



## General Medical Necessity Guidance for Durable Medical Equipment, Prosthetic, Orthotics and Supplies (DMEPOS)

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## DESCRIPTION

The Durable Medical Equipment, Prosthetic, and Orthotic Services (DMEPOS) benefit originated with the Medicare program as part of the home health benefit under the Social Security Act to assist with medical needs within the home environment. The Centers for Medicare and Medicaid Services (CMS) provide guidance regarding the medical appropriateness for medical equipment and supplies.

## MEDICARE ADVANTAGE POLICY CRITERIA

### Note:

- **IMPORTANT:** While an item or component may be dispensed by a durable medical equipment (DME) supplier or professional provider, that in itself does not imply the item would be classified as “durable medical equipment” or be eligible for coverage. Under Medicare regulations, this applies to items with some remote medically related use.<sup>[1]</sup>
- All items must be reported with the appropriate Healthcare Common Procedure Coding System (HCPCS) code. Inappropriate use of unlisted codes or failure to use specific codes when available may result in denials. See Coding notes below. The health plan will defer to the Medicare Pricing, Data Analysis, and Coding (PDAC) contractor (Palmetto GBA) for proper code assignment of most items. Products coded by the PDAC using A9270 (*Noncovered item or service*) will be considered non-covered by Medicare or the Medicare Advantage health plan, even if another HCPCS code is submitted for consideration.
- See “Policy Guidelines” below for Medicare-based definitions of terms used in this medical policy.

### Benefit Category:

**CMS References (Coverage Manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Articles (LCAs)**

### Coverage

**Note:** Medicare Advantage member contracts may provide limited supplemental coverage for some items and equipment, and such EOC language has precedence where applicable. In the event EOC language does not specifically address an item, the Medicare guidance within this medical policy should be used.

- Many DMEPOS items have specific medical necessity criteria within a Medicare reference (NCD, LCD, LCA, etc) that must be satisfied in order for the item to be eligible for coverage.
- Although an item may be classified as DME, it may not be covered in every instance. Even though an item of DME may serve a useful medical purpose, DME is expected to be both reasonable **and** necessary to meet Medicare’s requirements for coverage.
- The health plan will defer to current policies, guidelines, and/or interpretations established by CMS to determine appropriateness of the DMEPOS item when available. In the absence of a specific Medicare policy reference, the health plan may develop coverage criteria within a separate Medicare Advantage medical policy (See Cross References).
- Some helpful resources may include the following:
  - [NCDs related to DMEPOS](#) (§280.1-280.15 addresses many DMEPOS items, but other sections of the NCD manual may also be used, including but not limited to, §10.2,

**Benefit Category:****CMS References (Coverage Manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Articles (LCAs)**

- §40.2-40.4, §50.1-50.4, §80.1, §80.4, §80.5, §80.12, §150.2, electrical stimulators in §160, home oxygen in §240, and wound treatment devices in §270).*
- [Active Noridian LCDs and LCAs related to DMEPOS](#) (*Many items addressed in NCDs also have applicable LCDs and LCAs*).
  - The Noridian web page for [Noncovered Items](#)
  - [The Medicare DMEPOS Fee Schedule – Many items are not included in the Medicare DMEPOS Fee Schedule because they are not eligible for coverage under Medicare. Thus, if an item is not included in the DMEPOS Fee Schedule, this can be an indicator of Medicare non-coverage.](#)
  - *Note: Not all items may have specific coverage guidance, but all items are still required to be medically reasonable and necessary according to the guidelines provided, including meeting the definition of DMEPOS.*
- DMEPOS codes which require prior authorization are listed on the “Medicare Pre-authorization List” web page. While codes **not** listed on the pre-authorization website do not require prior approval and while the services described in this medical policy may not be subject to routine medical necessity review unless they are addressed by a separate medical policy (see Cross References below), providers are always expected to follow Medicare’s medical necessity requirements when rendering treatment to beneficiaries. In addition, utilization may be subject to audit.
  - Claim adjudication is subject to claim processing guidelines and provider contracts and therefore, an item that meets medically necessary criteria is not guaranteed for reimbursement.
  - Supplies and accessories necessary for the effective use of medically necessary DME are covered (e.g., drugs and biologicals put directly into the equipment in order to achieve the therapeutic benefit of the DME, batteries to assure the proper functioning of the equipment, etc.).
  - Supplies and accessories are not medically necessary when used for the convenience of the member, provider, or caregiver OR which are not required for effective use of the device, even if the base equipment item itself is medically reasonable and necessary (see the *Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §110.1 - Definition of Durable Medical Equipment, B. 2*).
  - Supplies and accessories are also not medically necessary when related to non-covered base items or services (see the *Medicare Benefit Policy Manual, Chapter 16, §180 - Services*

