way stander, dynamic stander, any size including pediatric. Active stander: An active stander creates reciprocal movement of the arms legs while standing. Most of these are sit- to-stand type devices. Mobile (dynamic) stander: User can self-propel a mobile stander if they have upper body strength to push a manual wheelchair. Some standers are also available with powered mobility; (also known as multi-positioning standers)	Deluxe item.	Deny
Walker and Accessories (Standard Walker)	A device made of lightweight metal tubing, sometimes with wheels, for patients who need more support for walking than that given by a cane or a crutch.	Medically necessary for patients with impaired ambulation who needs greater stability and security than can be provided by a cane or crutches when medically indicated.	Approve
Walker and Accessories (Heavy Duty Walker)	A device made of heaver metal tubing for support of extra body weight, sometimes with wheels, for patients who need more support for walking than that given by a cane or a crutch.	Medically necessary for patients with impaired ambulation who needs greater stability and security than can be provided by a cane or crutches and who weigh more than 300 pounds when medically indicated.	Approve
White Cane	Safety and guidance item for the sightless.	Considered a self-help item.	Deny
Bath and Toilet Aids			
Item	**Description**	**Guidelines**	**Coverage**

Bathroom Equipment	Accessory equipment utilized in the bathroom that increases comfort of use. Includes items such as bathtub lifts, bathtub seats, tub rails, tub chairs, etc.	Convenience items.	Deny
Bed Pan	As titled.	Medically necessary for bedridden patients.	Approve
Commode, Bedside and Accessories	A portable toilet.	Medically necessary for patients confined to a bed, a room or one floor of their home without a bathroom.	Approve
Commode Chair with Integrated Seat Lift	Commode chair with integrated seat lift mechanism, electric or non-electric, any type.	Convenience/deluxe item.	Deny
Commode Seat Lift Mechanism	Seat lift mechanism placed over or on top of toilet, any type.	Convenience/deluxe item.	Deny
PureWick™ Urine Collection System (A6590, A6591, E2001) Female external urinary collection cup, without ring attachment, per day (A4318)	External catheter used with urine collection system.	See MCG Investigational Services, 09-A0000-03.	Deny
Sauna Bath	A small room used for a dry heat bath.	Does not meet DME criteria.	Deny
Sitz Bath	A device shaped like a chair in which one bathes in a sitting position, immersing only the hips and buttocks.	Medically necessary for treatment of infection or injury of the perineal area when medically indicated.	Approve
Toilet Seat (Includes Raised)	As titled.	Does not meet DME criteria. See also MCG Non-Covered Services, 09-A0000-00.	Deny
Urinals (Male and Female) (Autoclavable)	A receptacle used for urination for a patient in bed.	Medically necessary for bedridden patients.	Approve

Whirlpool (i.e. Jacuzzis, Hot Tubs, Swimming Pools, Whirlpool Bath Equipment, Pumps, Portable Pumps)	A therapeutic bath in which all or part of the body is exposed to forceful whirling currents of hot water.	Not suitable for home use. Whirlpool therapy is a professional service.	Deny
Beds/Bedding Accessories/Cushions/Pads			
Item	**Description**	**Guidelines**	**Coverage**
Alternating Pressure Pads/Mattresses	A system that utilizes a pump to alternately inflate and deflate cells in a mattress to relieve excessive pressure points on a patient's body. Alternating pressure pads are designed to be placed on top of a standard hospital or home mattress.	Medically necessary for patient's that is either fully or partially immobile when medically indicated.	Approve
Bedboard	A rigid board put under the mattress of a bed for firm support of the patient.	Does not meet DME criteria.	Deny
Bed Cradle	A frame placed over the body of a bed patient for protecting injured parts from contact with bedclothes.	Medically necessary for patients with severe extremity wounds when medically indicated.	Approve
Beds (including hospital (manual, semi-electric, total electric); Air Fluidized Bed, Powered Air Flotation Bed, Bead Bed (e.g. Clinitron), Other Powered Pressure Relieving Beds; and equipment such as Spring base Bed; Stryker Frame Bed): See MCG Hospital Beds and Accessories, 09-E0000-12.			
Bedside Rails	Rails attached to a hospital bed to provide protection to patients at risk for falling out of bed.	Medically necessary for patients with risk of injury when they have received a hospital bed.	Approve
Cushion, Car Seat (Obus Form)	A cushion used on car seats to relieve back pain and correct posture.	Does not meet DME criteria.	Deny

