



MEDICAL COVERAGE GUIDELINES  
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 10/25/16  
LAST REVIEW DATE: 10/16/18  
LAST CRITERIA REVISION DATE:  
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## DURABLE MEDICAL EQUIPMENT (DME)

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Description:

Durable medical equipment is defined as those **base model**<sup>1</sup> items that are:

- Designed for repeated medical use and appropriate in the home setting
- Medically necessary to treat an illness or injury
- Specifically designed to improve or support the function of a body part
- Intended to prevent further deterioration of the medical condition for which the equipment has been prescribed
- Not to serve primarily for comfort, convenience or assistance in daily living
- Primarily not useful to an individual in the absence of an illness or injury
- Not available as an over-the-counter item

<sup>1</sup> The benefit and any subsequent reimbursement are for the base model. Deluxe or upgraded equipment will be assessed for medical necessity based upon the attending physician's documentation of the need for said equipment. Equipment lacking documentation of medical necessity for deluxe or upgraded equipment will be covered as any base model with the member responsible for the difference between the allowed amount for the base model and the provider's billed charges for the deluxe or upgraded equipment.

To verify how a specific DME item is reimbursed, enrolled members should contact BCBSAZ using the phone number listed on the back of their member ID card and contracted providers can access the [azblue.com](http://azblue.com) provider website for information.

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## **DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

### **Criteria:**

**COVERAGE FOR DURABLE MEDICAL EQUIPMENT IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.**

- The following services or charges are considered a **benefit plan exclusion** and **not eligible for coverage**:
  1. Charges for continued rental of a DME item after the purchase price is reached
  2. Repair costs that exceed the replacement cost of the DME item
  3. Repair or replacement of DME items lost or damaged due to neglect or use that is not in accordance with the manufacturer's instructions or specifications
  4. Charges for the difference between the allowed amount for the DME item base model and the upgraded or deluxe DME item when medical necessity criteria for such upgraded or deluxe item is not met
  
- The following DME items are considered a **benefit plan exclusion** and **not eligible for coverage**. These items include, *but are not limited to*:
  1. Adjustable beds, e.g., Adjust-a-Bed™, Beautyrest®, Comfort™ Bed, Select Comfort®, Sleep Number®, etc.
  2. Air cleaners
  3. Air conditioners
  4. Air purifiers
  5. Alarm systems for bed wetting
  6. Arch supports, heel pads and/or foot pads
  7. Assistive eating devices
  8. Atomizers
  9. Auto-tilt chair/recliner or elevating chair
  10. Bathroom equipment, e.g., lifts, tub seats or chairs, bed baths
  11. Bed board
  12. Beds, lounge
  13. Bidet toilet seat
  14. Biofeedback devices, including RESPeRate® device-guided breathing
  15. Braille teaching texts
  16. Car seats
  17. Cold applications, including AutoChill®, Cryo/Cuff®, Game Ready™, Accelerated Recovery System, Polar Care®
  18. Communication board, non-electronic augmentative or alternative communication device
  19. Cosmetic items
  20. Crutch or cane holder for wheelchair
  21. Cryopneumatic and cryopneumatic/heat devices, including TEC System®



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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Criteria: (cont.)

