DRAFT Medical Coverage Policy | Prior Authorization via Web-Based Tool for Durable Medical Equipment (DME)

EFFECTIVE DATE: 09|01|2023
POLICY LAST UPDATED: 05/05|2023

OVERVIEW
This policy documents the prior authorization request process for durable medical equipment (DME).

MEDICAL CRITERIA
Generally, InterQual criteria is used to determine medical necessity and is found in the online authorization tool. Medical necessity criteria from Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations (NCD/LCD) are used when applicable for Medicare Advantage Members to determine medical necessity of services and is found in the online authorization tool. However, for those policies specifically listed in the Related Policies section of this policy, BCBSRI medical criteria is used.

For Medicare Advantage Plans, medical necessity criteria can be found in associated CMS National and Local Coverage Determinations.

PRIOR AUTHORIZATION
Prior authorization is required for Medicare Advantage Plans and recommended for Commercial products.

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Durable medical equipment is considered medically necessary when the criteria in the BCBSRI online authorization tool has been met.

Requests for DME should be obtained via the BCBSRI online prior authorization tool, which is available only to participating providers. All other providers should fax the request to Utilization Management at (401) 272-8885 to complete the prior authorization process. Please see reference to the items requiring prior authorization through the online tool below.

https://www.bcbsri.com/BCBSRIWeb/Login.do?redirectTo=/providers/preauth/preauthProviderOverview.jsp

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Medical Equipment, Medical Supplies and Prosthetic Devices coverage/benefits.

BACKGROUND
Not applicable

CODING
The following HCPCS codes require Prior Authorization:

Medicare Advantage Plans
In some instances, noted below, the National or Local Coverage Determinations need to be referenced for medical criteria.

Commercial Products
The following list is intended to identify items that require prior authorization. The absence of a code from the list does not imply coverage. Subscriber Agreements should be referenced.

For any service in which authorization requirements differ between Medicare Advantage Plans and Commercial Products, please refer to the following applicable resources for coverage for Medicare Advantage Plans. See also Related Policies Section.

- National Coverage Determination
- Local Coverage Determination from Noridian Healthcare Solutions, Jurisdiction A
- Noridian Healthcare Solutions, Jurisdiction A Noncovered Items

Please see 2023 updates in bold in the list below.

Air Fluidized Bed
E0194

Artificial Pancreas Device System
E0787, S1034, S1036, S1037

Bone Growth Stimulators
E0747, E0748, E0760

Breast Pump, Hospital Grade, Electric
E0604
Effective 8/1/2022, authorization no longer required.

Cardioverter Defibrillator, Wearable (WCD)
K0606, K0608

Continuous Passive Motion Device (CPM), Upper Extremity
Commercial Only: E0936

Functional Neuromuscular Electrical Stimulation
Medicare Only: E0764, E0770

Hospital Beds and Cribs
Commercial Only: E0265, E0266, E0296, E0297

Medical Food
Commercial Only: S9433, S9434, S9435
See Oral Nutrition Mandate for Claims Submission Form

Non-Wearable Automatic External Defibrillator
Medicare Only: E0617

Orthoses, Upper Extremity
Commercial Only: E1800, E1802, E1805, E1825

Pneumatic and other Powered Compression Devices
Medicare Advantage Plans and Commercial Products: E0650, E0651, E0652, E0655, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673
Commercial Products Only: E0676
Medicare Advantage Plans: Please refer to the resources above for coverage of E0676.

Power Operated Vehicles (Scooters)
Medicare Advantage Plans and Commercial Products: K0800, K0801, K0802, K0812
Commercial Products Only: K0806, K0807, K0808
Medicare Advantage Plans: Please refer to the resources above for coverage of K0806, K0807, K0808.

Power Wheelchairs
Medicare Advantage Plans and Commercial Products: K0013, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0890, K0891
Commercial Products Only: K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886
Medicare Advantage Plans: Please refer to the resources above for coverage of K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886.

Prosthetics, Lower Extremity
L2006, L5610, L5613, L5614, L5722, L5724, L5726, L5728, L5780, L5814, L5822, L5824, L5826, L5828, L5830, L5840, L5848, L5856, L5857, L5858, L5859, L5930, L5961, L5973, L5976, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987

Seat Lift Mechanism
E0627

Secretion Clearance Devices
Medicare Advantage Plans and Commercial Products: E0480, E0483
Commercial Products Only: E0481, E0484
Medicare Advantage Plans: Please refer to the resources above for coverage of E0481. E0484 does not require prior authorization.

Speech Generating Devices (SGD)
E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512

Standing Frames
Commercial Products: E0637, E0638, E0641, E0642 (Effective 1/01/2023)
Effective beginning 1/01/2023 and upon group renewals throughout 2023, requests for standing frames for Commercial Products must meet medical necessity criteria found in the online authorization tool.

Support Surfaces
E0181, E0183 (New Code Effective 10/01/2022), E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373

Wheels or Wheelchairs, Power-Assist
Medicare Advantage Plans and Commercial Products: E0986
Commercial Products Only: E0983, E0984
Medicare Advantage Plans: Please refer to the resources above for coverage of E0983, E0984.

RELATED POLICIES
Artificial Pancreas Device System
Medicare Advantage Plans National and Local Coverage Determinations
Oral Nutrition Mandate (for claims submission form)
Medical Necessity

PUBLISHED

Provider Update, July 2023
Provider Update, August/October/December 2022
Provider Update, June 2021
Provider Update, November 2020
Provider Update, March 2020
Provider Update, February 2019

REFERENCES
Noridian Healthcare Solutions. Noncovered Items:
https://med.noridianmedicare.com/web/jadme/topics/noncovered-items