Cushion, Gel	Flotation cushion that provides supportive seating surface on a wheelchair for pressure reduction/ management.	Medically necessary for use with a wheelchair. Other uses are for convenience.	Approve
Footboard	A device that attaches to the bed to provide foot support and prevent foot drop and rotation.	Medically necessary for the prevention of foot drop of a bedridden patient.	Approve
Lambs' Wool Pad	A thin mat or cushion-like pad made of soft material (e.g. lambs' wool).	Convenience item	Deny
Trapeze Equipment And Fracture Frame	A structure attached to the bed to support patient positioning.	See MCG Hospital Beds and Accessories, 09-E0000-12	See Medical Coverage Guideline
Communication Devices			
Item	**Description**	**Guidelines**	**Coverage**
Anti-Stuttering Devices	A device used to reduce stuttering and increase speech fluency.	See MCG Speech Therapy Services, 01-92506-01.	See Medical Coverage Guideline
Communication Board, Non-Electronic Augmentative or Alternative Communication Device	Any non-electronic device used by individuals with speech impairments, to convey a message to another (e.g. chalk board, non-electronic display, notepad, etc.)	Does not meet DME criteria.	Deny

Speech Generating Devices	Electronic devices used for communication by individuals that do not have the ability to speak. Includes devices such as but not limited to Communic Aid, Communicator, Electric or computer devices and software programs, touch talker, Voicaid.	See MCG Speech Generating Devices (e.g. Dynavox), 09-E0000-51.	See Medical Coverage Guideline
Compression Pumps/Garments/Devices			
See MCGs Pneumatic Compression Devices, 09-E0000-31 and End Diastolic Pneumatic Compression Boot as a Treatment of Peripheral Vascular Disease or Lymphedema,09-E0000-48			
Diabetic Equipment/Supplies			
Item	**Description**	**Guidelines**	**Coverage**
Blood Glucose Monitor, Continuous	Automatically measures glucose values throughout the day to produce data that shows trends in glucose measurements.	See MCG External Insulin Infusion Pumps and Continuous Glucose Monitors, 01-99000-03.	See Medical Coverage Guideline
Blood Glucose Monitor, Standard (Glucometer)	An instrument used to measure the level of glucose (sugar) in the blood.	See MCG Blood Glucose Monitors and Supplies, 09-E0000-14.	See Medical Coverage Guideline
Blood Glucose Monitor With Special Features		See MCG Blood Glucose Monitors and Supplies, 09-E0000-14.	See Medical Coverage Guideline
Insulin Pen (e.g. Novopen) (Insulin Injecting Device)	An insulin delivery system.	Medically necessary for diabetic patients unable to perform standard insulin syringe injections.	Approve
Insulin Pump	A device for injecting a measured amount of insulin during a specific interval of time.	See MCG External Insulin Infusion Pumps and Continuous Glucose Monitors, 01-99000-03.	See Medical Coverage Guideline
Laser Lancets	Laser skin piercing devices used in place of spring powered devices for lancets	See MCG Blood Glucose Monitors and Supplies, 09-E0000-14.	See Medical Coverage Guideline

Medijector (A4210)	A needle-free injectable drug (e.g. insulin) delivery system.	Medically necessary for diabetic patients unable to perform standard insulin syringe injections.	Approve
Injection port (e.g., i-Port Advance®)	An injection port applied to the skin in order to take multiple injections without having to puncture the skin for each dose.	Comfort or convenience item	Deny
Electrical Neuromuscular/Bone Growth Stimulators			
Item	**Description**	**Guidelines**	**Coverage**
Accutron (Microcurrent Electrotherapy)	TENS unit that utilizes microampere electrical current.	See MCG Transcutaneous Electric Nerve Stimulation (TENS), 02-61000-04.	See Medical Coverage Guideline
Alpha-Stim	TENS unit that utilizes microampere electrical current.	See MCG Transcutaneous Electric Nerve Stimulation (TENS), 02-61000-04.	See Medical Coverage Guideline
Non-Invasive Electrical (e.g. Spinal Stim, Ebi)	This non-invasive method uses external power and externally applied power coils that produce pulsed electromagnetic fields (PEMFs) that generate a current through a site where bone growth is desired.	See MCG Non-Invasive Electrical Bone Growth Stimulators (EBGS), 09-E0000-22.	See Medical Coverage Guideline
Central Nervous System Neurostimulator	An implanted device and electrodes with a programmable transmitter that may be worn externally or may also be fully implanted.	See MCG Spinal Cord and Dorsal Root Ganglion Stimulation, 02-61000-05	Not considered DME
Electrical Bladder Stimulator (Innova®)	A monitor, sensor, and/or trainer for the treatment of urinary incontinence.	See MCG Pelvic Floor Stimulation as a Treatment of Incontinence, 01-97000-06.	Investigational

