



Evolent*	
Clinical guidelines DURABLE MEDICAL EQUIPMENT	Original Date: April 2016
Physical Medicine – Clinical Decision Making	Last Revised Date: August 2022
Guideline Number: Evolent_CG_609	Implementation Date: July 2023

Policy Statement

This policy will be used to define Durable Medical Equipment (DME), explain the medical necessity of the DME or support for prior authorization of DME.

Scope

This policy applies to DME requests for adult and pediatric members in any setting and is applicable to all physical medicine practitioners, including chiropractors, physical therapists, occupational therapists, and speech language pathologists.

Medical Necessity

Durable Medical Equipment and services are medically necessary when ALL of the following criteria are met:

- The equipment is expected to provide improvement in specific measurable functional deficits related to a documented illness or injury
- The DME is provided by a health care professional
- The equipment has significant medical uses
- Lesser or alternative options have been ruled out
- The clinical records clearly establish the medical need for the DME

Clinical documentation must include the following elements:

- A diagnosis that justifies the equipment or supply being requested
- A treatment plan (anticipated start and end date) for the training and/or use of the DME
- Measurable functional deficit(s)
- Expected outcomes and benefit related to a measurable functional deficit
- Explanation of the healthcare providers training/education, supervision, and monitoring of the use of the DME, as evidenced by the identification of provider type and signature in the record
- Evidence of a trial of conservative services that failed to improve a measurable functional deficit unless contraindicated
- When appropriate, evidence of an in-office trial use that provided improvement in a measurable functional deficit

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- When appropriate, evidence of home or vehicle assessment to ensure equipment could be utilized in the home or vehicle
- Evidence of prior equipment for a similar purpose, and reasons that equipment no longer meets current needs
- If an insurance plan does not cover the specific DME, then any visit associated with instruction on the DME would not be covered

BACKGROUND:

Definition

- DME is any equipment that provides therapeutic benefits to an individual for certain conditions and/or illnesses defined below.
- DME consist of items which:
 - Are used to treat a defined illness or injury
 - Are useful to a person with an illness or injury
 - Are reusable and durable enough for repeated use
 - Are appropriate for use outside of a medical setting such as home, at school, or work
- DME includes but is not limited to:
 - Back, knee, and ankle supports/braces
 - Cervical collars
 - Foot orthotics
 - Electrical stimulation units and supplies
 - Traction devices
 - Hospital beds
 - Equipment to aid with bathing, toileting, and dressing
 - Splints/slings
 - Equipment to aid with seating and positioning
 - Wheelchairs and assistive devices for gait
- The use of any DME must have evidence of efficacy in the peer-reviewed guideline, systematic review, and/or randomized controlled trial medical literature. The use of these devices is not considered medically necessary in the absence of scientific evidence in peer-reviewed medical literature.¹⁻³

POLICY HISTORY

Date	Summary
August 2022	<ul style="list-style-type: none"> • References updated • Minor editorial changes
December 2021	<ul style="list-style-type: none"> • Added “General Information” statement • Clarified Policy Statement • Expanded list of possible DME examples
October 2020	<ul style="list-style-type: none"> • Changes made to broaden the scope of the guideline and remove specific types of DME. Will utilize other guidelines for specific DME items. • Added documentation to show lesser or alternative equipment was not appropriate

	<ul style="list-style-type: none"> • Added documentation of home or vehicle assessment to ensure equipment could be used as intended • Expanded list of possible DME examples
January 2020	No edits made to guideline in response to the review of the evidence base
July 2019	<ul style="list-style-type: none"> • Addition to assistive device section: spinal cord injury, muscular dystrophy, wheelchair user population, spinal muscular atrophy, brain injury, cerebral palsy, Rett Syndrome, and ASD. • Completed pulling of older references (10+ years) and replaced references that were appropriate to this guideline. • Moved definition section to background.

REFERENCES

1. Sprouse RA, McLaughlin AM, Harris GD. Braces and Splints for Common Musculoskeletal Conditions. *Am Fam Physician*. Nov 15 2018;98(10):570-576.
2. Henderson S, Skelton H, Rosenbaum P. Assistive devices for children with functional impairments: impact on child and caregiver function. *Dev Med Child Neurol*. Feb 2008;50(2):89-98. doi:10.1111/j.1469-8749.2007.02021.x
3. Gabriner ML, Braun BA, Houston MN, Hoch MC. The effectiveness of foot orthotics in improving postural control in individuals with chronic ankle instability: a critically appraised topic. *J Sport Rehabil*. Feb 2015;24(1):68-71. doi:10.1123/jsr.2013-0036

ADDITIONAL RESOURCES

1. APPT. Resources on Reimbursement for Pediatric Physical Therapy Services and Durable Medical Equipment. Academy of Pediatric Physical Therapy (APPT) of the American Physical Therapy Association (APTA). Updated 2019. Accessed August 5, 2022. <https://pediatricapta.org/includes/fact-sheets/pdfs/ReimbursementBrochure.pdf?v=1>
2. CMS. Durable medical equipment (DME) coverage. Centers for Medicare and Medicaid Services (CMS). Accessed August 5, 2022. <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage#:~:text=%20DME%20meets%20these%20criteria%3A%20%201%20Durable,lifetime%20of%20at%20least%203%20years%20More%20>
3. CMS. Medicare claims processing manual. Chapter 20 – Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Centers for Medicare and Medicaid Services (CMS). Updated May 12, 2022. Accessed August 5, 2022. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c20.pdf>
4. Evans AM, Rome K, Carroll M, Hawke F. Foot orthoses for treating paediatric flat feet. *Cochrane Database Syst Rev*. Jan 26 2022;1(1):Cd006311. Doi:10.1002/14651858.CD006311.pub4
5. Hermann T. Durable medical equipment (DME) documentation required for Medicare payment. Strategic Management Services (SMS). Updated January 2009. Accessed August 5, 2022. <https://www.compliance.com/resources/durable-medical-equipment-dme-documentation-required-for-medicare-payment/>
6. Surgeons AAoO. Management of Osteoarthritis of the Knee (Non-Arthroplasty). Evidence-Based Clinical Practice Guideline American Academy of Orthopaedic Surgeons. 2021;8(31):2021.

GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing, must be provided. If applicable: All prior relevant imaging results, and the reason that alternative imaging cannot be performed, must be included in the documentation submitted.

Reviewed / Approved by Clinical Guideline Committee

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