

# SECTION 7

## Durable Medical Equipment (DME)

### Durable Medical Equipment (DME)

Durable Medical Equipment (DME) is a MercyCare Insurance Company (MCIC) covered benefit when prescribed by and obtained at a participating provider. Orthotics, as part of the member's DME benefit, are covered for acute conditions only.

MCIC will pay only for "standard" DME, any upgrades or convenience items not medically necessary are the member's liability.

To be considered DME, the equipment must be:

1. Able to withstand repeated use
2. Primarily and customarily used to serve a medical purpose; and
3. Not generally useful except for the treatment of bodily injury or sickness
4. Is appropriate for use in the home

Examples include but are not limited to: crutches, wheelchairs, hospital beds, or equipment used in the administration of oxygen.

### Physician Offices

The following attached codes will pay under the DME benefit at physician offices and clinics starting 6/25/04. These are the only DME codes that will be accepted as billable by the clinics. MCIC will not be doing prior authorization (PA) for codes from the clinics. If the DME item is not on the attached list, the physician should write a prescription for the item and direct the member to a participating durable medical equipment provider. The participating DME provider will complete the PA process with MCIC.

If the clinic or doctor's office provides a DME item not on the attached list and that DME item requires a PA, it will deny as provider liability. If the item is not covered, (a covered benefit in the members benefit package) it will deny to member liability.

From time to time, MCIC develops new coverage guidelines for DME. New policies will be shared in the Provider Alert communication. If you have questions about a particular item, contact MCIC Customer Service by calling 800-895-2421. Please have the HCPC code when you call.

Examples of previous Benefit Interpretation Committee determinations are:

### **Neck Pillows**

Pillows to support the cervical spine are not a covered benefit at MCIC.

### **Glucometers**

A prescription by a physician is required. **More** than one glucometer simultaneously, and/or one per year is not a covered benefit at MCIC.

Glucometers can be purchased at a participating DME provider (Mercy Assisted Care at the Mercy Health Mall) under the member's medical benefit or a participating network pharmacy under the member's pharmacy benefit.

### **Shoe Lifts**

Build-ups added to shoes for lifts are not covered.

### **Orthotics**

Orthotics are defined as rigid or semi-rigid support devices that assist bodily function by restricting or eliminating motion of weak or dislodged body parts. Orthotic appliances are used to correct or alleviate damage to or abnormalities of the limbs, spine, torso or neck. Orthotics are covered in acute conditions only, and must be prior-authorized in advance with MCIC (except for those orthotics on the MCIC/Clinic DME June 04 list). All other orthotics must be dispensed by an MCIC Network DME Provider.

### **Foot Orthotics**

Restrictions from the Certificate of Coverage are:

MCIC does not cover foot orthotics except in cases where all of the following conditions are met:

- A. Are a prescription orthotic and,
- B. They are prescribed for a member that has a documented diagnosis of diabetes with neuropathy or peripheral vascular disease or
- C. They are orthopedic shoes in conjunction with an integral part of a brace.

### **Acute Illness/Injury**

Illness or injuries that are of rapid onset with an expected short-term duration.

### **Chronic Illness/Condition**

Illness or conditions that are of long duration and show little change, or a slow progression, of the symptoms or condition. Treatment is supportive in nature and not curative.

If you have any questions regarding the benefit coverage of orthotics please call customer service at 1-800-895-2421.

# MCIC/Clinic DME List

June 2, 2004

	A	E	F	G	H	I
1	Item	HCPCS	Groups: HMO, EPO,POS & PLUS	Medicaid( 600500) Badger care (600600)	Mercy Senior Medicare Prime(Group 700000 only)	New Mercycare Rate
2	Aircast Stirrup Short	L4350	C	C	C	\$90.00
3	Aircast Stirrup Long	L4370	C	C	C	\$280.00
4	Crutches	EO114	C	C	C	\$72.00
5	Finger Splint, alumaf foam	A4570	C	C	C	\$15.00
6	Finger splint, stax	L3800	C	C	C	\$15.00
7	Humeral fracture brace, galveston	L3980	C	C	C	\$310.26
8	Immobilizer, shoulder	L3650	C	C	C	\$65.84
9	Immobilizer, knee	L1830	C	C	C	\$210.05
10	IROM knee brace	L1832	C	C	C	\$348.00
11	Pavlik Harness	L1620	C	C	C	\$229.00
12	Rib Belt	L0210	C	C	C	\$33.75
13	Sling, arm	A4565	C	NC	C	\$24.00
14	Ulnar fracture brace, galveston	L3982	C	C	C	\$300.64
15	Walker, hi tide	L2114	C	C	C	\$128.00
16	Thumb/wrist immobilizer	L3984	C	C	C	\$60.00
17	Wrist splint, cock-up	L3914	C	C	C	\$35.00
18	Wrist splint, thumb spica	L3807	C	C	C	\$52.00
19	Post-op shoe, Darco	L3260	C	C	C	\$40.44
20	Walker, low tide	L1930	C	C	C	\$127.50
21	Turf Toe plate	S8450	C	NC	NC	\$38.00
22	Lateral J knee brace	L1800	C	C	C	\$82.70
23	DonJoy hinged brace	L1810	C	C	C	\$138.16
24	ASO Ankle Brace	L1902	C	C	C	\$69.00
25	Chopat Strap	L1800	C	C	C	\$82.70
26	Bioskin Patella stabilizer knee brace	L1815	C	C	C	\$108.54
27	Bioskin Hinged knee brace	L1820	C	C	C	\$171.86
28	DonJoy knee sleeve/sport pad	L1825	C	C	C	\$62.73
29						
30	Edited 6/2/04					
31	<b>Finalized and Sent 6/23/04</b>					
32	CODE					
33	C = covered					
34	NC or N/C= not a billable code for Medicaid or Medicare					