Interferential Unit	TENS unit that utilizes microampere electrical current.	See MCG Transcutaneous Electric Nerve Stimulation (TENS), 02-61000-04.	See Medical Coverage Guideline
Neuromuscular Stimulator, Electrical	A device that transmits an electrical impulse to the skin over selected muscle groups by way of electrodes.	See MCG Functional Neuromuscular Stimulation, 01-95805-15.	See Medical Coverage Guideline
Pelvic Floor Stimulator (Empi® Innova®)	A monitor, sensor, and/or trainer for the treatment of urinary incontinence.	See MCG Pelvic Floor Stimulation as a Treatment of Incontinence, 01-97000-06.	Investigational
Percutaneous Electrical Nerve Stimulation (PENS)	A device that transmits an electrical impulse though surgically implanted electrodes connected by leads to a receiver unit that is placed beneath the skin.	See MCG Percutaneous Electrical Nerve stimulation (PENS), 02-61000-03.	Not considered DME
Sacral Nerve Stimulator	A surgically implanted pulse generator and wire leads controlled by an external control magnet over the pulse generator.	See MCG Sacral Nerve Neuromodulation/Stimulation, 02-91000-23.	Not considered DME
Transcutaneous Electrical Nerve Stimulator (TENS)	An electronic device that applies electrical stimulation to the surface of the skin used to treat pain.	See MCG Transcutaneous Electric Nerve Stimulation (TENS), 02-61000-04.	See Medical Coverage Guideline
Ultrasound Accelerated Fracture Healing Device	A non-invasive bone growth stimulator device that uses a low intensity pulsed ultrasound signal that is applied to the skin overlying the fracture site to aid in its clinical repair.	See MCG Ultrasound Osteogenesis Stimulators, Non-Invasive, 09-E00000-32.	See Medical Coverage Guideline
Environmental Control Devices			

Item	Description	Guidelines	Coverage
Air Cleaners (Air Purifiers)	An indoor system for removal of air pollutants.	Environmental control equipment.	Deny
Air Conditioners	A system for indoor ventilation and temperature control.	Environmental control equipment.	Deny
Dehumidifier (Room Or Central)	An indoor device that removes moisture from the air.	Environmental control equipment.	Deny
Fans	Device for circulating air.	Convenience item.	Deny
Humidifier (Room Or Central)	An indoor device for supplying or maintaining a degree of moisture in the air.	Environmental control equipment.	Deny
Vaporizer	A system that administers cool or heated mist into the air.	Environmental control equipment.	Deny
Water Softener (Other Than For Hemodialysis) Or Purifiers	As titled	Environmental control equipment, convenience item	Deny
Exercise and Massage Equipment			
Item	**Description**	**Guidelines**	**Coverage**
Anti-Gravity Devices	An exercise device that counteracts the pull of gravity.	Exercise equipment.	Deny
Continuous Passive Motion (CPM) Machine and Supplies	An electrical device designed to maintain range of motion in joints. It is usually applied to an extremity and held in place with Velcro straps to move the joint at variable range of motion and speed, without patient assistance, on a continuous 24 hour basis.	See MCG Continuous Passive Motion Devices, 09-E0000-15	See Medical Coverage Guideline

Exercise Equipment	Devices for development or training of the body.	Exercise equipment. Includes treadmills, weights, home gyms, ski-tracks, stationary bikes, Ergometers, etc.	Deny
Massage Device	As titled.	Does not meet DME criteria.	Deny
Parallel Bars	As titled	Institutional equipment not for home use.	Deny
Tilt Table	As titled	Does not meet DME criteria.	Deny
Treadmill	As titled	Exercise equipment	Deny
Furniture (Chairs, Tables)			
Item	**Description**	**Guidelines**	**Coverage**
Bedside Table	A portable table, usually on wheels, that remains nearby a bed.	Convenience item.	Deny
Chair, Geriatric	A high-back chair with lap tray that may or may not be mounted on wheels, which allows a patient to tilt to a reclining position.	Furniture item.	Deny
Commercially-available furniture (i.e., CraftMatic, SleepNumber, Tempurpedic beds, bed wedges, reclining chairs, etc.)	Furniture that is available from retailers, internet sites without a prescription	Does not meet DME criteria	Deny
Over Bed Table	A table on wheels that adjusts height and fits over the bed.	Convenience item.	Deny
Activity Chair	Hi/lo base chairs for transfers, positioning for seated activities for pediatrics and adults with postural support needs.	Does not meet DME criteria	Deny
Heat and Cold Applications			
Item	**Description**	**Guidelines**	**Coverage**

