

Durable Medical Equipment (DME)	
<input checked="" type="checkbox"/> Original	Original Committee Approval: December 3, 2008
<input type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: September 2008

Background

This guideline is CHP's first to list specific DME items requiring prior authorization under the general category of DME. It also includes the source of the criteria (either Washington State DSHS Billing Instructions, CHP in-house criteria, Milliman Care Guidelines™, or CMS National Coverage Determinations) for the specific DME services listed below.

It is Community Health Plan's policy to require prior authorization for all DME with a purchase price that exceeds \$1000 as per the DSHS fee schedule.

List of DME Requiring Prior Authorization (with Criteria Source):

(*These specific devices are in addition to those falling under the general \$1000 purchase rule, as cited above)

- **Bone Growth Stimulators** *Milliman Care Guidelines*
- **Chest Compression Devices** *Milliman Care Guidelines*
- **Cough Stimulating Devices *New*** *Milliman Care Guidelines*
- **Communication Devices (e.g., speech generators)** *DSHS Billing Instructions: Wheelchair, DME and Supplies, Section D.2.* <http://fortress.wa.gov/dshs/maa/>
- **C-PAP/Bi-PAP Rental & Purchase** **Please see CHP in-house guideline**
- **Insulin Pumps** *Milliman Care Guidelines*
- **Hospital Beds & Accessories** *CMS guidelines:*
http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf
- **Oxygen** *Milliman Care Guidelines*
- **Patient Lifts** *Milliman Care Guidelines*
- **Prosthetics/Orthotics** *DSHS Billing Instructions: Prosthetic and Orthotic Devices (Attn: Section D.)* <http://fortress.wa.gov/dshs/maa/>
- **TENS Unit** *Milliman Care Guidelines*
- **Wheelchairs/Scooters (Rental and Purchase)** *Both DSHS Billing Instructions (Wheelchair, DME, and Supplies (<http://fortress.wa.gov/dshs/maa/>) and Milliman Care Guidelines*
- **Wound Vac** *Milliman Care Guidelines*

Special Considerations

- CHP will follow DSHS guidelines in terms of applying DME rental fees towards the eventual purchase of the particular device being considered.
- **Basic Health Plan: DME is not a covered benefit.** Prior authorization is required for limited services (e.g., oxygen) *(Please see Certificate of Coverage for more details)*

Required Review and Approvals

Prior authorization by the CHP Medical Director or his/her designee.