**Benefit Category:****CMS References (Coverage Manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Articles (LCAs)**

*Related to and Required as a Result of Services Which Are Not Covered Under Medicare and Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §110.2 - Repairs, Maintenance, Replacement, and Delivery). "Medicare requires that supplies and accessories only be provided for equipment that meets the existing coverage criteria for the base item." (Noridian web page for *Supplies and Accessories Used with Beneficiary Owned Equipment*) Therefore, accessories, components, supplies, or services are denied coverage when related to items or equipment that have been determined to be “not medically necessary” under Medicare.*

**DME****Medicare Benefit Policy Manual, Pub. No. 100-02  
Chapter 15 - Covered Medical and Other Health Services**

*See Section 110 in the following link:*

[§110.1 - Definition of Durable Medical Equipment](#)

**Important Notes:**

- Durable Medical Equipment (DME) is equipment which:
  - Can withstand repeated use; **and**
  - Is primarily and customarily used to serve a medical purpose; **and**
  - Generally is not useful to a person in the absence of an illness or injury; **and**
  - Is appropriate for use in the home; **and**
  - Has an expected life of at least 3 years (for items classified as DME after January 1, 2012).
- Supplies and accessories that are necessary for the effective use of medically necessary DME are covered. Supplies may include drugs and biologicals that must be put directly into the equipment in order to achieve the therapeutic benefit of the DME or to assure the proper functioning of the equipment.
- Implanted DME with related replacement parts, accessories, and supplies are not included within the “DMEPOS” category. This does not necessarily imply these items are always non-covered, they just would not be subject to many DME/prosthetic rules.

**Prosthetics****Medicare Benefit Policy Manual, Pub. No. 100-02**

**Benefit Category:****CMS References (Coverage Manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Articles (LCAs))****Chapter 15 - Covered Medical and Other Health Services***See Section 120 in the following link:*[§120 - Prosthetic Devices, A. General](#)**Important Notes:**

- Prosthetic devices are items which replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ. The test of permanence is considered met if the medical record, including the judgment of the attending physician, indicates that the condition is of long and indefinite duration.
- Coverage under this benefit includes, but is not limited to, artificial arms and legs (see below), breast prostheses, eye prostheses, parenteral and enteral nutrition, ostomy supplies, urological supplies in beneficiaries with permanent urinary incontinence, and glasses or contact lenses in beneficiaries with aphakia or pseudophakia. However, dental devices, such as dentures, are not eligible for coverage under the Prosthetic benefit for Medicare.
- Supplies that are necessary for the effective use of a medically necessary prosthetic device are covered. Equipment, accessories, and supplies (including nutrients) which are used directly with an enteral or parenteral nutrition device to achieve the therapeutic benefit of the prosthesis or to assure the proper functioning of the device are covered.
- Many implanted devices are not included within the “DMEPOS” category. Examples include, but may not be limited to, internal fixation supplies such as spinal surgery hardware (spinal cages, screws, rods, etc.) and implanted retinal prostheses, with their related replacement parts, accessories, and supplies. This does not imply these items are non-covered, they just would not be subject to certain DME rules, such as replacement requirements.