Cold Therapy Devices (e.g. Cryo/Cuff, Polar Care, Cold Pad)	Water circulating cold pad with pump with or without compression.	See MCG Cooling and Heating Devices Used in the Outpatient Setting, 09-E0000-53	See Medical Coverage Guideline
Heating Pad (Standard)	As titled.	Does not meet DME criteria.	Deny
Heating Pad (Steam Pad)	As titled.	Does not meet DME criteria.	Deny
Hydrocollator unit with pads; Hydrocollator, portable	A device that steams heat packs.	Does not meet DME criteria.	Deny
Light Sources/Equipment			
Item	**Description**	**Guidelines**	**Coverage**
Heat Lamp, table model or with stand	As titled.	Does not meet DME criteria.	Deny
Bili-Light Lamp, Light Panel, Or Special Light Blanket	A light source designed to provide continuous ultraviolet light to a neonate.	Medically necessary for the treatment of hyperbilirubinemia in the newborn.	Approve
Sun Or Light Box Or Lighting Equipment (Cabinet or table models)	A lamp designed to provide white light equaling the intensity of a bright summer day – 2500 lux or higher.	Does not meet DME criteria.	Deny
Sunglasses, Puva	Glasses that absorb ultraviolet light.	Included in PUVA treatment.	Deny
Monitoring Equipment			
Item	**Description**	**Guidelines**	**Coverage**
Apnea Monitor (Home)	A device for monitoring breathing and heart rate.	See MCG Home Cardiorespiratory Monitoring, Infant, 09-E0000-50.	See Medical Coverage Guideline
Automated Ambulatory Blood Pressure Monitor	A portable device that records blood pressure while the patient is involved in daily activities.	See MCG Ambulatory Blood Pressure Monitoring (ABPM) for Diagnosis of Hypertension in Members With Elevated Office Blood Pressure, 01-93875-16.	See Medical Coverage Guideline
Enuresis Or Incontinence Treatment System (Bedwetting) Alarm/Sensor	Bedwetting alarm using auditory buzzer and/or vibration device.	Does not meet DME criteria.	Deny

Polar Heart	A watch worn to calculate heart rate (pulse) and respiratory rate.	Convenience item.	Deny
Pulse Monitor	A device used to calculate heart rate.	Does not meet DME criteria.	Deny
Patient Lifts/Transfer Equipment/Elevators			
Item	**Description**	**Guidelines**	**Coverage**
Bathtub Lift	Used to assist in transferring patient in and out of bathtub.	Convenience item.	Deny
Elevator	A platform or small room capable of being raised or lowered to carry passengers or freight.	Convenience item.	Deny
Gait Belt	Used by caregivers in assisting with patient transfers.	Convenience item.	Deny
Patient Transfer System (Lifts, Hydraulic) (e.g. Hoyer Lift)	A system that a caregiver can use to transfer the patient from bed to chair, wheelchair or commode, and back.	Medically necessary for patient with a medical condition that without the use of a lift, would be confined to bed.	Approve

Patient Transfer System (e.g. Sure Lift, Ski-Lift Type Equipment) Multi-positional patient support system, with integrated lift, patient accessible controls, or caregiver operated Patient lift, fixed system	A system that transfers the individual around the home in a seat that travels on a track attached to the ceiling. A multi-positional transfer system allows positioning and adjustment so a bedbound patient can be transferred in the supine position. Patient lift fixed system is a mechanism attached to permanent ceiling tracks or a wall mounting system and which is used in a room other than the bathroom.	Convenience item	Deny
Stairway Elevators/ Stair Lift (e.g. Stair glide) Platform Lift, Escalators	A chair or platform deck attached to the wall of a stairwell that serves to transport the seated individual up and down the stairs.	Convenience item.	Deny
Transfer Board Or Device	As titled.	Convenience item	Deny
Van Lift	As titled.	Convenience item.	Deny
Car Lift (Trunk Lifts)	Device that lifts scooters and wheelchairs into a car trunk or onto the roof of the car.	Convenience item.	Deny
Wheelchair Lift or Ramp	A lift or sloping passage that connects different levels.	Convenience item.	Deny
Positive Airway Pressure Devices			
See MCG Positive Airway Pressure Devices, 09-E0000-21			
Oxygen and Respiratory Equipment/Humidifiers/Dehumidifiers			
Item	**Description**	**Guidelines**	**Coverage**