- The following DME items are considered a **benefit plan exclusion** and **not eligible for coverage**. These items include, *but are not limited to:* (cont.)
22. Cushions, e.g., neck, back and bed roll
  23. Dehumidifiers, room or central air system type
  24. Disposable hygienic items and linens, e.g., Chux, diapers, Depend®
  25. Dressing aids and devices, e.g., dressing sticks, reachers, zipper pulls, button hooks, shoehorns
  26. Elastic/support stockings or socks, commercial, over-the-counter, e.g., Hanes®, Leggs®, etc.  
(Exclusion does not include compression stockings used in the treatment of extensive scarring, deep vein thrombosis, thrombophlebitis, or lymphedema, which are **eligible for coverage**, e.g., Jobst®, T.E.D.™ anti-embolism stockings)
  27. Electronic interface to operate speech generating device using power wheelchair control interface
  28. Elevators
  29. Emesis basins
  30. Ergonomic equipment
  31. Exercise equipment and accessories
  32. Foot stools
  33. Grab bars
  34. Heating and cooling units
  35. Helmets, including helmets for cranial orthosis which are available OTC
  36. Home modifications
  37. Hot tubs or spas
  38. Humidifiers, room or central air system type
  39. Incontinence devices, alarms, etc.
  40. Irrigating kits, e.g., enema (Peristeen® Anal Irrigation System), douche
  41. Language, communication and/or speech generating devices and associated equipment, for any purposes – except the artificial larynx and tracheostomy speaking valve
  42. Massage equipment and devices, e.g., Infrasonic QGM (low frequency, electro-acoustical therapeutic massager)
  43. Mattress care, e.g., special bedding, mattress cleaning
  44. Paraffin bath unit and paraffin
  45. Portable Jacuzzi® equipment
  46. Reaching and grabbing devices
  47. Recliner chairs
  48. Reverse osmosis water filtration system
  49. Spinal-pelvic stabilizers, e.g., corset, girdle
  50. Strollers of any kind, including specialty or customized strollers, e.g., Convaid® Scout®
  51. Sunlamp

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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Criteria: (cont.)

- The following DME items are considered a **benefit plan exclusion** and **not eligible for coverage**. These items include, *but are not limited to:* (cont.)

52. Supplies available over the counter or for comfort and convenience
53. Telephone alert systems
54. Telephone arms or cradle
55. Tilt or inversion tables or suspension devices
56. Transport chairs
57. Trays for wheelchair
58. Ultrasound equipment
59. Vehicle modification lifts, kits
60. Whirlpool, hydrotherapy, spa, and/or hot tub equipment

- The following DME items are considered **medically necessary** if criteria are met:

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Artificial saliva (Caphosol®)	A9155	➤ Severe dry mouth unresolved with over-the-counter treatment.
Alert or alarm device, not otherwise classified	A9280	<ul style="list-style-type: none"> <li>➤ Clinical documentation required to determine medical necessity.</li> <li>➤ <b>Benefit plan exclusion</b> and <b>not eligible for coverage</b> for bed-wetting or for use with a telephone, e.g., Life Alert®.</li> </ul>
Non-powered advanced pressure reducing mattress or powered air overlay for mattress  Positioning cushion/pillow/ wedge, any shape or size, includes all components and accessories	E0190 E0371 E0372 E0373	➤ Decubitus ulcers or highly susceptible to decubitus ulcers.
Hospital beds, semi-electric and total electric	E0260 E0261 E0265 E0266 E0294 E0295 E0296 E0297 E0329	<ul style="list-style-type: none"> <li>➤ Frequent and immediate changes of body positions required. Individually controlled.</li> <li>➤ All other requests will be reviewed by the medical director(s) and/or clinical advisor(s), i.e., individual with brain damage and/or spinal cord injuries.</li> </ul>



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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria: (cont.)**

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Hospital bed, heavy duty and accessories	E0301 E0303	➤ Medically necessary for individuals with clinical documentation of a body weight greater than 350 pounds but less than or equal to 600 pounds.
Hospital bed, heavy duty and accessories	E0302 E0304	➤ Medically necessary for individuals with clinical documentation of a body weight greater than 600 pounds.
Customized durable medical equipment, other than wheelchair  Manual adult size wheelchair, includes tilt in space  Pediatric crib, hospital grade, full enclosed  Power wheelchair components, replacement only  Special height arms or back for wheelchair  Temporary replacement for patient-owned equipment being repaired, any type Power mobility device  Wheelchair, specially sized or constructed	E0328 E0300 E1161 E1220 E1221 E1222 E1223 E1224 E1227 E1228 E1229 E2368 E2369 E2370 E2378 K0462 K0899 K0900	➤ Clinical documentation required to determine medical necessity.



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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Criteria: (cont.)

