



**Kaiser Foundation Health Plan
of Washington**

**Clinical Review Criteria
Device, Equipment and Supplies**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Durable Medical Equipment Reference List (280.1).
Local Coverage Determinations (LCD) Local Coverage Article (LCA)	<p>Oxygen and Oxygen Equipment (L33797) "Oxygen reimbursement is a bundled payment. All options, supplies and accessories are considered included in the monthly rental payment for oxygen equipment."</p> <p>Oxygen and Oxygen Equipment – Policy Article (A52514) "Oximeters (E0445) and replacement probes (A4606) will be denied as non-covered because they are monitoring devices that provide information to physicians to assist in managing the beneficiary's treatment."</p> <p>Patient Lifts (L33799)</p> <p>Patient Lifts – Policy Article (A52516)</p> <p><i>*Please note that many individual DME items may have their own specific LCD and/or LCA.</i></p>
Kaiser Permanente Medical Policy	<p>PureWick™ Urine Collection System</p> <p>Due to the absence of an active NCD, LCD, or other coverage guidance, Kaiser Permanente has chosen to use their own Clinical Review Criteria, "Device, Equipment and Supplies" for medical necessity determinations. Refer to the Non-Medicare criteria below.</p>

[Noridian Jurisdiction D DME Supplier Manual](#)
[Noridian Same or Similar Chart](#)

Please refer to Kaiser Permanente [payment policy Durable Medical Equipment](#) for reimbursement clarification

For Non-Medicare Members

Durable Medical equipment (DME) also known as home medical equipment (HME) may be considered medically necessary when **ALL** of the following criteria are met:

- The patient has a documented physical functional impairment or disability due to disease, trauma, congenital anomaly or prior therapeutic intervention and requires accommodation for basic activities of daily living (ADLs) that can be met by using a DME item; and
- Documentation in the medical record contains a clinical assessment and rationale for the requested DME item (see Required Documentation below); and
- The DME is prescribed by a health care practitioner; and
- It is an item with a published HCPCS code; and
- The piece of equipment meets the definition of DME (see Policy Guidelines) and
- The requested DME item is not considered to be not medically necessary, investigational or unsafe by a regulatory agency, excluded by plan benefits or contract exclusion; and
- When specific criteria exist, the patient has also met those criteria.

The following are considered not medically necessary:

- Accessory add-ons and upgrades when a basic DME item meets the member's functional needs
- Athletic/exercise/physical fitness equipment (e.g. treadmills, stationary bikes)
- Comfort or convenience items (e.g., OTC compression sleeve-like garments/soft brace)
- Comfort or convenience items added to basic equipment
- Deluxe equipment when basic (standard) equipment is available and meets the member's functional needs
- Duplicate equipment (e.g. a rolling walker, when the member has a properly fitted cane)
- Equipment and modifications/upgrades to equipment when used primarily for leisure or recreational activities (e.g. special wheelchair wheels for sport activities, prosthetic adaptations for beach use, skiing and others)
- Equipment used for environmental control or to enhance the environmental surroundings (e.g. air conditioners, air filters, humidifiers, allergy protective pillow/mattress covers, furniture [e.g. recliner chairs, over-bed tables], and others)
- First aid or precautionary equipment (e.g. automatic external defibrillator (AED), portable oxygen to back up an in-home oxygen system)
- Home modifications (e.g. bath grab bars, electronic door openers, elevators, Jacuzzi/whirlpools, ramps,)
- Institutional equipment (e.g. any DME that is used only in a medical facility and is not suitable for use in the home setting)
 - Same/similar or back-up DME item(s) not used as the primary device to meet the member's functional needs (ie more than one of the same item of durable medical equipment).
 - Devices that do not meet the definition of durable medical equipment (DME), because they are not primarily intended for medical purposes (e.g. desktop/laptop computers, smartphones, tablets, internet, phone services, any modification to a patient's residence for DME use)

*See below for specific exclusions

Required Documentation

Documentation from the clinical evaluation should include the following:

- An order/prescription from the physician/health care provider responsible for the patient's care that states the therapeutic purpose of the DME
- Details of the patient's physical functional impairment related to completing activities of daily living (ADLs) without the home medical equipment/DME; and
- The patient's medical condition that requires DME for long term use (i.e. 6-12 months or more) when applicable; and
- What assistive devices (e.g., canes, walkers, manual wheelchairs) the device has been trialed and found to be inadequate/unsafe or contraindicated to completely meet the patients functional needs (when applicable)

Note: Even when a provider orders or prescribes DME and deems the equipment necessary for the patient's functional needs, that does not mean that the item meets the criteria as listed in the policy. It also does not guarantee that the item will be considered medically necessary.

