

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG				
Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
01/27/23		Table of Contents	6	Revisions to identify subheadings in Section 18.2.
01/27/23	18.2	Specific Coverage Criteria	92	Revisions made to facilitate revisions to the section (see below)

18.2.1 Respiratory Supplies and Equipment**18.2.1.1 Apnea Monitors**

Medical Criteria for Authorization of Payment for Apnea Monitor

Apnea of Prematurity

Apnea of Infancy

Following an Apparent Life-Threatening Event

Apnea Monitor Initial Authorization Period for Rentals

Apnea Monitor Extensions after Initial Three Months

Apnea Monitor Emergency Requests

18.2.1.2 Oxygen Concentrators

Reimbursement for Oxygen Concentrators

Portable Oxygen

18.2.1.3 High Frequency Chest Wall Oscillation Devices**18.2.1.4 Peak Flow Meters and Mucus Clearance (Flutter) Devices****18.2.1.5 Pulse Oximeter****18.2.1.6 Oxygen Probes****18.2.1.7 Ventilator Assist Devices**

Bi-Level Positive Airway Pressure

Continuous Positive Airway Pressure

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Criteria for Adults
Pediatric Criteria (Under Age 21)
Humidifiers

18.2.1.8 Nebulizers**18.2.1.9 Tracheostomy Care Supplies****18.2.1.10 Suction Pumps****18.2.2 Intraocular Lens (IOL)****18.2.3 Artificial Eyes****18.2.4 Artificial Larynxes****18.2.5 Augmentative and Alternative Communication Devices**

General Provisions
Assessment/Evaluation
Trial Use Periods
Repairs
Replacement or Modification

18.2.6 Bath and Toileting Aids

Elevated Toilet Seats
Bath or Shower Chairs
Safety Guardrails
Footrest for Use with Toilet
Commode Chairs
Commode Chairs with Detachable Arms
Urinals (Hospital Type) and Bed Pans

18.2.7 Environmental Modifications or Environmental Modification Repairs**18.2.8 Batteries****18.2.9 Blood Pressure Devices****18.2.10 Breast Milk and supplies**

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- 18.2.10.1 Donor Human Milk**
Reimbursement
- 18.2.10.2 Electric Breast Pump**
Equipment Criteria
Replacement Criteria
Electric Breast Pump Supplies
Human Milk Storage Bags
- 18.2.11 Enteral Nutrition**
Enteral Infusion Pump
Hyperalimentation Therapy Aid-Enteral
Enteral Formula Coverage for Beneficiaries with Inborn Errors of Metabolism
Intradialytic Parental Nutrition Therapy
- 18.2.12 Total Parenteral Nutrition (TPN)**
- 18.2.13 Binders and Supports**
 - 18.2.13.1 Abdominal Binder and Hernia Supports**
Abdominal Binders
Hernia Supports
 - 18.2.13.2 Lumbar Orthosis and Truss Supports**
- 18.2.14 Support Garments**
Support Hose
Surgical Mastectomy Bras
- 18.2.15 Hearing Aids**
- 18.2.16 Cochlear Implant (EPSDT Only)**
Covered Expenses
Cochlear Implant Device Criteria
Non-Covered Expenses of Cochlear Device
Prior Authorization for Cochlear Device
- 18.2.17 Dialysis Equipment and Supplies**

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- 18.2.18 **Baclofen Therapy**
 - Exclusive Criteria
 - Diagnoses Covered
 - Prior Authorization for IBT
- 18.2.19 **Ambulatory Equipment**
- 18.2.19.1 **Canes and Crutches**
- 18.2.19.2 **Walkers and Walker Accessories**
 - Wheeled Walker
 - Heavy Duty Walker
 - Heavy Duty, Multiple Braking System, Variable Wheel Resistance Walker
 - Leg Extensions
 - Arm Rests
 - Non-Covered Walker Items
 - Enhancement Accessories
 - Walking Belts
- 18.2.19.3 **Wheelchairs**
 - Standard Wheelchairs
 - Standard Wheelchair Attachments
 - Wheelchairs, Motorized and/or Custom Motorized
 - Wheelchair Prior Authorization
 - Repairs and Modifications
- 18.2.19.4 **Standing Frame**
 - Specific Criteria
 - Exclusion Criteria
 - Documentation Requirements
- 18.2.19.5 **Strollers of a Therapeutic Type**
- 18.2.19.6 **Special Needs Car Seat**
- 18.2.20 **Diabetic Supplies and Equipment**
 - Glucometer
 - Continuous Subcutaneous Insulin External Infusion Pumps
 - Continuous Glucose Monitoring Device (CGM)

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- 18.2.21 **Orthopedic, Prosthetics, Orthotics and Supplies**
- 18.2.21.1 **Orthotic Devices**
- 18.2.21.2 **Orthopedic Shoes and Corrections**
 - Diabetics
 - Shoe Lifts
 - Reimbursement
 - Shoes for Minor Orthopedic Problems
- 18.2.21.2 **Prosthetic Devices**
- 18.2.21.3 **Traction Equipment**
- 18.2.21.4 **Breast or Mammary Prostheses**
- 18.2.22 **Disposable Incontinence Products)**
 - Diapers
 - Pull-on Briefs
 - Documentation Requirements
 - Prior Authorization Requirements for Incontinence Supplies
 - Quantity Limitations
 - Dispensing
 - Catheters
- 18.2.23 **Hospital Beds, Lifts, and Trapeze Bar**
- 18.2.23.1 **Hospital Beds**
 - Hospital Beds, Fixed and Variable Height
 - Hospital Bed, Semi-Electric
 - Hospital Bed, Total Electric
 - Hospital Bed Mattresses
 - Egg-Crate Mattresses & Alternating Air Pressure Mattress/Pads
 - Sheepskins
 - Side Rails
 - Hospital Bed, Pediatric
 - Specific Criteria
 - Hospital Bed, Pediatric without Safety Enclosure
 - Hospital Bed, Pediatric with Safety Enclosure
 - Exclusion Criteria

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Documentation Requirements

18.2.23.2 **Patient Lifts**

Lift Slings

18.2.24 **Trapeze Bar**18.2.25 **Electrical Stimulators**18.2.25.1 **Osteogenic Bone Growth Stimulators**

Non-Spinal, Noninvasive Electrical

Spinal Noninvasive Electrical

18.2.25.2 **Vagus Nerve Stimulators**

Criteria for Beneficiary Selection

Exclusion Criteria

Place of Service Restriction

Prior Authorization

Billing for the Cost of the Vagus Nerve Stimulator

Subsequent Implants and Battery Replacement

18.2.26 **Intravenous (IV) Therapy and Administrative Supplies**18.2.26.1 **Syringes and Needles**18.2.27 **Wound Care Supplies**

Wound Care Reimbursement

Wound Care System

Surgical Dressings or Bandages

Burn Garments and Stockings