- The following DME items are considered **medically necessary** if coverage criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Oximeter	E0445 E1399	➤ To determine medical necessity for O <sub>2</sub> therapy and for COPD and steroid-dependent asthmatic.
Oxygen conserving device (e.g., LC-3 Oxylite portable O <sub>2</sub> system)	E1399	<p>➤ Considered a separate upgrade or deluxe item and therefore a <b>benefit plan exclusion</b> and <b>not eligible for coverage</b>. Member is responsible for charges for the oxygen conserving device.</p> <p>➤ The separately billed base model stationary and portable oxygen concentrator are eligible for coverage based on medical necessity.</p>
O <sub>2</sub> and water vapor enriching system	E1405 E1406	<p>➤ Chronic, significant hypoxemia that is stable with documentation of <b>ALL</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Specific lung disease or hypoxia-related symptoms might be expected to improve with therapy</li> <li>2. Blood gas levels indicate the need for O<sub>2</sub> therapy</li> </ol> <p>➤ Cluster headaches that have failed to respond to conventional therapy.</p>



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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Aerochambers (for use with metered dose inhaler)	E1399	➤ Respiratory conditions.
Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)  Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)  Ventilator, cough stimulating device  Includes both positive and negative pressure types.	E0450 E0465 E0466 A7020	➤ <b>ANY</b> of the following:  1. Neuro-muscular diseases 2. Thoracic restrictive diseases, e.g., AML 3. Chronic respiratory failure as the result of chronic obstructive pulmonary disease
Percussor, electric or pneumatic, home model	E0480	➤ To mobilize respiratory tract secretions.
Insulin protection case	E1399	➤ <b>Eligible for coverage</b> for one (1) base model case per year.  ➤ Leather, sports model or sports guard are considered not a base model item therefore a <b>benefit plan exclusion</b> and <b>not eligible for coverage</b> .
Seat lifts	E0627 E0628 E0629	➤ <b>ANY</b> of the following:  1. Severe hip or knee arthritis 2. Muscular disease 3. Neuromuscular and other diseases.





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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered **medically necessary** if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Patient lifts  Wheelchair accessory, seat lift mechanism	E0639 E0640 E0985	➤ Unable to assist with own transfer.
Multi-positional support system or combination sit to stand system  Standing frame system, any size, with or without wheels  Wheelchair seat or back cushion	E0636 E0637 E0638 E0641 E0642 E2231 E2602 E2603 E2604 E2605 E2606 E2607 E2608 E2609 E2610 E2611 E2612 E2613 E2614 E2615 E2616 E2617 E2619 E2622 E2623 E2624 E2625 K0669	➤ Decubitus ulcers or highly susceptible to decubitus ulcers and unable to assist with own transfer.
Gravity assisted traction device, any type	E0941	➤ Inversion traction therapy or gravity assisted traction is considered <b>experimental or investigational</b> based upon insufficient scientific evidence to permit conclusions concerning the effect on health outcomes.



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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p><b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b></p>		
Motorized wheelchair Power operated vehicle Power wheelchair Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	E0983 E0984 E1230 E1231 K0800 K0801 K0802 K0806 K0807 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835 K0836 K0837 K0838 K0839 K0840	➤ Unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely and would be bed or chair confined without use of a wheelchair. ➤ Additional clinical documentation required to determine medical necessity of specialized wheelchair options. May qualify for a wheelchair and still be confined to bed.

**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

- The following DME items are considered **medically necessary** if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b>		
Motorized wheelchair (cont.) Power operated vehicle (cont.) Power wheelchair (cont.) Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (cont.) Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (cont.)	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 K0898	<ul style="list-style-type: none"> <li>➤ Unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely and would be bed or chair confined without use of a wheelchair.</li> <li>➤ Additional clinical documentation required to determine medical necessity of specialized wheelchair options.</li> </ul> May qualify for a wheelchair and still be confined to bed.