**Orthotics (Braces)****Medicare Benefit Policy Manual, Pub. No. 100-02****Chapter 15 - Covered Medical and Other Health Services***See Section 130 in the following link:*[§130 - Leg, Arm, Back, and Neck Braces, Trusses, and Artificial Legs, Arms, and Eyes](#)

**Benefit Category:**

**CMS References (Coverage Manuals, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Articles (LCAs)**

**Important Notes:**

- A brace is a rigid or semi-rigid device used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body.
- While it includes the phrase “orthotic” or “orthosis,” oral orthotics and oral appliances are not included within the “DMEPOS” category. For Medicare purposes, these items are dental in nature.

**Other Benefit Categories**

- Other Medicare Benefit categories exist for various DME items. Omission of those Benefit Categories does **not** imply coverage requirements for those items are not valid.

**DMEPOS and Medical Supply List**

See [Appendix 1](#).

*Note, this is not an all-inclusive list and general Medicare medical necessity requirements remain the responsibility of providers at all times.*

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The following information is not required with every claim submission, but may be requested for audit of DMEPOS items. Requested information may include, but is not limited to, the following:

- Make/model and manufacturer name of equipment/device;
- Written and signed order or prescription (also referred to as Standard Written Order, or SWO) or certificate of medical necessity (CMN) from the treating provider/practitioner (**Note:** CMS removed the requirement for CMNs effective 1/1/2023, stating that the information on the CMN is available elsewhere. The relevant information continues to be required and will be accepted by the plan with or without a CMN.<sup>[2]</sup>);
- Medical records and chart notes relevant to the item or equipment requested; and,
- Other documentation as appropriate for the specific item or equipment under review.

According to Noridian, “There must be an open line of communication between the supplier and the ordering practitioner. Suppliers are trained on coverage criteria for equipment; however, the documentation to support such criteria must be present in the patient's medical record and cannot come from the supplier.”<sup>[11]</sup>

### DEFINITIONS

**Activities of Daily Living (ADLs):** Activities performed during a normal day, including but are not limited to, tasks such as eating, toileting, grooming, dressing, and bathing that are necessary to maintain or improve the client's health.<sup>[3]</sup>

**Custom DME:**<sup>[6]</sup> In order to be considered a customized DME item, the item (including a wheelchair) must be:

- (a) uniquely constructed or substantially modified for a specific beneficiary according to a physician's description and orders (e.g., one-of-a-kind item, fabricated to meet specific needs) and
- (b) so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.<sup>[4]</sup>

*Example: A wheelchair that must be custom built or substantially fabricated to accommodate the needs of wheelchair-confined conjoined twins facing each other. Such a chair would require significant modifications or custom fabrication to meet specific needs and would be unable to be grouped together with other types of wheelchairs.*

Items which are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use (i.e., custom *fitted* items) or items which have been assembled by a supplier, or ordered from a manufacturer, using available

customized features, modifications or components do **not** meet the definition of “customized” because these items are not uniquely constructed or substantially modified and can be grouped with other items for pricing purposes. The use of “customized” options, custom ordered options/accessories or custom fitting of certain parts does not result in the equipment being considered as custom DME.

**Durable Medical Equipment (DME):** Equipment furnished by a DMEPOS supplier/provider or a home health agency which:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally, is not useful to a person in the absence of an illness or injury;
- Is appropriate for use in the home; and
- Has a minimum lifetime requirement (MLR) of at least 3 years (for items reviewed and categorized on or after January 1, 2012).

**Note:** The 3-year MLR is a requirement for an item to be considered eligible for classification as DME. Items with an MLR of less than 3 years are ineligible to be considered DME because they do not meet the definition of the term “durable.” However, the MLR is not the reasonable useful lifetime (RUL) requirement for DME items. The RUL is used to determine how often it is reasonable to pay for the replacement of an item or component (see Cross References).

**Home Setting:** For purposes of rental and purchase of DME, a “home” is defined as the member’s place of permanent residence. Permanent residence may include an individual’s own dwelling (e.g., home or apartment), a relative’s home, a home for the aged, or some other type of institution (such as an assisted living facility, or an intermediate care facility for individuals with intellectual disabilities (ICF/IID)). **Note:** Hospitals, skilled nursing facilities (SNFs), or any setting that exists primarily for the purpose of providing medical/nursing care are **not** considered a “home” for purposes of DME rental or purchase. **IMPORTANT:** Medicare place of service (POS) rules with respect to DMEPOS claims will be applied during the claim adjudication process.<sup>[13]</sup>

**Orthotics (Orthoses):** Rigid or semi-rigid devices used for supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. Items that are not sufficiently rigid to be capable of providing the necessary immobilization or support to the body part for which it is designed would not meet this definition and therefore, would be noncovered.