Definition of Terms

Activities of daily living (ADLs) – ADLs are self-care activities done daily within a member's place of residence and includes

- Dressing/bathing
- Eating
- Ambulating (walking)
- Toileting
- Transferring
- Hygiene/grooming

Durable Medical Equipment (DME) – DME is:

- Primarily and customarily used to serve a medical purpose and
- Not useful to a person in the absence of illness or injury and
- Ordered or prescribed by a physician or other qualified provider and
- Reusable (non-disposable) and
- Designed to withstand repeated use (durable) and
- Not solely for the convenience of the patient or caregiver
- The equipment is not for use exclusively outside the home setting.

Prosthetics are covered if:

1. The device replaces all or part of an internal body organ or
2. Replaces all or part of the function of a permanently inoperative or malfunctioning internal body organ. **AND**
3. When specific medical criteria exist, the patient has also met those criteria.

The following items require review by Clinical Review:

1. Equipment with no HCPCS code
2. Equipment using miscellaneous code ****99, K0108, or L4205 in the absence of specific equipment/prosthetic codes
3. New technology
 - a. Not yet FDA approved
 - b. No specific HCPC for the service
 - c. New FDA approval within 6 months
4. All equipment/prosthetics listed in Clinical Review Criteria
5. Duplicate items of equipment are being requested

Testicular prosthesis is considered medically necessary for replacement of congenitally absent testes, or testes lost due to disease, injury or surgery.

Testicular prosthesis may be covered when associated with transgender services when [clinical criteria](#) is met. Some plans do not cover transgender services.

ExoSyn Energy Storing AFO – CMS coding guidelines can be found here: [Correct Coding - IDEO and ExoSyn Energy Storing AFO Medicare LCD L33686 – Ankle-Foot/Knee-Ankle-Foot Orthosis](#)

If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

In 2012 Kaiser Permanente plans developed a reference list for DME/prosthetic equipment/devices that would be covered. The criteria above were developed to augment the list in the determination of coverage for DME/prosthetic items in the absence of a specific medical policy document.

Evidence and Source Documents

Member contract

Applicable Codes

*To verify authorization requirements for specific DME items, please use the [Pre-authorization Code Check](#).

Considered non-covered personal convenience item/not separately reimbursable in the home setting:

CPT® or HCPC Codes	Description
A4467	Belt, strap, sleeve, garment, or covering, any time <i>*Should use a more specific code</i>
A9270	Noncovered item or service
	Air Conditioners or Cleaners
A9280	Alert or alarm device, not otherwise classified
L3000-L3090	Arch support
E0160	Sitz type bath or equipment, portable, used with or without commode
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)
E0162	Sitz bath chair
E0235	Paraffin bath unit, portable
A4265	Paraffin, per pound
E0240	Bath/shower chair, with or without wheels, any size
E0241	Bathroom wall rail
E0242	Bathroom rail, floor base
E0243	Toilet rail
	Bed Baths (home type)
E0273	Bed board
	Bed Lifters (bed elevators)
	Beds-Lounges (power or manual)
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress (not on Exclusions list in the General Criteria)
E0462	Rocking bed, with or without side rails
	Dehumidifiers
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories
	Disposable sheets and bags
A4553	Non-disposable underpads, all sizes
A4554	Disposable underpad, all sizes
	Electric air cleaners
	Electrostatic machines
	Elevators
A9300	Exercise equipment
	Face masks (surgical)
E0218	Fluid circulating cold pad with pump, any type
E0191	Heel or elbow protector, each
A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
	Humidifiers (not associated with PAP equipment, oxygen, IPPB, and Cool Air mist set ups)
A4520	Incontinence garment, any type (e.g., brief, diaper), each
E0221	Infrared heating pad system
A4639	Replacement pad for infrared heating pad system, each
E0481	Intrapulmonary percussive ventilation system and related supplies
L8499	Leg cover, realistic (Unlisted procedure for miscellaneous prosthetic services)
A9285	Inversion/Eversion correction device
	Leotards (does not include the burn leotards)
	Massage devices
A9270	Non-covered service

