

# Evolent Clinical Guideline 1502 for Durable Medical Equipment

Guideline ~~or Policy~~ Number:

Evolent CG\_ ~~609~~ 1502

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Original Date:

April 2016

Last Revised Date:

~~December 2023~~ November 2024

Implementation Date:

July ~~2025~~ 2024

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## STATEMENT

### 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.*

### Purpose

The medical necessity or support for prior authorization of Durable Medical Equipment (DME).

### Scope

Applies to DME requests for adult and pediatric members in any setting and to all physical medicine practitioners (chiropractors, physical therapists, occupational therapists, and speech language pathologists).

## MEDICAL NECESSITY FOR DURABLE MEDICAL EQUIPMENT

DME and services are medically necessary when **ALL** of the following criteria are met:

- 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
- Equipment has significant medical uses
- Alternative options have been ruled out
- Clinical records clearly establish the medical need

Clinical documentation **must** include the following elements:

- Diagnosis justifying the equipment or supply being requested
- Treatment plan (anticipated start and end date) for training and/or use
- Measurable functional deficit(s)
- Expected outcomes and benefit (related to measurable functional deficit)
- Healthcare providers training/education, supervision, and monitoring use of the DME (identification of provider type and signature in the record)
- Trial of conservative services that failed to improve a measurable functional deficit (unless contraindicated)
- In-office trial use that provided improvement in a measurable functional deficit (when appropriate)
- Home or vehicle assessment to ensure equipment can be utilized in the home or

vehicle (when appropriate)

- Prior equipment used for a similar purpose (include reasons that equipment no longer meets current needs)

• If an insurance plan does not cover the specific DME,

- aAny visit solely associated with instruction on the DME would not be covered

## CODING AND STANDARDS

### Coding

### ~~CPT Codes~~

### Applicable Lines of Business

<input checked="" type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input checked="" type="checkbox"/>	Medicare Advantage

## BACKGROUND

### Overview

- DME provides therapeutic benefits for patients with certain conditions or illnesses in which the equipment is reusable and durable for repeated use outside the medical setting (e.g., home, school, work):
  - Back, knee, and ankle supports/braces
  - Cervical collars
  - Foot orthotics
  - Electrical stimulation units and supplies
  - Traction devices
  - Hospital beds
  - Equipment to aid with ADLs such as bathing, toileting, and dressing
  - Splints/slings
  - Equipment to aid with seating, positioning, and transfers

- Wheelchairs and assistive devices for gait
- **Post-operative equipment (cold/cryotherapy, CPM (continuous passive motion), DVT prevention/IPC (interpneumatic compression devices); compression garments)**
- The use of DME needs to have evidence of efficacy in peer-reviewed medical literature; the use of these devices is not considered medically necessary in the absence of accepted standards of medicine within medical literature. <sup>(1-3)</sup>

## POLICY HISTORY

Date	Summary
<b><u>November 2024</u></b>	<ul style="list-style-type: none"> <li>● <b><u>This guideline replaces Evolent CG 609 Durable Medical Equipment</u></b></li> <li>● <b><u>Removed the CPT Codes section from Coding</u></b></li> <li>● <b><u>Editorial changes to match the formatting and layout of the Evolent template</u></b></li> <li>● <b><u>Added a bullet point about post-operative equipment to the Background</u></b></li> </ul>
December 2023	<ul style="list-style-type: none"> <li>● Editorial changes-sections adjusted/moved for better reading flow</li> <li>● References updated</li> </ul>

## LEGAL AND COMPLIANCE

### Guideline Approval

#### ***Committee***

**Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee**

### Disclaimer

*Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.*

## REFERENCES

1. Henderson S, Skelton H, Rosenbaum P. Assistive devices for children with functional impairments: impact on child and caregiver function. *Dev Med Child Neurol*. 2008;50(2):89-98. doi:<https://doi.org/10.1111/j.1469-8749.2007.02021.x>
2. 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*. 2015;24(1):68-71. doi:10.1123/jsr.2013-0036
3. Sprouse RA, McLaughlin AM, Harris GD. Braces and Splints for Common Musculoskeletal Conditions. *Am Fam Physician*. 2018;98(10):570-576. <https://www.aafp.org/pubs/afp/issues/2018/1115/p570.html>

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<b>Guideline Number:</b> Evolent_CG_1502		
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<b>Original Date:</b> April 2016	<b>Last Revised Date:</b> November 2024	<b>Implementation Date:</b> July 2025

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