



**Clinical Review Criteria  
Device, Equipment and Supplies**

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	<a href="#">Durable Medical Equipment Reference List (280.1)</a> .
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

[Noridian Jurisdiction D DME Supplier Manual](#)  
[Noridian Same or Similar reference Chart, August 2014](#)

**For Non-Medicare Members**

Durable Medical equipment (DME) also known as home medical equipment (HME) may be considered medically necessary when **ALL** of the following criteria are met:

- The patient has a documented physical functional impairment or disability due to disease, trauma, congenital anomaly or prior therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using a DME item; and
- Documentation in the medical record contains a clinical assessment and rationale for the requested DME item (see Required Documentation below); and
- The DME is prescribed by a health care practitioner; and
- It is an item with a published HCPCS code; and
- The piece of equipment meets the definition of DME (see Policy Guidelines) and
- The requested DME item is not considered to be not medically necessary, investigational or unsafe by a regulatory agency, excluded by plan benefits or contract exclusion; and
- When specific criteria exist, the patient has also met those criteria.

The following are considered not medically necessary:

- Accessory add-ons and upgrades when a basic DME item meets the member's functional needs
- Athletic/exercise/physical fitness equipment (e.g. treadmills, stationary bikes)
- Comfort or convenience items added to basic equipment
- Deluxe equipment when basic (standard) equipment is available and meets the member's functional needs
- Duplicate equipment (e.g. a rolling walker, when the member has a properly fitted cane)
- Equipment and modifications/upgrades to equipment when used primarily for leisure or recreational activities (e.g. special wheelchair wheels for sport activities, prosthetic adaptations for beach use, skiing and others)
- Equipment used for environmental control or to enhance the environmental surroundings (e.g. air conditioners, air filters, humidifiers, allergy protective pillow/mattress covers, furniture [e.g. recliner chairs, over-bed tables], and others)
- First aid or precautionary equipment (e.g. automatic external defibrillator (AED), portable oxygen to back up an in-home oxygen system)

- Home modifications (e.g. bath grab bars, electronic door openers, elevators, Jacuzzi/whirlpools, ramps,)
- Institutional equipment (e.g. any DME that is used only in a medical facility and is not suitable for use in the home setting)
- Same/similar or back-up DME item(s) not used as the primary device to meet the member's functional needs (ie more than one of the same item of durable medical equipment).

\*See below for specific exclusions

### Required Documentation

Documentation from the clinical evaluation should include the following:

- An order/prescription from the physician/health care provider responsible for the patient's care that states the therapeutic purpose of the DME
- Details of the patient's physical functional impairment related to completing activities of daily living (ADLs) without the home medical equipment/DME; and
- The patient's medical condition that requires DME for long term use (i.e. 6-12 months or more) when applicable; and
- What assistive devices (e.g., canes, walkers, manual wheelchairs) the device has been trialed and found to be inadequate/unsafe or contraindicated to completely meet the patients functional needs (when applicable)

**Note:** Even when a provider orders or prescribes DME and deems the equipment necessary for the patient's functional needs, that does not mean that the item meets the criteria as listed in the policy. It also does not guarantee that the item will be considered medically necessary.

### Definition of Terms

**Activities of daily living (ADLs)** – ADLs are self-care activities done daily within a member's place of residence and includes

- Dressing/bathing
- Eating
- Ambulating (walking)
- Toileting
- Transferring
- Hygiene/grooming

**Durable Medical Equipment (DME)** – DME is:

- Primarily and customarily used to serve a medical purpose and
- Not useful to a person in the absence of illness or injury and
- Ordered or prescribed by a physician or other qualified provider and
- Reusable (non-disposable) and
- Designed to withstand repeated use (durable) and
- Not solely for the convenience of the patient or caregiver
- The equipment is not for use exclusively outside the home setting.

Prosthetics are covered if:

1. The device replaces all or part of an internal body organ or
2. Replaces all or part of the function of a permanently inoperative or malfunctioning internal body organ. **AND**
3. When specific medical criteria exist, the patient has also met those criteria.

The following items require review by Clinical Review:

1. Equipment with no HCPCS code
2. Equipment using miscellaneous code \*\*\*\*99, K0108, or L4205 in the absence of specific equipment/prosthetic codes
3. New technology
  - a. Not yet FDA approved
  - b. No specific HCPC for the service
  - c. New FDA approval within 6 months
4. All equipment/prosthetics listed in Clinical Review Criteria
5. Duplicate items of equipment are being requested

Testicular prosthesis is considered medically necessary for replacement of congenitally absent testes, or testes lost due to disease, injury or surgery.