**Practitioner/Clinician:** Means an individual licensed pursuant to federal and state law to engage in the provision of health care services within the scope of the practitioner's license and certification. **Note:** Medicare rules regarding ordering providers will apply. While Medicare and member benefits within EOCs may allow coverage to see certain provider types (e.g., chiropractors, naturopaths, etc.), these providers may not be eligible to *order or supply* DMEPOS items under Medicare federal payment rules.<sup>[14]</sup>



**Prosthetics (Prostheses):** Items which replace all or part of a body organ or limb. Examples include, but are not limited to, artificial limbs, parenteral and enteral (PEN) nutrition, cardiac pacemakers, prosthetic lenses, breast prostheses (including a surgical brassiere) for postmastectomy patients, maxillofacial devices, and devices which replace all or part of the ear or nose. However, dental items, such as dentures, are not considered prosthetic devices. In addition, implanted prosthetic devices (e.g., a testicular prosthesis) are not included in the scope of this medical policy.

**Used equipment (DME):** Any equipment that has been previously purchased or rented by someone before the current purchase transaction and equipment (e.g. equipment used for trial periods or as a demonstrator).<sup>[7]</sup>

## CROSS REFERENCES

1. [Durable Medical Equipment Policies](#), Medicare Advantage Medical Policy Manual Index

## REFERENCES

1. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, [§110.1 - Definition of Durable Medical Equipment](#) (see all subsections)
2. MLN Matters® Number SE22002 for [Elimination of Certificates of Medical Necessity & Durable Medical Equipment Information Forms](#)
3. Social Security Act (SSA) Section 1862(a)(2)
4. SSA §1861(s)(8) and (9)
5. CMS Glossary Web page; Available at: <https://www.cms.gov/apps/glossary/>
6. Customized items; CFR §414.224(a)
7. Medicare Benefit Policy Manual, Chapter 20 - Medicare Claims Processing Manual, Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), [§30.1.1 - Used Equipment](#) (see all subsections)
8. Medicare Benefit Policy Manual, Chapter 15 - Covered Medical and Other Health Services, [§120 - Prosthetic Devices](#)
9. Centers for Medicare and Medicaid Services (CMS) criteria: <https://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>
10. Noridian Local Coverage Article (LCA) for *Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)* (This LCA can be accessed directly from the [Medicare Coverage Database](#) website) [Last Cited 11/14/2023]
11. Noridian web page for [Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\)](#) [Last Cited 11/14/2023]
12. Noridian J-D [2020 Jurisdiction List](#) [Last Cited 11/14/2023]
13. Noridian DME web page for [Place of Service](#) [Last Cited 11/14/2023]
14. Noridian DME web page for [Orders](#) [Last Cited 11/14/2023]

## CODING

### NOTES:

- Most DME, prosthetics, orthotics, and accessories have an applicable, specific HCPCS code available. Only when there is no appropriate descriptive code to use may an “unlisted code” (e.g., HCPCS codes E1399 or K0108) be reported. Inappropriate use of unlisted codes or failure to use specific codes when available may result in inaccurate reviews, denials, and/or recoupment of

monies paid.

- This includes appropriate coding for customized equipment or components. Items that are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use (i.e., custom fitted items) or which been assembled by a supplier, or ordered from a manufacturer using available customized feature, modification or component options do not meet the definition of customized items and the HCPCS code(s) for the standard version of the item should be used.

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<b>Codes</b>	<b>Number</b>	<b>Description</b>
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<b>CPT</b>	None	
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<b>HCPCS</b>	None	
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**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.