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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p><b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b></p>		
<p>Other motorized/power wheelchair base  Wheelchair accessories or replacement components</p>	<p>E0953 E0954 E0988 E0990 E0992 E0994 E0995 E2201 E2202 E2203 E2204 E2205 E2206 E2209 E2210 E2211 E2212 E2213 E2214 E2215 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2224 E2225 E2226 E2227 E2228 E2340 E2341 E2342 E2343 E2358 E2359 E2360</p>	<p>➤ For use with a previously or currently approved wheelchair.</p>



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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p><b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b></p>		
<p>Other motorized/power wheelchair base (cont.)</p> <p>Wheelchair accessories or replacement components (cont.)</p>	<p>E2361 E2362 E2363 E2364 E2365 E2366 E2367 E2371 E2372 E2397 K0008 K0013 K0014 K0020 K0037 K0038 K0039 K0040 K0041 K0042 K0043 K0044 K0045 K0046 K0047</p>	<p>➤ For use with a previously or currently approved wheelchair.</p>

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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

**Criteria:** (cont.)

➤ The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b>		
Other motorized/power wheelchair base (cont.)  Wheelchair accessories or replacement components (cont.)	K0050 K0051 K0052 K0053 K0056 K0065 K0069 K0070 K0071 K0072 K0073 K0077 K0098 K0108 K0195 K0733	➤ For use with a previously or currently approved wheelchair.
Manual wheelchair accessory, manual standing system  Power wheelchair accessory, power standing system  Wheelchair accessory, power seating system  Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1012 E2230 E2301	➤ Decubitus ulcers or highly susceptible to decubitus ulcers and requires frequent and immediate changes of body positions. Individually controlled.

**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

- The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b>		
Power wheelchair accessory: hand, head or chin control interface, sip and puff interface or attendant control  Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	E1028 E2312 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331 E2373 E2374 E2375 E2376 E2377	<ul style="list-style-type: none"> <li>➤ Unable to operate standard hand controls.</li> <li>➤ For use with an approved power wheelchair.</li> </ul>
Wheelchair accessory, ventilator tray	E1029 E1030	<ul style="list-style-type: none"> <li>➤ For use with an approved ventilator.</li> </ul>
Rollabout chair, any and all types with castors 5". or greater	E1031	<ul style="list-style-type: none"> <li>➤ In lieu of a medically necessary wheelchair.</li> <li>➤ Chairs with castors smaller than 5" are <b>not eligible for coverage</b>.</li> </ul>
Back or seat planar, positioning cushion for planar back or contoured seat  Positioning wheelchair back cushion  Wheelchair accessory, manual full reclining back  Wheelchair accessory, manual semi-reclining back	E1225 E1226 E2291 E2292 E2293 E2294 E2620 E2621	<ul style="list-style-type: none"> <li>➤ Two (2) hours or more per day spent in a wheelchair and documentation of <b>ONE</b> of the following:               <ol style="list-style-type: none"> <li>1. Quadriplegic</li> <li>2. Casts/brace requires this feature for positioning</li> <li>3. Needs to rest in this position frequently during the day</li> <li>4. Unable to recline without aid</li> </ol> </li> <li>➤ For use with an owned wheelchair.</li> </ul>

## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

**Criteria:** (cont.)

- The following DME items are considered *medically necessary* if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b>		
Wheelchair, pediatric size	E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239	<ul style="list-style-type: none"> <li>➤ Clinical documentation required to determine medical necessity.</li> <li>➤ E1236 or E1238 may be submitted to represent a stroller. Strollers of any kind, including, but not limited to, specialty or customized strollers, are a <b>benefit plan exclusion</b> as a transportation device and <b>not eligible for coverage</b> and <b>not medically necessary</b>.</li> </ul>
Wheelchair accessory cylinder tank carrier	E2208	<ul style="list-style-type: none"> <li>➤ Individual requires O<sub>2</sub> while in wheelchair.</li> </ul>
Power wheelchair accessory, power seat elevation system	E2300	<ul style="list-style-type: none"> <li>➤ For use with an approved power wheelchair for individual who is unable to assist with their own transfer.</li> </ul>
Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating	E2295	<ul style="list-style-type: none"> <li>➤ Permanently non-ambulatory children who move continuously and require proper postural seating alignment to be maintained.</li> </ul>
Power wheelchair accessory, electronic connection between wheelchair controller and power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	E2310 E2311 E2313	<ul style="list-style-type: none"> <li>➤ Clinical documentation is required to determine medical necessity.</li> <li>➤ Requires review by the medical director(s) and/or clinical advisor(s).</li> </ul>
Gait trainer	E8000 E8001 E8002	<ul style="list-style-type: none"> <li>➤ Impaired ambulation.</li> </ul>
IV Hanger	K0105	<ul style="list-style-type: none"> <li>➤ Reimbursement is separate if not used with home infusion therapy.</li> <li>➤ Reimbursement is included in per diem charge if used with home infusion therapy.</li> </ul>





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**DURABLE MEDICAL EQUIPMENT (DME) (cont.)**

**Criteria:** (cont.)

➤ The following DME items are considered **medically necessary** if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	COVERAGE CRITERIA
<b>One (1) prescription for orthopedic or therapeutic footwear is eligible for coverage per year.</b>		
Lifts	L3300 L3310 L3320 L3330 L3332 L3334	➤ Leg length discrepancy <b>ONLY</b> .  ➤ All other conditions are considered a <b>benefit plan exclusion</b> and <b>not eligible for coverage</b> .
Orthopedic shoes/footwear (Includes orthopedic footwear, additions, inserts, inlays and/or modifications)	L3201 L3202 L3203 L3204 L3206 L3207 L3212 L3213 L3214 L3215 L3216 L3217 L3219 L3221 L3222 L3230 L3250 L3251 L3252 L3253 L3254 L3255 L3257 L3340 L3350 L3360 L3370 L3380 L3390	➤ <b>ANY</b> of the following:  1. As an integral part of a brace 2. Diabetes 3. Neurological involvement of the foot or lower leg (below the knee) 4. Peripheral vascular disease of the foot or lower leg (below the knee)



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## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Criteria: (cont.)

➤ The following DME items are considered **medically necessary** if criteria are met: (cont.)

DME ITEM DESCRIPTION	HCPCS CODES	COVERAGE CRITERIA
<b>One (1) prescription for orthopedic or therapeutic footwear is eligible for coverage per year.</b>		
Orthopedic shoes/footwear (Includes orthopedic footwear, additions, inserts, inlays and/or modifications) (cont.)	L3400 L3410 L3420 L3430 L3440 L3450 L3455 L3460 L3465 L3470 L3500 L3510 L3520 L3530 L3540 L3550 L3560 L3570 L3580 L3590 L3595 L3649	➤ <b>ANY</b> of the following:  1. As an integral part of a brace 2. Diabetes 3. Neurological involvement of the foot or lower leg (below the knee) 4. Peripheral vascular disease of the foot or lower leg (below the knee)
Electronic medication compliance management device, includes all components and accessories, not otherwise classified	T1505	➤ Remote medication management systems are considered 'comfort and convenience' and therefore a <b>benefit plan exclusion and not eligible for coverage</b> .  ➤ Electronic pill dispensers are considered 'over the counter' products and therefore a <b>benefit plan exclusion and not eligible for coverage</b> .

### Resources:

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet.



MEDICAL COVERAGE GUIDELINES  
SECTION: Durable Medical Equipment (DME)

ORIGINAL EFFECTIVE DATE: 10/25/16  
LAST REVIEW DATE: 10/16/18  
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ARCHIVE DATE:

## DURABLE MEDICAL EQUIPMENT (DME) (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idíílkidgo beehaz'áanii hóloq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



MEDICAL COVERAGE GUIDELINES
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DURABLE MEDICAL EQUIPMENT (DME) (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian: Blue Cross Blue Shield of Arizona ... 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย โปรดสอบถาม โทร 877-475-4799