

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

**DURABLE MEDICAL EQUIPMENT****TABLE OF CONTENTS**

<b>SUBJECT</b>	<b>SECTION</b>
<b>OVERVIEW</b>	<b>18.0</b>
<b>SERVICES AND LIMITATIONS</b>	<b>18.1</b>
Covered Services	
Durable Medical Equipment and Supplies	
Prosthetics and Orthotics	
Service Limitations for Nursing Homes and Intermediate Care Facilities	
Non-Covered DME Services and Items	
Purchase versus Rental	
Purchasing Guidelines - Equipment	
Provider Responsibilities – Rental Equipment	
Limitations for Replacement Equipment	
Equipment Maintenance and Repair	
<b>SPECIFIC COVERAGE CRITERIA</b>	<b>18.2</b>
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	
Artificial Eyes	
Artificial Larynxes	
Augmentative and Alternative Communication Devices	
General Provisions	
Assessment/Evaluation	
Trial Use Periods	

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

Repairs	
Replacement or Modification	
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	
Environmental Modifications or Environmental Modification Repairs	
Batteries	
Blood Pressure Devices	
Electric Breast Pump	
Breast or Mammary Protheses	
Burn Garments and Stockings	
Cochlear Implant (EPSDT Only)	
Recipient Medical and Social Criteria	
Specific Criteria	
Non-Covered Expenses of Cochlear Device	
Prior Authorization for Cochlear Device	
Canes and Crutches	
Catheters	
Dialysis Equipment and Supplies	
Baclofen Therapy	
Exclusive Criteria	
Diagnoses Covered	
Prior Authorization for IBT	
Ambulatory Equipment	
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	

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

Walking Belts	
Wheelchairs	
Standard Wheelchairs	
Standard Wheelchair Attachments	
Wheelchairs, Motorized and/or Custom Motorized	
Wheelchair Prior Authorization	
Repairs and Modifications	
Standing Frame	
Specific Criteria	
Exclusion Criteria	
Documentation Requirements	
Strollers of a Therapeutic Type	
Special Needs Care Seat	
Diabetic Supplies and Equipment	
DME, Prosthetics, Orthotics and Supplies Program	
Glucometer	
Continuous Subcutaneous Insulin External Infusion Pumps	
Continuous Glucose Monitoring Device (CGM)	
Non-Covered Items DEMPOS	
Special Shoes and Corrections	
Disposable Incontinence Products (T4521-T4535 & T4543)	
Diapers	
Pull-on Briefs	
Liners/Guards	
Documentation Requirements	
Prior Authorization Requirements for Incontinence Supplies	
Quantity Limitations	
Dispensing	
Hearing Aids	
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	

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

Hospital Bed, Pediatric	
Specific Criteria	
Hospital Bed, Pediatric without Safety Enclosure	
Hospital Bed, Pediatric with Safety Enclosure	
Exclusion Criteria	
Documentation Requirements	
High Frequency Chest Wall Oscillation Devices	
Hyperalimentation Therapy Aid-Enteral	
Enteral Infusion Pump	
Intradialytic Parental Nutrition Therapy	
Lumbar Orthosis and Truss Supports	
Patient Lifts	
Lift Slings	
Nebulizers	
Orthopedic Shoes and Corrections	
Diabetics	
Shoe Lifts	
Reimbursement	
Shoes for Minor Orthopedic Problems	
Orthotic Devices	
Osteogenic Bone Growth Stimulators	
Non-Spinal, Noninvasive Electrical	
Spinal Noninvasive Electrical	
Oxygen Concentrators	
Portable Oxygen	
Reimbursement for Oxygen Concentrators	
Peak Flow Meters and Mucus Clearance (Flutter) Devices	
Pulse Oximeter	
Oxygen Probes	
Prosthetic Devices	
Suction Pumps	
Support Hose	
Surgical Dressings or Bandages (gauze, tape, sponges, cement and disposable gloves)	
Surgical Mastectomy Bras	
Tracheostomy Care Supplies	
Traction Equipment	
Trapeze Bar	

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

Intravenous (IV) Therapy and Administrative Supplies

Syringes and Needles

Ventilator Assist Devices

Bi-Level Positive Airway Pressure

Continuous Positive Airway Pressure

Criteria for Adults

Pediatric Criteria (Under Age 21)

Humidifiers

Vagus Nerve Stimulators

Criteria for Recipient Selection

Exclusion Criteria

Place of Service Restriction

Prior Authorization

Billing for the Cost of the Vagus Nerve Stimulator

Subsequent Implants and Battery Replacement

Wound Care Supplies

Wound Care Reimbursement

Wound Care System

**RECIPIENT REQUIREMENTS****18.3****PROVIDER REQUIREMENTS****18.4**

General DME Provider Enrollment Requirements

Business Location Eligibility Requirement

Exemptions of Accreditation Requirements

Other Professionals Exempt by the LDH Secretary

Requirements for Medical Oxygen Providers and Retailers

Requirements for Home Health Providers and Supplies

Documentation of Medical Necessity

Freedom of Choice

Delivery Arrangements and Documentation Requirements

Pick-up and Return Documentation Requirements

Training Documentation Requirements

**PRIOR AUTHORIZATION****18.5**

Requests for Prior Authorization

---

**CHAPTER 18: DURABLE MEDICAL EQUIPMENT**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 6**

---

Electronic Prior Authorization (e-PA)  
Routine Requests  
Emergency Requests  
Emergency Hospital Discharge Request  
Medicare Part B Recipients  
Prior Authorization Determination Time Limits  
Date of Service Change for Prior Authorization

**CLAIMS RELATED INFORMATION 18.6**

Reimbursement  
Third Party Liability

**PRIOR AUTHORIZATION FORM AND INSTRUCTIONS APPENDIX A****CLAIMS FILING APPENDIX B****RESERVED APPENDIX C****INCONTINENCE PRESCRIPTION REQUEST FORM APPENDIX D****CONTACT/REFERRAL INFORMATION APPENDIX E****COVERED SERVICES/CODES APPENDIX F****STANDING FRAME EVALUATION FORM APPENDIX G**  
(BHSF-SF-Form 1)**PEDIATRIC HOSPITAL BED EVALUATION FORM APPENDIX H**  
(BHSF-PHB-Form 1)