## Appendix 1. DMEPOS and Medical Supplies Grid

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**NOTE:** This list is primarily based on the CMS NCD 280.1; however, additional items have been included to provide informational guidance. More items may be added to this list as deemed beneficial by the health plan, but not all items are subject to routine review by the health plan. DMEPOS items and services which require prior authorization are found on our “*Medicare Pre-authorization List*” web page. DME codes not listed on the prior authorization website do not require prior approval, even when specific coverage criteria are available; however, providers remain responsible for correct coding, billing practices, and medical necessity whether or not there is a formal policy in place or there are prior authorization requirements in place. In addition, as a Medicare Advantage Organization (MAO), the health plan may offer benefits in excess of what Medicare covers in the form of a Supplemental Benefit. Some items below may be eligible for coverage under the supplemental benefit and within any noted benefit limits (e.g., annual maximums) set by the plan. EOC language has precedence where applicable. In the event EOC language does not address a specific request, the following Medicare references should be used and applied. Items or equipment not included in the EOC, or items provided in excess of the benefit limits, are considered non-covered.

Air Cleaners	Environmental control equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Air Conditioners	Environmental control equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Air Purifiers	Environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Air Splint	Medical supply (included in the Physician’s claim at the time of application).
Air-Fluidized Bed	Potentially covered; coverage criteria are available.
Alternating Pressure Pads, Mattresses and Lamb’s Wool Pads	Potentially covered; coverage criteria are available.
Ambulatory Boot (also known as surgical boot)	Potentially covered; coverage criteria are available.
Audible/Visible Signal/Pacemaker Monitors	See Self-Contained Pacemaker Monitors
Augmentative Communication Devices	Potentially covered; coverage criteria are available.

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Bathtub Lifts and Seats	Not primarily medical in nature (§1861(n) of the Act). (NCD 280.1) (See EOC for possible bathroom safety devices Supplemental Benefit)
Bead Beds	See Air-Fluidized Beds.
Bed Baths (home type)	Not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Bed Lifters (bed elevators)	Not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Bedboards	Not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Bed Pans (autoclavable hospital type)	Potentially covered; coverage criteria are available.
Bed Side Rails	Potentially covered; coverage criteria are available.
Beds-Lounges (power or manual)	Not a hospital bed; comfort or convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Beds (Oscillating)	Institutional equipment; inappropriate for home use. (NCD 280.1)
Bidet Toilet Seats	See Toilet Seats
Blood Glucose Analyzers (Reflectance Colorimeter)	Unsuitable for home use. (NCD 280.1)
Blood Glucose Monitors	Potentially covered; coverage criteria are available.
Blood Pressure Monitor / Sphygmomanometer	Automatic blood pressure monitors: Non-covered (CMS Status “N” code and convenience item); exceptions may be considered for patients on home dialysis. (Retired Noridian LCA <a href="#">A33674</a> and <a href="#">Noridian web page</a> )  <b>Note:</b> Ambulatory blood pressure monitoring (ABPM) services described in NCD 20.19 are reported using procedure codes (93784, 93786, 93788, 93790) and are not considered DME.
Braille Teaching Texts	Educational equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Canes	NCD 280.3

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Carafes	Convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Casts (plaster, fiberglass)	Medical supply (included in the Physician's claim at the time of application).
Catheters	Nonreusable disposable supply (§1861(n) of the Act). (NCD 280.1 and the Medicare Claims Processing Manual, Chapter 20, DMEPOS).
Cold Therapy (e.g., packs, pads, caps, collars, wraps, fluid circulating cold pad with pump)	Non-covered (LCA A52460 and CMS Status "N" code)
Commodes	Potentially covered; coverage criteria are available.
Communicators	Potentially covered; coverage criteria are available.
Continuous Passive Motion (CPM) Devices	Potentially covered; coverage criteria are available.
Continuous Positive Airway Pressure (CPAP) Devices	Potentially covered; coverage criteria are available.
Crutches	Potentially covered; coverage criteria are available.
Cushion Lift Power Seats	See Seat Lifts
Dehumidifiers (room or central heating system type)	Environmental control equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Diathermy Machines (standard pulses wave types)	Inappropriate for home use (NCD 280.1 and 150.5)
Digital Electronic Pacemaker Monitors	See Self-Contained Pacemaker Monitors.
Disposable Sheets and Bags	Non-reusable disposable supplies (§1861(n) of the Act). (NCD 280.1)