Chest Wall Oscillating Device, High Frequency Chest Compression Device (Therapy Vest)	A high frequency chest compression vest designed for self-administration of chest physiotherapy.	See MCG Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 09-E0000-28.	See Medical Coverage Guideline
Flutter Inhalation Therapy Device	A device that facilitates clearing of mucus from the respiratory tract through vibration on the thoracic region.	See MCG Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 09-E0000-28.	See Medical Coverage Guideline
Humidifier (Oxygen)	A device that attaches to an oxygen delivery system to put moisture into the oxygen.	Medically necessary as part of an oxygen delivery system.	Approve
Intermittent Positive Pressure Breathing Machine (IPPB) (e.g. Bird, Bennett, Bendix)	A respiratory treatment involving periodic inflation of the lungs.	Medically necessary for the treatment of pulmonary diseases or severely impaired breathing.	Approve
Intrapulmonary Percussive Ventilator (IPV)	A form of chest physical therapy that delivers mini-bursts (more than 200 per minute) of respiratory gasses to the lungs via a mouthpiece. Its intended purpose is to mobilize endobronchial secretions.	See MCG Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 09-E0000-28.	See Medical Coverage Guideline
Nebulizer (Portable, Battery-Powered, Hand Held)	Used to administer respiratory treatments.	Convenience item.	Deny

Oxygen and Respiratory Equipment	Oxygen is a gas administered by inhalation-utilizing devices (respiratory equipment) that provide controlled oxygen concentrations and flow rates to the patient to maintain adequate tissue and cell oxygenation.	See MCG Oxygen, 09-E0400-00.	See Medical Coverage Guideline
Peak Flow Meter	A portable handheld device used to measure how well air is expelled from the lungs.	Medically necessary for asthmatic patients.	Approve
Percussion Device	Used to provide effective chest therapy by simulating the clapping action of manual percussion.	See MCG Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 09-E0000-28.	See Medical Coverage Guideline
Pulse Oximeter	A non-invasive tool that continuously measures the arterial hemoglobin oxygen saturation.	See MCG Oxygen, 09-E0400-00 and Home Pulse Oximetry 09-E0000-49.	See Medical Coverage Guideline
Spirometer	A device for the measurement of pulmonary function.	See MCG Home Spirometry, 09-E0000-36.	See Medical Coverage Guideline
Suction Machine/Pump	A device utilized to assist in the removal of excessive secretions.	Medically necessary for respiratory conditions, tracheostomy, laryngectomy, etc., when medically indicated.	Approve
Therapy Vest (American Biosystems Chest Percussor)	A high frequency chest compression vest designed for self-administration of chest physiotherapy.	See MCG Oscillatory Devices for the Treatment of Cystic Fibrosis and Other Respiratory Disorders, 09-E0000-28.	See Medical Coverage Guideline
Wheelchairs (Mobility Equipment)			
See MCG Wheelchairs and Wheelchair Accessories, 09-E0000-35			
Wound Care Equipment			

Item	Description	Guidelines	Coverage
Diapulse / Diathermy Machine (Standard Or Pulse-Wave)	An electronic device that provides pulsed high peak electromagnetic energy to an open wound or painful area to relieve pain and reduce edema.	See MCG Electrostimulation and Electromagnetic Therapy for Treating Wounds, 09-E0000-43.	See Medical Coverage Guideline
Infrared and Low Level Laser Energy Devices	A device used in the treatment of wounds.	MCG Infrared Energy Therapy and Lower Level Laser Energy, 09-E0000-44.	See Medical Coverage Guideline
Non-Contact Radiant Heat Bandage	A wound and burn occlusive heated dressing for the treatment of acute and chronic wounds.	See MCG Noncontact Normothermic Wound Therapy, 09-E0000-42.	See Medical Coverage Guideline
Miscellaneous Equipment/Devices			
Item	**Description**	**Guidelines**	**Coverage**
Ambulatory Blood Pressure Monitoring (ABPM)	Fully automated monitor that records several blood pressure measurements over a 24-hour to 72 hour period at preprogrammed intervals.	See MCG Ambulatory Blood Pressure Monitoring (ABPM) for Diagnosis of Hypertension in Members With Elevated Office Blood Pressure, 01-93875-16.	See Medical Coverage Guideline
Blood Pressure Cuff (Sphygmomanometer), automated or manual, with or without stethoscope	Used for blood pressure.	Does not meet DME criteria.	Deny
Bowel Irrigation/ Evacuation System Electric enema irrigation pump, with water reservoir, tubing and accessories, without catheter, any type (A4479)	A tubing system used to flush the body of solid waste.	Medically necessary when medically indicated.	Approve
Bra, Mastectomy	A garment used to hold breast prosthesis in place post-mastectomy.	See MCG Prosthetics, 09-L0000-05.	See Medical Coverage Guideline

