

eviCore DME Guidelines

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Replacement and Continued use of DME

- Continued durable medical equipment rental after initial rental period may be indicated when ALL of the following apply:
 - ◆ Patient has been re-evaluated by treating practitioner
 - ◆ Documentation of continued use and medical need
- Replacement of durable medical equipment may be indicated when ALL of the following apply:
 - ◆ Patient has been evaluated by treating practitioner
 - ◆ There is documentation of continued medical need
 - ◆ There is documentation of **one** of the following:
 - Device has been lost or stolen
 - Device no longer effective due to significant change in patient condition
 - Device is not operating (**both**)
 - DME supplier has physically evaluated the device and determined that it is unable to be repaired
 - Device to be replaced is no longer covered under a warranty

Custom fabricated devices

- Custom-fabricated equipment, prosthetics and orthotics may be indicated when basic coverage criteria have been met and there is documentation of ONE of the following:
 - ◆ Deformity precludes use of prefabricated device
 - ◆ Body type precludes use of prefabricated device
 - ◆ Need for stabilization that cannot be met with a prefabricated device
 - ◆ Failed trial of prefabricated device

Skin Protection Wheelchair Cushions

- E2603, E2604, E2622, E2523
- Skin protection wheelchair cushions may be indicated when BOTH:
 - ◆ The patient has a manual or power wheelchair with a sling/solid seat/back and basic wheelchair coverage criteria have been met
 - ◆ The patient has one of the following:
 - Current pressure ulcer or history of pressure ulcer in the area of contact with the seating surface
 - Absent or impaired sensation in area of contact with the seating surface or inability to perform a functional weight shift

Group 2 Support Surfaces

- E0193, E0277, E0371, E0372, E0373
- Group 2 Support Surfaces may be indicated when the patient meets ONE of the following 3 criteria:
 - ◆ Patient has multiple stage 2 pressure ulcers on the trunk or pelvis and both:
 - There is documentation of a comprehensive ulcer treatment program. A comprehensive ulcer treatment program includes the following elements:
 - Regular assessment by a physician, nurse, practitioner, or other licensed healthcare provider
 - Appropriate turning and positioning
 - Appropriate wound care
 - Management of moisture/incontinence
 - Nutritional assessment and treatment;
 - There is documentation of one of the following
 - Group 1 support surface tried and failed
 - Group 1 support surface contraindicated
 - ◆ Patient has one or more stage 3 or stage 4 pressure ulcers on the trunk or pelvis
 - ◆ Patient has had a myocutaneous flap or a skin graft for a pressure ulcer of the trunk or pelvis within the last 60 days

Standing Frames

- E0638, E0641, E0642
- Standing frames may be indicated when ALL of the following apply:
 - ◆ Patient is unable to stand without support as a result of muscle tone abnormalities or decreased motor control
 - ◆ Patient is unable to ambulate
 - ◆ Patient is under the care of a physician trained to evaluate function, rehabilitation and the neuromuscular system
 - ◆ Device prescribed by physician for daily home use
 - ◆ Device will be used for at least 12 months
 - ◆ Patient has had a trial of the device and can tolerate being upright
 - ◆ Patient and/or caregiver can operate the device

Negative Pressure Wound Therapy Continued Rental

- A6550, A7000, E2402
- Continued rental of negative pressure wound therapy may be indicated when ALL of the following apply:
 - ◆ There is documentation that wound healing is progressing
 - ◆ There is monthly documentation of wound length, width and depth
 - ◆ There is physician documentation of proper use and continued benefit

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