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Non-surgical Dressings/Bandages (e.g., Ace bandages)	Medical supply when provided in a provider's office (included in the Physician's claim at the time item is provided). Otherwise considered "over the counter" and not eligible for coverage.
Elastic Stockings	Non-reusable supply; not rental-type items (§1861(n) of the Act). (NCD 280.1 and 270.5)
Electric Air Cleaners	See Air Cleaners
Electric Hospital Beds	Potentially covered; coverage criteria are available.
Electrical Stimulation for Wounds	Inappropriate for home use. (NCD 280.1 and 270.1 – addressed in separate Medicare Advantage medical policy)
Electrostatic Machines	See Air Cleaners and Air Conditioners
Elevators	Convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Emesis Basins	Convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Esophageal Dilators	Physician instrument; inappropriate for patient use. (NCD 280.1)
Exercise Equipment	Not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Fabric Supports (Support Hose)	Nonreusable supplies; not rental-type items (§1861(n) of the Act). (NCD 280.1)
Face Masks (oxygen)	Potentially covered; coverage criteria are available.
Face Masks (surgical)	Nonreusable disposable items (§1861(n) of the Act).
Flow Meters	See Medical Oxygen Regulators
Fluidic Breathing Assisters	See Intermittent Positive Pressure Breathing Machines
Fomentation Devices	See Heating Pads
Gel Flotation Pads and Mattresses	See Alternating Pressure Pads and Mattresses

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Grab Bars	Self-help device; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1) <i>(See EOC for possible bathroom safety devices Supplemental Benefit)</i>
Heat and Massage Foam Cushion Pads	Not primarily medical in nature; personal comfort item (§1861(n) and 1862(a)(6) of the Act). (NCD 280.1)
Heating and Cooling Plants	Environmental control equipment not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Heating Pads	Potentially covered; coverage criteria are available.
Heat Lamps	Potentially covered; coverage criteria are available.
Helmets (cranial orthosis or protective safety equipment)	Potentially covered; cranial orthoses may be eligible for coverage when used for individuals with head injuries, but these are not meant for recreational purposes; helmets used for protective or safety purposes are not primarily medical in nature (§1861(n) of the Act).
Holter Monitor (cardiac event monitor)	Medical supply (included in the Physician's claim at the time of application).
Hospital Beds	Potentially covered; coverage criteria are available.
Hot Packs	See Heating Pads
Humidifiers (oxygen)	See Oxygen Humidifiers
Humidifiers (room or central heating system types)	Environmental control equipment; not medical in nature (§1861(n) of the Act). (NCD 280.1)
Hydraulic Lifts	See Patient Lifts
Incontinent Pads	Nonreusable supply; hygienic item (§1861(n) of the Act). (NCD 280.1)
Infusion Pumps	Potentially covered; coverage criteria are available.
Injectors (hypodermic jet)	Not covered self-administered drug supply; pressure powered devices (§1861(s)(2)(A) of the Act) for injection of insulin.

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Intermittent Positive Pressure Breathing Machines	Potentially covered; coverage criteria are available.
Internal Fixation Devices (e.g., cages, rods, screws, etc.)	Medical supply; not considered DMEPOS; usually part of a surgical procedure, implanted into the body; not reported by the physician, but may be reported on the facility claim as a facility expense.
Iron Lungs	See Ventilators
Irrigating Kits	Nonreusable supply; hygienic equipment (§1861(n) of the Act). (NCD 280.1)
Lamb's Wool Pads	See Alternating Pressure Pads, Mattresses, and Lamb's Wool Pads
Leotards and Pressure Leotards	Non-reusable supply, not rental-type item (§1861(n) of the Act). (NCD 280.1)
Lymphedema Pumps	See Pneumatic Compression Devices
Massage Devices	Deny - personal comfort items; not primarily medical in nature (§1861(n) and 1862(a)(6) of the Act). (NCD 280.1)
Mattresses	Potentially covered; coverage criteria are available.
Medical Oxygen Regulators	Potentially covered; coverage criteria are available.
Mobile Geriatric Chairs	Potentially covered; coverage criteria are available.
Modifications to home, vehicle, etc. (e.g., ramps, patient lifts, car lift rack/platform) and related expenses and equipment	Deny - not primarily medical in nature (§1861(n) and 1862(a)(6) of the Act). (NCD 280.1) and the <i>Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §80 - Personal Comfort Items</i>
Monitoring Technology; Fitness (e.g., FitBit®, WeGo®, Fuelband®, pedometers, heart rate monitors, and GPS watches)	Deny – Considered “exercise equipment” and “not primarily medical in nature (§1861(n) of the Act). (Noridian web page for <i>Correct Coding - Fitness Monitoring Technologies</i> )
Monitoring Technology; RAD or PAP devices (tracking data for downloaded for	Deny - Not primarily medical in nature (§1861(n) of the Act). (LCD L33718 and LCA A52467)