Breast Pump, manual or electric	A device for extracting milk from the breasts of a lactating woman.	Per federal mandate, allow purchase of one (1) pump per delivery following childbirth.	Approve
Breast pump, hospital or institutional grade	Hospital grade pumps have stronger, more powerful motors that provide a higher level of suction and increased pumping efficiency in order to create and sustain an adequate milk supply. These pumps are larger and heavier, which in turn makes them less easy to transport than personal pump counterparts.	Hospital-grade breast pumps are not covered except when Medically Necessary during an inpatient stay.	Deny
Car Hand Controls	Device that is custom-built into a standard car that enables individuals to operate a car without the use of their legs/feet.	Convenience item.	Deny
Car Seats (For Special Needs Children)	As titled	Does not meet DME criteria.	Deny
Cranial Remodeling Helmets And Bands (e.g. Doc Band, Star Band)	For treating plagiocephaly.	See MCG Cranial Orthosis for Craniosynostoses and Plagiocephaly, 09-L0000-02.	See Medical Coverage Guideline
Driving Aids (e.g. Car Hand Controls, Foot Pedal Adapters, Foot Pedal Elevators, Etc.)	Assistive devices custom-built into a standard car that enable a disabled individual to operate the car independently.	Convenience item.	Deny
Face-Down Devices; Post-Vitrectomy (e.g. Pillows, Chairs)	Devices that facilitate in the healing process following vitrectomy.	Face-down pillow is considered medically necessary following vitrectomy; chair is considered a convenience item.	Allow pillow; deny chair

Helmet	A head covering that provides protection against head injury.	Does not meet DME criteria. NOTE: Not the same as Dynamic Orthotic Cranioplasty. See MCG Cranial Orthosis for Craniosynostoses and Plagiocephaly, 09-L0000-02.	Deny
Infusion Pump (E.G.,CADD)	A device for injecting a measured amount of fluid during a specific interval of time.	See MCG External Infusion Pumps (non-insulin), 09-E0000-10.	See Medical Coverage Guideline
Intravenous Pole (I.V. Pole)	A pole with a wide base from which a bag/bottle of fluid is hung for intravenous or enteral infusions via gravity.	Medically necessary for patients who require infusions and enteral feeding or when determined to be otherwise medically indicated.	Approve
Mechanical Mobilization Device	Dynamic and static-progressive splints used for treating contractures.	See MCG Mechanical Stretching Devices for Treatment of Joint Stiffness and Contractures, 09-E0000-47.	See Medical Coverage Guideline
Paraffin Bath	A heated wax bath for arthritis or other joint discomfort.	Does not meet DME criteria.	Deny
Personal Care Items (Tooth Brush, Eating Utensils) or Personal Adaptive Devices (Tongs, Lifters, Special Door Handles, Grabbers)	As titled	Does not meet DME criteria.	Deny
Pulsed Fecal Irrigation Device	A device used for treating fecal impactions.	Medically necessary when medically indicated.	Approve
Restorator	A device that restores hair growth through stimulation of the scalp.	Does not meet DME criteria.	Deny
Rinoflow	A nasal wash device.	Convenience item.	Deny
Stethoscope	For listening to heart rate and rhythms	Does not meet DME criteria.	Deny

Traction Equipment And Weights	Equipment that creates a situation of tension for a skeletal structure. NOTE: Equipment prevents ambulation during period of use.	Medically necessary for orthopedic impairment requiring traction equipment when medically indicated.	Approve
Vacuum Assisted Erectile Device (e.g. Erect Aid)	A non-invasive hand held device that uses the vacuum/constriction concept that causes an erection. It is a round vacuum chamber or cylinder that inverses pressure.	Medically necessary for patients with erectile dysfunction.	Approve
Wigs	As titled	Subject to individual member contract benefits	Refer to member contract language