CPT® or HCPC Codes	Description
E0274	Over-bed table
	Parallel bars
E0625	Patient lift, bathroom or toilet, not otherwise classified
E0635	Patient lift, electric with seat or sling
E0640	Patient lift, fixed system, includes all components/accessories
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
	Portable room heaters
A9281	Reaching/grabbing device, any type, any length, each
E0710	Restraints, any type (body, chest, wrist or ankle)
E0700	Safety equipment, device or accessory, any type
	Sauna Baths
E0172	Seat lift mechanism placed over or on top of toilet, any type
	Spare tanks of oxygen
	Speech teaching machines
	Stairway elevators
E0638 & E0641-E0642	Standing frame/table
A4490-A4510	Surgical stockings
	Telephone alert systems
E0203	Therapeutic light box, minimum 10,000 lux, table top model
E0244	Raised toilet seat
E0245	Tub stool or bench
E0246	Tub rail attachment for transfer
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening
A4575	Topical hyperbaric oxygen chamber, disposable
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
	Treadmill exercisers
L8510	Voice amplifier
E0249	Pad for water circulating heat unit, for replacement only
E0950	Wheelchair tray
E1310	Whirlpool, nonportable (built-in type)
E1300	Whirlpool, portable (overtub type)
	White Canes
A9282	Wigs
A9286	Hygienic item or device, disposable or non-disposable, any type, each
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels noninvasively
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting
V5275	Ear impression, each
V5281	Assistive listening device, personal FM/DM system, monaural (1 receiver, transmitter, microphone), any type
V5282	Assistive listening device, personal FM/DM system, binaural (2 receivers, transmitter, microphone), any type
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver
V5284	Assistive listening device, personal FM/DM, ear level receiver
V5285	Assistive listening device, personal FM/DM, direct audio input receiver
V5286	Assistive listening device, personal blue tooth FM/DM receiver
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device

CPT® or HCPC Codes	Description
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type
V5290	Assistive listening device, transmitter microphone, any type
K1006	
A7001	Canister, non-disposable, used with suction pump, each <i>*not covered when used with disposable external urine management system</i>
A7002	Tubing, used with suction pump, each <i>*not covered when used with disposable external urine management system</i>
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month
A6591	External urinary catheter; non-disposable, for use with suction pump, per month
E2001	Suction pump, home model, portable or stationary, electric, any type, for use with external urine management system
E0936	Effective May 1, 2024 Continuous passive motion exercise device other than knee
E0445	Effective May 1, 2024 Oximeter device for measuring blood oxygen levels noninvasively
A4606	Effective May 1, 2024 Oxygen probe for use with oximeter device, replacement

Effective July 1, 2024

Codes without payment methodology by Medicare that we have reimbursed but will no longer reimburse:

CPT® or HCPC Codes	Description
L2999	Lower extremity orthoses, not otherwise specified <i>*There are more specific codes that should be used</i>
L3999	Upper limb orthosis, not otherwise specified <i>*There are more specific codes that should be used</i>

Considered medically necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
E2601	General use wheelchair seat cushion, width less than 22 in, any depth
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

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Creation Date	Review Dates	Date Last Revised
01/22/2004	12/07/2010 ^{MDCRPC} , 02/10/2011 ^{MDCRPC} , 12/06/2011 ^{MDCRPC} , 10/02/2012 ^{MDCRPC} , 08/06/2013 ^{MPC} , 10/01/2013 ^{MPC} , 06/03/2014 ^{MPC} , 02/02/2016 ^{MPC} , 12/06/2016 ^{MPC} , 10/03/2017 ^{MPC} , 08/07/2018 ^{MPC} , 08/06/2019 ^{MPC} , 08/04/2020 ^{MPC} , 08/03/2021 ^{MPC} , 08/02/2022 ^{MPC} , 08/01/2023 ^{MPC} , 02/13/2024 ^{MPC}	02/13/2024

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
10/1/2015	Added 2 Noridian links
10/27/2015	Added testicular prosthesis information
02/02/2016	Expanded the policy for DME
09/28/2017	Added A9285 to non-covered
11/16/2017	Added ExoSyn language
02/28/2017	Added A4265 to non-covered list
05/23/2018	Added V codes for assistive listening devices to the non covered list
08/04/2020	Added devices not primarily intended for medical purposes (computers/phones/tablets, etc.) to the not medically necessary section
06/07/2022	MPC approved to add Home Pulse Oximetry codes to the DME list; 60-day notice required
10/26/2022	Retitled non covered item list
10/28/2022	Added E0765; Relief Band Device to the DME non-covered list
05/31/2023	Added Purewick Urinary Collection System to the DME non-covered list
12/09/2023	MPC approved to endorse a position of non-coverage in the ambulatory setting, aligning with CMS payment methodology.
12/13/2024	MPC approved DME billing codes that have been reimbursed historically but will no longer have payment methodology will be listed on DME page: L2999, L3999