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further analysis by a healthcare provider, DME supplier, or beneficiary)	
Motorized Wheelchairs	Potentially covered; coverage criteria are available.
Muscle Stimulators	Potentially covered; coverage criteria are available.
Nebulizers	Potentially covered; coverage criteria are available.
Nutritional Supplements	<p>Based on <a href="#">LCA A58833</a>:</p> <p>Food thickeners (B4100), baby food, and other regular grocery products that can be blenderized and used with the enteral system will be denied as non-covered.</p> <p>Electrolyte-containing fluids (B4102 and B4103) are not indicated for the maintenance of weight and strength and are therefore non-covered, no benefit.</p> <p>Self-blenderized formulas are non-covered by Medicare.</p> <p>Code B4104 is an enteral formula additive. The enteral formula codes include all nutrient components, including vitamins, mineral, and fiber. Therefore, code B4104 will be denied as not separately payable.</p> <p>Enteral nutrition for temporary impairments will be denied as non-covered, no benefit.</p> <p>Enteral nutrition for beneficiaries with a functioning gastrointestinal tract whose need for enteral nutrition is not due to reasons related to the non-function or disease of the structures that normally permit food to reach the small bowel will be denied as non-covered, no benefit.</p> <p>Orally administered enteral nutrition products, related supplies and equipment will be denied non-covered, no benefit.</p>
<p>Oral appliances</p> <p><i>While dental services are statutory exclusions for Medicare and are not considered "DME," some Medicare</i></p>	<p>Coverage criteria available for oral appliances used to treat obstructive sleep apnea (OSA); other oral appliances are classified as dental devices and are not classified as DME. This includes oral occlusal appliances used to treat temporomandibular joint (TMJ) disorders (per Noridian, these are coded D7880, <i>Occlusal orthotic appliance</i>), tongue retaining devices used to treat OSA and/or snoring, all oral appliances used to treat snoring <b>without</b> a diagnosis of OSA, oral appliances used to treat other dental conditions, oral</p>

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<i>Advantage plans may have supplemental dental benefits that must be considered prior to denial.</i>	appliances that require repeated fitting and/or adjustments, beyond the first 90-days, in order to maintain fit and/or effectiveness (these are considered to be dental therapies, which are not eligible for reimbursement under the DME benefit by Medicare).
Oscillating Beds	Institutional equipment - inappropriate for home use. (NCD 280.1)
Over-bed Tables	Convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Oxygen and Oxygen Humidifiers	Potentially covered; coverage criteria are available.
Oxygen Regulators (Medical)	See Medical Oxygen Regulators
Oxygen Tents	NCD 240.2, LCD L33797, and LCA A52514
Paraffin Bath Units (Portable)	NCD 280.1 (states possibly covered, but unknown based on what NCD or LCD)
Paraffin Bath Units (Standard)	Institutional equipment; inappropriate for home use. (NCD 280.1)
Parallel Bars	Support exercise equipment; primarily for institutional use; in the home setting other devices satisfy patient's need. (NCD 280.1)
Patient Lifts	Potentially covered; coverage criteria are available.
Percussors>	NCD 280.1 (states possibly covered, but unknown based on what NCD or LCD)
Portable Oxygen Systems	1. Regulated - Potentially covered; coverage criteria are available. 2. Preset Deny - (flow rate Deny - emergency, first-aid, or not adjustable) precautionary equipment; essentially not therapeutic in nature. (NCD 280.1)
Portable Room Heaters	Environmental control equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Portable Whirlpool Pumps	Not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act). (NCD 280.1)
Postural Drainage Boards	Potentially covered; coverage criteria are available. (NCD 280.1)

