



MEDICAL COVERAGE POLICY

SERVICE: Durable Medical Equipment and Over the Limit Supplies

Policy Number: 028

Effective Date: 03/01/2025

Last Review: 02/10/2025

Next Review: 02/10/2026

Important note: Unless otherwise indicated, medical policies will apply to all lines of business. Medical necessity as defined by this policy does not ensure the benefit is covered. This medical policy does not replace existing federal or state rules and regulations for the applicable service or supply. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan documents. See the member plan specific benefit plan document for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. In the event of a discrepancy, the plan document always supersedes the information in this policy.

SERVICE: Durable Medical Equipment (DME)

PRIOR AUTHORIZATION: **Varies by product line.** See "Prior Authorization List."

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for details. In order for durable medical equipment to be covered, the request must meet the requirements set forth in the EOC / SPD, must not be excluded from coverage in the EOC / SPD, and must be medically necessary. Each EOC contract will define the maximum benefit allowed.

Note: Unless otherwise indicated (see below), this policy will apply to all lines of business.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) [NCD 280.1 - Durable Medical Equipment \(DME\) Reference List](#) or LCD (Local Coverage Determination). Medicare NCD or LCD specific InterQual criteria may be used when available. If there are no applicable NCD or LCD criteria, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the [Texas Medicaid Provider Procedures Manual | TMHP](#) (TMPPM), Volume 2, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook. If there are no applicable criteria to guide medical necessity decision making in the TMPPM, use the criteria set forth below.

BSWHP may consider DME items medically necessary when prescribed by a physician or other authorized clinician and not available to the general public as "over the counter" unless required by mandate (e.g., diabetic supplies) **AND** the following criteria, as defined according to [42 CFR 414.202 - Definitions](#), are met:

- Can withstand repeated use (i.e., could normally be rented and used by successive patients)
- Is primarily and customarily used to serve a medical purpose
- Generally, is not useful to a person in the absence of illness or injury
- Is appropriate for use in a patient's home
- Has an expected lifetime of at least 3 years

BSWHP only covers equipment necessary to restore or support the usual basic functions of daily living in the home. Purchase or rental of DME will be at the discretion of BSWHP. **Replacement, repair, and modification** of DME will **ONLY** be covered for a material change in clinical status or customary wear and tear; duplicates are not a covered benefit.



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Labor: Refer to EOC to determine limits on repairs.

Medical necessity determination generally makes use of a review tool (e.g., InterQual® or applicable Medicare NCD / LCD). Medically necessary DME is a covered benefit, up to any maximum allowable per the member's EOC / SPD.

Durable Medical Equipment miscellaneous (E1399):

HCPCS code E1399 describes "durable medical equipment, miscellaneous" and is currently used to bill for inexpensive DME subject to the rules of 42 C.F.R. 414.220, other covered DME subject to the rules of 42 C.F.R. 414.229, and replacement parts of DME subject to the rules of 42 C.F.R. 414.210(e)

HCPCS code E1399 is used for DME that does not have a separate identifiable or more specific HCPCS code. As such, there are specific situations where the following rules will apply:

- E1399 will be used for the Volara® device and RomTech Adaptive Rehab Device— see Medical Policy 236 – "Medications, Services & Supplies NOT Medically Necessary"
- E1399 for Vaginal / rectal probe sensors (Promethous: Pathway Vaginal EMG / Stimulation Sensor, and others). When this device is being used as a biofeedback tool, and if biofeedback is a benefit for the member's plan, use Interqual® criteria subset "Biofeedback Therapy," the "Medicare Procedures" product, and "Novitas Solutions," to evaluate for medical necessity

Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded **K0108**.

Exclusions:

The following items are not considered DME (the list is not all-inclusive):

- A. Exercise cycles - most plans exclude coverage of exercise equipment.
 - FES exercise devices such as the FES Power Trainer, ERGYS, REGYS, NeuroEDUCATOR, STimMaster Galaxy, RT200 Elliptical, RT300 FES Cycle Ergometer (also referred to as a FES bicycle), RT600 Step and Stand Rehabilitation Therapy System, and SpectraSTIM. These stationary exercise devices, not DME, are considered experimental and investigational in the prevention or reduction of muscle atrophy of the upper and lower extremities in individuals with hemiplegia or quadriplegia and for all other indications.
- B. Household equipment which has a customary purpose other than medical such as, but not limited to:
 - 1. Air purifiers
 - 2. Air conditioners
 - 3. Water purifiers
 - 4. Allergenic pillows
 - 5. Mattresses and waterbeds



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6. Household fixtures including, but not limited to, escalators, elevators, saunas, swimming pools, ramps, stairs, and bathroom modifications
- C. Miscellaneous items including, but not limited to dentures, hearing aids, eyeglasses, and corrective lenses (unless covered by rider)

Over the Limit Supply Requests:

For Medicaid plans consult the applicable TMPPM section for over-the-limit criteria for specific CPT and HCPCS codes.

