

---

**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 Prostheses  |  |
| 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 DHH 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)