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Precautionary equipment, not otherwise specified	Precautionary supplies are not covered. These are considered convenience items and they are not primarily medical in nature; many times the member already has the same or similar item which is used to treat the beneficiary or the precautionary equipment is not used to treat or diagnosis a medical condition, it is used for preventive measures. These are non-covered. (§1861(n) of the Act).
Pulse Tachometers	Not reasonable or necessary for monitoring pulse of homebound patient with/without a cardiac pacemaker. (NCD 280.1)
Quad-Canes	Potentially covered; coverage criteria are available.
Raised Toilet Seats	Convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1) <i>(See EOC for possible bathroom safety devices Supplemental Benefit)</i>
Respirators	See Ventilators
Rolling Chairs	Potentially covered; coverage criteria are available.
Safety Rollers	Potentially covered; coverage criteria are available.
Sauna Baths	Not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act). (NCD 280.1)
Scale (digital or analog)	Not primarily medical in nature; exceptions may be considered for patients on home dialysis. <i>(Retired Noridian LCA <a href="#">A33674</a> and <a href="#">Noridian web page</a>)</i>
Seat Lifts	Potentially covered; coverage criteria are available.
Self Contained Pacemaker Monitors	Potentially covered; coverage criteria are available.
Sitz Baths	Potentially covered; coverage criteria are available.
Spare Tanks of Oxygen	Convenience or precautionary supply. (NCD 280.1)
Speech Teaching Machines	Education equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Stairway Elevators	See Elevators

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Standing Tables	Convenience item; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Steam Packs	See Heating Pads
Suction Machine or Pump	Potentially covered; coverage criteria are available.
Surgical Dressings	Potentially covered; coverage criteria are available. Coverage depends on when provided and how/where used.
Surgical Leggings	Non-reusable supply; not rental-type item (§1861(n) of the Act). (NCD 280.1)
Telephone Alert Systems	These are emergency communications systems and do not serve a diagnostic or therapeutic purpose. (NCD 280.1)
Toilet Seats	Not medical equipment (§1861(n) of the Act). (NCD 280.1)
Traction Equipment	Potentially covered; coverage criteria are available.
Transcutaneous Electrical Nerve Stimulators (TENS)	Coverage criteria available; exception to coverage for TENS includes over-the-counter (OTC) models, which are non-covered per <a href="#">Noridian</a> ; non-OTC types are mentioned in a separate Medicare Advantage medical policy.
Trapeze Bars	Potentially covered; coverage criteria are available.
Treadmill Exercisers	Exercise equipment; not primarily medical in nature (§1861(n) of the Act). (NCD 280.1)
Ultraviolet Cabinets	Potentially covered; coverage criteria are available.; however, medical and other factors must justify treatment at home rather than at alternative sites, e.g., outpatient department of a hospital.
Urinals autoclavable	Potentially covered; coverage criteria are available.
Vaporizers	Potentially covered; coverage criteria are available.
Ventilators	Potentially covered; coverage criteria are available. – some types are addressed in separate Medicare Advantage medical policy

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Walkers	Potentially covered; coverage criteria are available.
Water and Pressure Pads and Mattresses	See Alternating Pressure Pads, Mattresses and Lamb's Wool Pads
Wheelchairs (manual, power operated, scooter/POV, specialty sized)	Potentially covered; coverage criteria are available. – some types are addressed in separate Medicare Advantage medical policy.
Whirlpool Bath Equipment	Potentially covered; coverage criteria are available.
Whirlpool Pumps	Not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act). (NCD 280.1)
White Canes	Not considered Mobility Assistive Equipment. (NCD 280.1 and 280.2)