

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



EFFECTIVE DATE: 10|01|2015
POLICY LAST UPDATED: 04|21|2021

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) is 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:

Please see 2021 updates in bold in the list below.

Medicare Advantage Plans

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

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

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 Agreement should be referenced.

Air Fluidized Bed
E0194

Artificial Pancreas Device System
E0787, S1034, S1036, S1037

Bone Growth Stimulators:
E0747, E0748, E0760

Breast Pump, Hospital Grade, Electric:
E0604

Cardioverter Defibrillator, Wearable (WCD):
K0606, K0608

Continuous Passive Motion Device (CPM), Upper Extremity:
E0936 (Effective 1/1/2021 Commercial Only)

Functional Neuromuscular Electrical Stimulation
Medicare Only: E0764, E0770

Hospital Beds and Cribs:
E0265, E0266, E0296, E0297 (Effective 1/1/2021 Commercial Only)

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:
E1800, E1802, E1805, E1825 (Effective 1/1/2021 Commercial Only)

Pneumatic Compression Devices:
E0650, E0651, E0652, E0655, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0676

Effective 1/1/21, for code E0676 for Medicare Advantage Plans, please refer to the applicable resources above for medical criteria.

Power Operated Vehicles (Scooters):

K0800, K0801, K0802, K0806, K0807, K0808, K0812

Effective 1/1/21, for codes K0806, K0807, K0808, K0812 for Medicare Advantage Plans, please refer to the applicable resources above for medical criteria.

Power Wheelchairs:

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, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891

Effective 1/1/21, for codes K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886 for Medicare Advantage Plans, please refer to the applicable resources above for medical criteria.

Prosthetic Devices:

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:

Effective 1/1/21, Commercial Products: E0480, E0481, E0483, E0484

Effective 1/1/21, Medicare Advantage Plans: E0480, E0483

Effective 1/1/21, for codes E0481 and E0484 for Medicare Advantage Plans, please refer to the applicable resources above for medical criteria.

Speech Generating Devices (SGD):

E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512

Support Surfaces:

E0181, E0184, E0185, E0186, E0187, E0188, E0189, E0193, E0196, E0197, E0198, E0199, E0277, E0371, E0372, E0373

Wheels or Wheelchairs, Power-Assist:

E0983, E0984, E0986

Effective 1/1/21, Commercial Products: E0983, E0984, E0986

Effective 1/1/21, Medicare Advantage Plans: E0986

Effective 1/1/21, for codes E0983 and E0984 for Medicare Advantage Plans, please refer to the applicable resources above for medical criteria.

RELATED POLICIES

Artificial Pancreas Device System

Medicare Advantage Plans National and Local Coverage Determinations

Breast Pumps

Functional Neuromuscular Electrical Stimulation

Non-Wearable Automatic External Defibrillators (AED)

Oral Nutrition Mandate (for claims submission form)

PUBLISHED

Provider Update, June 2021
Provider Update, November 2020
Provider Update, March 2020
Provider Update, February 2019
Provider Update, February 2018

REFERENCES

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

FOR INTERNAL USE ONLY

2017 Preauthorization Requirement Changes

Glucose Monitoring Systems
Effective 5/1/2017 – Preauth requirement removed

Insulin Pump, Ambulatory:
Effective 5/1/2017 – Preauth requirement removed

2019 Preauthorization Requirement Changes

Negative Pressure Wound Therapy (NPWT) Pump:
Effective 1/1/2019 - Preauth requirement removed

Pneumatic Compression Devices:
Effective 7/1/2019 – Preauth requirement added to code E0676

2020 Preauthorization Requirement Changes

Artificial Pancreas Device System:
Effective 1/1/2020 – Preauth requirement added to new code E0787

Prosthetic Devices:
Effective 1/1/2020 – Preauth requirement added to new code L2006.

2021 Preauthorization Requirement Changes

Continuous Passive Motion Device (CPM), Upper Extremity:
Effective 1/1/21 – Preauth requirement removed from Medicare only.

Hospital Beds and Cribs:
Effective 1/1/21 – Preauth requirement removed from Medicare only.

Orthoses, Upper Extremity:

Effective 1/1/21 – Preauth requirement removed from Medicare only.

Secretion Clearance Devices:

Effective 1/1/21 – Preauth requirement removed from Medicare only for codes E0481 and E0484

Wheels or Wheelchairs, Power-Assist:

Effective 1/1/21 – Preauth requirement removed from Medicare only for codes E0983 and E0984

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