FOREIGN MEDICAL PROGRAM POLICY MANUAL

CHAPTER: 2
SECTION: 9
TITLE: DURABLE MEDICAL EQUIPMENT

AUTHORITY: PL 104-204; 38USC 1724; 38 CFR 17.35

I. PROCEDURE CODE(S)

HCPCS Level II Codes E0100-E1830, E1900, K0001-K0452

II. DEFINITIONS

A. An appliance is a device, apparatus or instrument for performing or facilitating the performance of a particular function.

B. A medical device is any item used for a medical purpose that does not rely on chemical action to achieve its intended effect.

C. Non-medical equipment is medical equipment that is not therapeutic or rehabilitative in nature and is determined as not medically necessary.

III. DESCRIPTION

Durable medical equipment is equipment which:

1. can withstand repeated use,

2. is primarily and customarily used to serve a medical purpose,

3. generally is not useful to a person in the absence of an illness or injury, and

4. is appropriate for use in the home.

IV. POLICY

A. Durable medical equipment (DME) is covered when:

1. The equipment is medically necessary. Medical necessity is

established when it is shown by reasonable medical documentation that the equipment can be expected to improve function or prevent further disability.

2. The equipment is appropriate in the treatment or rehabilitation of the service-connected condition.

B. Preauthorization is required for DME purchase.

C. Permanent automobile adaptive equipment will be referred to VA Central Office for review and determination.

D. Devices used to assist with wheelchair storage and transportation, which do not require vehicle modifications, will be reviewed by FMP as an accessory to DME.

V. POLICY CONSIDERATIONS

A. Medical documentation for equipment that has been purchased by a veteran without prior authorization will be reviewed to determine if it meets all pertinent criteria for medical necessity. If determined that the medical documentation meets the criteria the claim will be paid.

B. Durable medical equipment must provide the medically appropriate level of performance and quality for the medical condition present (non-luxury and non-deluxe). (See Exclusions).

C. The equipment must be prescribed by the attending physician for a use consistent with required Food and Drug Administration (FDA) approved labeling. When the prescribed use of an item appears to be extraordinary, a signed statement from the manufacturer that the medical device is approved for such use is required.

D. Repairs due to everyday wear and tear on the approved equipment are covered when necessary to make the equipment serviceable. The repair charge may include the use of a temporary replacement item (short term) provided to the veteran during the period of repair.

E. Replacement of veteran owned DME which otherwise meets the requirements may be allowed when the item is not serviceable due to normal wear, accidental damage, a change in the veteran's condition, or the device has been declared adulterated by the FDA. For life support equipment, a new item may be purchased when the same type of item in use is within 90 days of the manufacturer's recommended replacement threshold.

F. Customization, accessories, and supplies that are medically necessary and appropriate for the veteran owned DME and which otherwise meet the benefit

requirements to provide therapeutic benefit, ensure the proper functioning of the equipment, or make the equipment serviceable may be covered.

Example: A detachable vehicle lift or portable ramp for a wheelchair, or other approved alternative, is considered an accessory that may be covered as they are not permanently affixed to the vehicle. However, other items not of a medical nature such as baskets, backpacks, cupholders, etc. are not covered.

G. A duplicate item of DME which otherwise meets the benefit requirements and is essential to provide a fail-safe, in-home, life-support system is covered.

H. Equipment such as manual wheelchairs to back-up electric wheelchairs or scooters are covered.

VI. EXCLUSIONS

A. DME with deluxe, luxury or immaterial features that increase the cost of the item to the government such as queen or king-size bed, remote controls, stair climbing wheelchairs, etc.

B. Purchase or rental of back-up equipment, other than life-support equipment or manual wheelchairs, whose sole purpose is to back-up currently owned or rented equipment.

C. Costs for separate maintenance agreements and/or contracts.

D. Sporting equipment, exercise equipment, spas, hot tubs, swimming pools or other such items.

E. Items prescribed solely for convenience or personal comfort.

F. DME for a veteran who is a patient in a facility that ordinarily provides the same type of DME item to its patients at no additional charge.

G. DME for which a veteran has no obligation to pay (such as DME received at no charge from an Uniformed Services Medical Treatment Facility).

H. Vehicle and housing modifications.

NOTE: Home improvement and structural alterations (HISA) requests will be forwarded to VA Central Office for review and determination.

I. Non-medical equipment.

END OF POLICY