Where TMPPM does not provide over-the-limit criteria for the specific item requested or when criterion does not exist, and for **all other plans (including Medicare plans where NCD / LCD do not provide over-the-limit criteria)**, requests for a **quantity of supplies that exceeds published limitations may be medically necessary** when **ALL** of the following are met:

- The treating physician has ordered a frequency that exceeds the benefit limit
- The treating physician has seen the member and has evaluated their medical status within 6 months prior to ordering quantities of the supplies that exceed the benefit limit
- The physician has documented in the member's medical record the specific reason for the additional materials for that member

BACKGROUND:

Durable medical equipment (DME) must be able to withstand repeated use. DME must be primarily and customarily used to serve a medical purpose, rather than being for patient comfort or convenience. It must be medically necessary for one or more activities of daily living (ADL). DME should be appropriate for use in the home. DME should not be useful to a person without injury or illness. CMS defines DME at this location: <https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html>

MANDATES:

There are no mandated benefits or regulatory requirements for BSWHP to provide coverage for these services with the exception of diabetic supplies.

Alberto N Agreement (Section 8.1) – DME, Scope of Services - **Medicaid beneficiaries** under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise, time period for replacement of DME will not apply to Medicaid



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beneficiaries under the age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.

Home Health DME and Supplies Exceptional Circumstances Provision - made available in accordance with Title 42 Code of Federal Regulations (CFR) §440.70 and Title 1 Texas Administrative Code (TAC) §354.1039. Under the Exceptional Circumstances provision, Texas Medicaid is obligated to consider coverage of medically necessary DME and supplies that are not currently listed as benefits of Texas Medicaid for clients who are **21 years of age or older**.

CODES:

Important note: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes	
CPT Not Covered	
ICD-10 Codes	
ICD-10 Not Covered	
HCPCS Codes	A, B, E, K, L codes

POLICY HISTORY:

Status	Date	Action
New	08/1/2010	New policy
Reviewed	10/18/2011	Reviewed.
Reviewed	12/6/2011	Reviewed.
Reviewed	10/25/2012	Reviewed.
Reviewed	10/3/2013	No changes
Reviewed	07/24/2014	Added CMS definition
Reviewed	08/11/2015	No changes.
Reviewed	08/18/2016	No changes.
Reviewed	07/18/2017	No changes.
Reviewed	05/29/2018	Clarified language in the policy statement.
Reviewed	08/22/2019	No changes.
Reviewed	09/24/2020	Reformatted for SWHP/FirstCare
Reviewed	09/23/2021	No changes
Reviewed	03/24/2022	Added specific information regarding E1399
Reviewed	03/30/2023	Added another E1399 item



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Reviewed	03/11/2024	Changed Policy name from "Durable Medical Equipment" to "Durable Medical Equipment and Over the Limit Supplies". Incorporated over the limit supplies details from the retired "Medicaid Over the Limit Supplies" Policy. Removed list of codes from the policy and advised to check TMPPM for recommended supply limits for DME. Added details regarding exercise equipment that is considered non-DME. Added Home Health DME and Supplies Exceptional Circumstances provision to the "Background" section. Formatting changes, added hyperlink to TMPPM, beginning and ending note sections updated to align with CMS requirements and business entity changes.
Reviewed	2/10/2025	Updated section about E1399—removed "When E1399 is used for wheelchair parts and accessories, medical review may NOT be required"; added- "Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108 "; rephrased the Exclusions section; added additional reference.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence surrounding acupuncture with and without electrical stimulation and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available, and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). Effective 5/5/2005.
2. U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA). Definition of durable medical equipment. Medicare Carriers Manual §2100.1. Baltimore, MD: HCFA; 1999.
3. Medicare Definition of DME. <https://www.medicare.gov/coverage/durable-medical-equipment-coverage.html> Accessed 7/7/2017
4. Title 42 Code of Federal Regulations (CFR) §440.70, 3 (v) and Title 1 Texas Administrative Code (TAC) §354.1039
5. Title 42 Code of Federal Regulations (CFR), § 414.229



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Note:

Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.

RightCare STAR Medicaid is offered through Scott and White Health Plan in the Central Texas Medicaid Rural Service Area (MRSA); FirstCare STAR is offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA; and FirstCare CHIP is offered through FirstCare in the Lubbock Service Area.