Testicular prosthesis may be covered when associated with transgender services when [clinical criteria](#) is met. Some plans do not cover transgender services.

ExoSyn Energy Storing AFO – CMS coding guidelines can be found here: [Correct Coding - IDEO and ExoSyn Energy Storing AFO Medicare LCD L33686 – Ankle-Foot/Knee-Ankle-Foot Orthosis](#)

**Exclusions:**

For non-Medicare members, the items in the following list are not covered in the home setting:

Code	Description
	Air Conditioners or Cleaners
A9280	Alert or alarm device, not otherwise classified
L3000-L3090	Arch support
E0162	Bath Chair Sitz
E0235	Bath unit, paraffin, portable
E0160 & E0161	Bath, sitz type, portable
E0240	Bath/shower chair, with or without wheels, any size
E0242	Bathroom rail, floor base
E0241	Bathroom wall rail
E0625	Bathtub lift
	Bed Baths (home type)
E0273	Bed board
	Bed Lifters (bed elevators)
	Beds-Lounges (power or manual)
E0270	Beds (oscillating)
E0462	Bed, rocking, with or without side rails
	Dehumidifiers
	Diathermy machines
	Disposable sheets and bags
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpad, all sizes
	Electric air cleaners
	Electrostatic machines
	Elevators
A9300	Exercise equipment
	Face masks (surgical)
E0241	Grab bars
E0218	Heat pad
E0191	Heel or elbow protector, each
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress (not on Exclusions list in the General Criteria)
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type
	Humidifiers (not associated with PAP equipment, oxygen, IPPB, and Cool Air mist set ups)
A4520	Incontinence garment, any type (e.g. brief, diaper), each
A4265	Paraffin, per pound
E0221	Infrared heating pad system
E0481	Intrapulmonary percussive ventilation system and related supplies
L8499	Leg cover, realistic
A9285	Inversion/Eversion correction device
	Leotards (does not include the burn leotards)
	Massage devices
A9270	Non-covered service
E0274	Over-bed table
E0235	Paraffin bath units
	Parallel bars
E0635	Patient lift, electric with seat or sling

Code	Description
E0640	Patient lift, fixed system, includes all components/accessories
E0625	Patient lift, kartop, bathroom or toilet
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0300	Pediatric crib, hospital grade, fully enclosed
	Portable room heaters
A9281	Reaching/grabbing device, any type, any length, each
E0710	Restraints, any type, body, chest, wrist or ankle
E0700	Safety equipment (belt, harness, vest)
	Sauna Baths
E0172	Seat lift mechanism placed over or on top of toilet, any type
	Spare tanks of oxygen
	Speech teaching machines
	Stairway elevators
E0638 & E0641-E0642	Standing tables
A4490-A4510	Support hose
	Telephone alert systems
E0203	Therapeutic light box
E0243	Toilet rail
E0244	Toilet seat
A4575	Topical hyperbaric oxygen chamber, disposable
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening
	Treadmill exercisers
E0246	Tub rail attachment for transfer
E0245	Tub stool or bench
L8510	Voice amplifier
E0218	Water circulating cold pack with pump
E0249	Water circulating heating pad
E0950	Wheelchair tray
E1310	Whirlpool, nonportable (built-in type)
E1300	Whirlpool, portable (over tub type)
	White Canes
A9282	Wigs
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A4639	Replacement pad for infrared heating pad system, each
V5275	Ear impression, each
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

In 2012 Kaiser Permanente plans developed a reference list for DME/prosthetic equipment/devices that would be covered. The criteria above were developed to augment the list in the determination of coverage for DME/prosthetic items in the absence of a specific medical policy document.

## Evidence and Source Documents

Member contract

Creation Date	Review Dates	Date Last Revised
01/22/2004	12/07/2010 <sup>MDCRPC</sup> , 02/10/2011 <sup>MDCRPC</sup> , 12/06/2011 <sup>MDCRPC</sup> , 10/02/2012 <sup>MDCRPC</sup> , 08/06/2013 <sup>MPC</sup> , 10/01/2013 <sup>MPC</sup> , 06/03/2014 <sup>MPC</sup> , 02/02/2016 <sup>MPC</sup> , 12/06/2016 <sup>MPC</sup> , 10/03/2017 <sup>MPC</sup> , 08/07/2018 <sup>MPC</sup>	02/02/2016

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
10/1/2015	Added 2 Noridian links
10/27/2015	Added testicular prosthesis information
02/02/2016	Expanded the policy for DME
09/28/2017	Added A9285 to non-covered
11/16/2017	Added ExoSyn language
02/28/2017	Added A4265 to non-covered list
05/23/2018	Added V codes for assistive listening devices to the non covered list

## Codes

See list above