Durable Medical Equipment- General or Unspecified

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

PacificSource covers Durable Medical Equipment (DME) that is medically necessary and reasonable, defined as items that serve a medical purpose, withstand repeated use, and can be utilized in the home. Medical Necessity must be supported by documentation from the treating provider, and any additional evaluation requirements must be completed by an objective clinician not associated with the DME supplier.

Criteria

Commercial

Prior Authorization Required for ALL items over $2500 per item, or as otherwise stated on PacificSource Authorization Grid.

Devices may be considered medically necessary to restore or maintain the ability to complete activities of daily living or essential job-related activities.

DME coverage is subject to applicable contract language and regulatory requirements, which takes precedence over all other criteria. otherwise, ended primarily for comfort or convenience, for athletic performance, sports participation, recreational activities, or to prevent injury in an

otherwise uninjured body part are not covered, unless otherwise required by law or the member's benefit contract. Coverage limitations, exclusions, and quantity limits are determined by the Reference member benefit handbook and regulatory authority.

There is no separate payment for computer-aided design-computer aided manufacturing (CAD-CAM).

Items supplied from a facility at the time of procedure are not reimbursable separately.

I. Medically Necessary

A. PacificSource considers durable medical equipment medically necessary when **ALL** of the following criteria are met:

1. The requested item meets the definition of DME below

2. The requested item has not otherwise been identified as not medically necessary or investigational and not medically necessary by a specific document

3. There is adequate documentation in the medical records or in the claim submission of **ALL** of the following:

a. The documentation substantiates that the physician exercised prudent clinical judgment to order or provide this equipment for an individual for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and in accordance with generally accepted standards of medical practice. Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors

b. For DME used specifically in the home setting, documentation of a clinical assessment and associated rationale for the requested DME is completed by a physician, licensed physical therapist, occupational therapist, or nurse

c. There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease

d. The documentation supports that the requested DME will restore or facilitate participation in the individual's usual independent activities of daily living

e. The requested DME is not primarily for the convenience of the individual, physician, caregiver, or other health care provider

f. The DME is not more costly than an alternative service, sequence of services, device or equipment

g. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc.

II. Not Medically Necessary

A. PacificSource considers Items not meeting the above criteria not medically necessary including, but not limited to **ANY** of the following situations:

1. The item is intended to be used only for athletics, exercise, or recreational activities.
2. The item is intended for environmental control or a home modification (for example, electronic door openers, air cleaners, ramps, elevators, stair glides, wheelchair attachments or accessories for stair-climbing, etc.)
3. The item includes an additional feature or accessory, or is a non-standard or deluxe item that is primarily for the comfort and convenience of the individual (for example, customized options on wheelchairs, hand controls to drive, electric vehicle lifts for wheelchairs, etc.)
4. The item is specifically designed for outdoor use (for example, specially designed manual wheelchairs for beach access, specially designed power mobility devices for rough terrain, manual wheelchairs for sports, etc.)
5. The item represents a duplicative piece of equipment that is intended to be used as a backup device, for multiple residences, for traveling, etc. (for example, backup manual wheelchair when a power wheelchair is the individual's primary means of mobility, a second wheeled mobility device specifically for work or school use, car seats)
6. The item represents a product upgrade to a current piece of equipment that is either fully functional or replacement of a device when the item can be cost-effectively repaired.

Note: To the extent a particular type of DME is considered not medically necessary it may be addressed in a specific Medical Policy or Clinical UM Guideline.

Medicaid

PacificSource Community Solutions follows the hierarchical process detailed in the "Clinical Criteria Used in UM Decisions" policy when determining coverage for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. PCS evaluates services based on the relevant coverage guidelines, limitations, and restrictions specified in the OHP Prioritized List of Health Services and its guidelines, Chapter 410 Division 122 Durable Medical Equipment, Prosthetic Orthotics, and Supplies, as well as any other applicable Oregon Administrative Rules (OARs).

PacificSource Community Solutions follows ORS 414.074 for repair of complex rehabilitation technology. Per ORS 414.074, "Complex rehabilitation technology" means manual or power wheelchair systems, adaptive seating systems, alternative positioning systems, adaptive strollers, standing frames, gait trainers or specifically designated options or accessories that are:

- Classified as durable medical equipment; and
- Individually configured for a specific individual to meet the individual's unique medical, physical or functional needs and capacities for basic activities of daily living and instrumental activities of daily living, including employment.

The Oregon Health Authority, or a coordinated care organization shall make a determination on a request for prior authorization for medical assistance coverage for the cost to repair complex rehabilitation technology within 72 hours after receiving the request.

PCS follows the “Unlisted and Unspecified Procedure Codes” policy for requests for unlisted codes.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0000 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Chapter 410 Division 122 Durable Medical Equipment, Prosthetic, Orthotics, and Supplies, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource follows CMS NCD/LCD coverage guidelines. For any item to be covered, it must be reasonable and necessary (meet medical necessity requirements) for the diagnosis or treatment of an illness or injury, to improve the functioning of a malformed body member, and meet all other regulatory requirements.

Noridian Healthcare Solutions, LLC, contract #19003 – DME MAC has jurisdiction over Idaho, Oregon, Montana, and Washington States (among others).

DME coverage is subject to contract language and regulatory language. Contract language takes precedence over all other criteria. Reference member benefit handbook for DME products that may not be covered by benefit contract exclusions (e.g., convenience items, equipment used primarily in athletic or recreational activities, items available over the counter).

In cases where benefit book or NCD/LCD guidelines are not available, MCG may be utilized. Documentation to support medical necessity should be provided by a clinician not associated with the DME provider.

Definitions

Activities of daily living (ADLs) - Basic personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring.

CMS - Center for Medicare & Medicaid Services.

Durable - An item that can withstand repeated use and is suitable for rental. Expendable or disposable supplies (e.g., incontinence pads, lambswool pads, catheters, ace bandages, elastic stockings, surgical face masks, irrigating kits, sheets and bags) are not considered durable. There are other items, which, although durable in nature, may fall into other benefit categories such as braces, prosthetic devices, artificial arms, legs, and eyes.

Instrumental Activities of Daily Living - Activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.

Medical Equipment - Equipment primarily used for medical purposes that is not useful without illness or injury and supports performance of activities of daily living or essential job-related activities.

Related Policies

Clinical Criteria Used in UM Decisions

Coding Guidelines for Claims Editing (Line-Item Bill Auditing)

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DME POS)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

New and Emerging Technology Coverage Status

Unlisted and Unspecified Procedure Codes

References

Centers for Medicare and Medicaid Services (CMS). (n.d.) Medicare Benefit Policy Manual (Chapter 15: Covered Medical and Other Health Services). http://www.cms.hhs.gov/Manuals/downloads/bp102c15.pdf.

Centers for Medicare and Medicaid Services (CMS). (2025). National Coverage Determination: Durable Medical Equipment Reference List (NCD 280.1) https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&bc=AgAAgAAAAAAA& Accessed on September 5, 2025.

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410 https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Appendix

Policy Number:

Effective: 1/1/2025 **Next review:** 6/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulations: Social Security Act §1833(e); 42 CFR § 422.101(b-c); OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003, 410-122-0010 through 0730; Oregon SB 699 (includes ORS 743A.145 and OAR 836-052-1000)

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