



## MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

# Medical Policy

## Durable Medical Equipment

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### Policy Number: 842

BCBSA Reference Number: N/A

NCD/LCD: N/A

### Related Policies

DME Payment Policy

Respiratory DME Services Payment Policy

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

#### Durable Medical Equipment (DME) Medical Policies

The following DME services may be considered **MEDICALLY NECESSARY** when the policy criteria are met. **This is not a final list and there may be additional Medical Policies that apply:**

- Continuous or Intermittent Monitoring of Glucose in Interstitial Fluid and Artificial Pancreas Device Systems [#107](#)
- Continuous Passive Motion in the Home Setting [#407](#)
- Cranial Electrotherapy Stimulation and Auricular Electrostimulation [#362](#)
- Functional Neuromuscular Electrical Stimulation [#201](#)
- Home Cardiorespiratory Monitoring [#224](#)
- Interferential Stimulation for Treatment of Pain [#509](#)
- Microprocessor-Controlled Prostheses for the Lower Limb [#133](#)
- Myoelectric Prosthetic and Components for the Upper Limb [#227](#)
- Negative Pressure Wound Therapy in the Outpatient Setting [#543](#)
- Ostomy Supplies [#369](#)
- Pneumatic Compression Pumps for Treatment of Lymphedema and Venous Ulcers [#354](#)
- Postsurgical Home Use of Limb Compression Devices for Venous Thromboembolism Prophylaxis [#541](#)
- Power Operated and Manual Wheelchairs [#365](#)
- Transcutaneous Electrical Nerve Stimulation [#003](#)
- Urological Supplies [#370](#)

### **Durable Medical Equipment (DME) WITHOUT Corresponding Medical Policies<sup>1</sup>**

Blue Cross Blue Shield of Massachusetts does not have a medical policy on all DME services.

We follow the Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment (DME) Local Coverage Determination (LCD) and National Coverage Determination (NCD) on DME services that are not addressed in Blue Cross Blue Shield of Massachusetts Medical Policies, DME Payment Policy or Respiratory DME Services Payment Policy.

We provide coverage for DME services in accordance with CMS LCD or NCD.

### **Links to DME National Coverage Determinations and Local Coverage Determinations**

Please reference the specific LCD for coverage information including medically necessary criteria and coding guidance.

- [National Coverage Determination \(NCDs\)](#)
- [Local Coverage Determinations \(LCDs\) for Noridian Healthcare Solutions, LLC \(19003, DME MAC, J-D\)](#)

### **Durable Medical Equipment (DME) Payment Policy**

For information, reference the following documents on our website. To view the DME Payment Policies, [providers should log into the provider portal](#).

We follow the Centers for Medicare and Medicaid (CMS) DME policy **for services that are NOT addressed in Blue Cross Blue Shield of Massachusetts:**

- DME Medical Policies
- DME Payment Policy **OR**
- Respiratory DME Services Payment Policy.

Blue Cross Blue Shield of Massachusetts reimburses contracted health care providers for covered, medically necessary DME services.

### **DME Benefit Information**

For information, reference the DME Payment Policy and Respiratory DME Services Policy. To view the DME Payment Policies, [providers should log into the provider portal](#).

Covered services and payment are based on the member's benefit plan and provider agreement.

### **Prior Authorization Information**

#### **Inpatient**

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### **Outpatient**

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	<ul style="list-style-type: none"><li>• Prior authorization requirements are variable on DME services.</li><li>• For prior authorization information, see specific medical policy, DME payment policy or respiratory DME services payment policy.</li></ul>
<b>Commercial PPO and Indemnity</b>	<ul style="list-style-type: none"><li>• Prior authorization requirements are variable on DME services.</li><li>• For prior authorization information, see specific medical policy, DME payment policy or respiratory DME services payment policy.</li></ul>

## CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

## HCPCS Codes

See specific medical policy, DME payment policy or respiratory DME services payment policy

## Description

Durable Medical Equipment (DME) is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.

Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose
- are not useful to a person in the absence of illness or injury
- are ordered or prescribed by a physician
- are reusable
- can stand repeated use, **and**
- are appropriate for use in the home.

DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, bilirubin blankets and bilirubin lights.

## Policy History

Date	Action
2/2022	New medical policy. Effective 2/1/2022.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

N/A

## Endnotes

<sup>1</sup> [Local Coverage Determinations \(LCDs\) for Noridian Healthcare Solutions, LLC \(19003, DME MAC, J-D\)](#)

Contractor Name	<a href="#">Noridian Healthcare Solutions, LLC</a>
Contractor Type	DME MAC
Contractor Number	16013 DME MAC
Jurisdiction	J-A
States	Connecticut; Delaware; District of Columbia; Maine; Maryland; <b>Massachusetts</b> ; New Hampshire; New Jersey; New York - Entire State; Pennsylvania; Rhode Island; Vermont