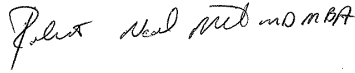


Origination Date: 10/00	Revision Date(s): 1/01, 8/03, 8/04, 8/05, 8/06, 5/07, 5/08, 11/09, 2/11
Developed By: Medical Criteria Committee	



Approved:

Neal Mills MD, MBA

Date: 3/15/2011

Description:

Durable Medical Equipment (DME) is any equipment for use in the home setting that provides therapeutic benefits to members with certain medical conditions and/or illness. DME includes, but is not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, ventilators, oxygen equipment, monitors, pressure mattresses, nebulizers, prosthetics, continuous positive airway pressure equipment (CPAP), and phototherapy equipment for hyperbilirubinemia. DME is further defined as any equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose.

General DME Policy:

- ODS will provide coverage for DME when it is determined to be medically necessary and it is a covered benefit under the member's health plan.
- ODS will provide coverage for repairs, maintenance and replacement of eligible DME on an individual consideration basis when it is necessary to make the equipment usable.
- A physician's order is required for preauthorization of DME.
- ODS will maintain the option to rent or purchase DME.

Criteria:

DME may be covered when **ALL** of the following criteria are met:

1. The equipment provides therapeutic benefit to a member with certain medical conditions and/or illness.
2. The DME is prescribed by a physician within the scope of his/her practice.
3. The DME does not serve primarily as a comfort or convenience item.
4. The DME meets the criteria outlined in specific DME policy if established.
5. The DME that is approved is the least costly item to meet the patient's medical need.

Maintenance, Repair, and Replacement of DME:

- Repair or maintenance of equipment that has been purchased may be covered on an individual basis when necessary to make the equipment usable.
- Replacement of rental equipment may be recommended when the rented item is irreparably damaged, or if replacement is required during repair and/or maintenance of a specific item.
- Replacement or repair of an item that has been misused or abused will be the responsibility of the member.
- ODS will have the option to repair or purchase new DME.

Durable Medical Equipment and Services are NOT covered when:

- Optional or ancillary DME equipment or features that are primarily for convenience or upgrades beyond what is medically necessary to meet the member's medical needs. Examples include but are not limited to: decorative items, unique materials (e.g. magnesium wheelchair wheels, lights, custom coloring, extra batteries, cup holders, back packs, etc).
- The DME does not provide a therapeutic benefit to a member.

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- The DME has not been prescribed by a physician within the scope of his/her practice.
- The DME serves primarily as a comfort or convenience item. Examples include but are not limited to: elevators, wheelchair vans, wheelchair lifts for stairs, etc.
- The equipment is used in a facility that is expected to provide such items to the member.
- It is a device or equipment used to enhance the environmental setting (for example: air conditioners, humidifiers, air filters, portable Jacuzzi pumps, bathroom equipment).
- It is experimental or investigational equipment.
- The equipment is prescribed for other than intended usage.
- The equipment is not FDA approved.
- The DME is prescribed as part of a home exercise program (for example: exercise videos, pool memberships, gym memberships, treadmills, exercise balls, etc)
- The DME was abused, used beyond its specifications, and in a manner to void applicable warranties.
- DME items that assist with care that is primarily custodial in nature (i.e. DME items that help a person with activities of daily living like eating, dressing, getting in and out of bed, getting in and out of a vehicle, lifts for going up and down stairs or any similar items).

Information to be Submitted with Pre-Authorization Request:

ODS may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but may not be sufficient documentation unless all specific information is included. Additional specific information may be requested for separate criteria for specific DME items.

References:

- OMAP DME Guide accessed on February 21, 2011 at:
<http://www.dhs.state.or.us/policy/healthplan/guides/dme/CRB%20196-122-%20101110.pdf>
- Physician Advisors