

Durable Medical Equipment (DME) General Criteria

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Introduction

This guideline presents general criteria for durable medical equipment (DME).

Criteria

DME is indicated when **all** of the following are met:

- The equipment provides therapeutic benefit to an individual in need to ameliorate a medical condition(s) and/or illness(es).
- There is documentation of medical necessity for the equipment, including but not limited, to **all** of the following:
 - A face-to-face encounter within 6 (six) to 12 (twelve) months preceding the order including subjective and objective information documented in the medical record to support the medical necessity for the equipment.
 - There is a clinical evaluation to support the request, such as the individual's history, medical plan, and physical exam.
 - A Standard Written Order (SWO) signed by a treating practitioner.
 - Proof of Delivery or Written Order Prior to Delivery (WOPD), if applicable.
- The equipment is prescribed by the treating practitioner (prescriptions will also be accepted by a physician, physician assistant, nurse practitioner, or clinical nurse specialist).
- If a request does not meet guidelines for medical necessity and a peer to peer (P2P) conversation is requested, the following providers are able to participate in a P2P: physician, physician assistant, nurse practitioner, or clinical nurse specialist.
- The equipment does not have significant non-medical uses (i.e., air conditioners).
- The equipment does not serve primarily as a comfort or convenience item (i.e., back packs).
- Equipment that does not meet the definition of DME may be covered when it is established that the items serve a therapeutic purpose in an individual case. To establish medical necessity for this type of item, there must be clear documentation of the treating practitioner's plan of treatment, predicted outcomes, and support in the medical literature (ie. published, peer-reviewed studies, and professional societies).

- The Reasonable Useful Lifetime (RUL) of equipment is typically between three (3) to five (5) years (please refer to individual policies for details).
- Date of service is the date of delivery of the item.

Base DME Items and Accessories or Supplies

- When medical necessity for a base item of DME has not been met, any accessories or supplies that are requested to use with the base item are also not considered medically necessary.

Supply and Quantity Limitations and Reimbursement

- DME with accessory and/or supply quantity limitations are outlined in the related policy.
- DME that has been purchased is not eligible for additional rental or purchase during the reasonable lifetime period of the equipment.

Same or Similar Durable Medical Equipment

- Duplication of same or similar DME within the same case is not medically necessary.
- Same or similar DME may be indicated when **both** of the following apply:
 - The individual has a change in medical condition resulting in the need for a new device.
 - Medical necessity criteria for replacement have been met.

Rental versus Purchase

- DME rental versus purchase coverage is based on the anticipated time frame required for use and the equipment prescribed.
- Equipment that is purchased without prior rental will be owned by the individual.
- The rental equipment would be considered as owned when the rental time frame is complete.
- Reimbursement for DME rental begins in the month the member received the equipment. When applicable, DME rental is limited by capped rental period guidelines.
- Examples of rented equipment include, but are not limited to, the following: hospital beds, lymphedema pumps, oxygen equipment (portable and stationary), ventilators, and TENS units. Refer to each specific policy for more information on rental timeframes.

Miscellaneous Codes

- Treating practitioners must not use miscellaneous codes (e.g., HCPCS K0108, E1399) when a more appropriate HCPCS code is available.

Definitions

DME is characterized by the following:

- primarily and customarily used to serve a medical purpose.
- not useful to an individual in the absence of illness or injury.
- ordered or prescribed by a treating practitioner.
- able to withstand repeated use.
- appropriate for use in the home.

A **treating practitioner** is a physician, or other professional provider, accredited, licensed or certified where required in the state of practice, performing within the scope of license or certification. Other professional providers may include: a physician assistant (PA), nurse practitioner (NP), or clinical nurse specialist (CNS).

References

1. Section 1861(n) of the Social Security Act and in Medicare regulations at title 42 Code of Federal Regulations (CFR) 414.202
2. Medicare National Coverage Determination (NCD): Durable Medical Equipment (DME) Reference List (280.1)
3. Medicare Benefit Policy Manual: 5.2 – Rules Concerning DMEPOS Orders/Prescriptions (Rev. 10190; Issued: 06-19-2020; Effective: 01-01-2020; Implementation: 07-01- 2020)
4. Centers for Medicare and Medicaid Services. Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426). CMS.gov. Centers for Medicare & Medicaid Services. <https://www.cms.gov/medicare-coverage-database>. Revised January 1, 2024.
5. Centers for Medicare & Medicaid Services, Department of Health and Human Services; 42 CFR 410.10.
6. Centers for Medicare & Medicaid Services, Department of Health and Human Services; 42 CFR 414.202.
7. Teel J, Wang JY, Loschiavo M. Durable Medical Equipment: A Streamlined Approach. *Fam Pract Manag.* 2021;28(2):15-20.
8. White NT, Delitto A, Manal TJ, Miller S. The American Physical Therapy Association's top five choosing wisely recommendations. *Phys Ther.* 2015;95(1):9-24. doi:10.2522/ptj.20140287.