

*Evolut	
Clinical guidelines DURABLE MEDICAL EQUIPMENT	Original Date: April 2016
Physical Medicine – Clinical Decision Making	Last Revised Date: December 2023
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GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing, must be provided. If applicable: All prior relevant imaging results, and the reason that alternative imaging cannot be performed, must be included in the documentation submitted.

Statement

The medical necessity or support for prior authorization of Durable Medical Equipment (DME).

Scope

Applies to DME requests for adult and pediatric members in any setting and to all physical medicine practitioners (chiropractors, physical therapists, occupational therapists, and speech language pathologists).

Medical Necessity

DME and services are medically necessary when **ALL** of the following criteria are met:

- Equipment is expected to provide improvement in specific measurable functional deficits related to a documented illness or injury
- The DME is provided by a health care professional
- Equipment has significant medical uses
- Alternative options have been ruled out
- Clinical records clearly establish the medical need

Clinical documentation **must** include the following elements:

- Diagnosis justifying the equipment or supply being requested
- Treatment plan (anticipated start and end date) for training and/or use
- Measurable functional deficit(s)
- Expected outcomes and benefit (related to measurable functional deficit)
- Healthcare providers training/education, supervision, and monitoring use of the DME (identification of provider type and signature in the record)
- Trial of conservative services that failed to improve a measurable functional deficit (unless contraindicated)
- In-office trial use that provided improvement in a measurable functional deficit (when appropriate)
- Home or vehicle assessment to ensure equipment can be utilized in the home or vehicle (when appropriate)

- Prior equipment used for a similar purpose (include reasons that equipment no longer meets current needs)
- If an insurance plan does not cover the specific DME
 - Any visit solely associated with instruction on the DME would not be covered

BACKGROUND:

Overview

- DME provides therapeutic benefits for patients with certain conditions or illnesses in which the equipment is reusable and durable for repeated use outside the medical setting (e.g., home, school, work);
 - Back, knee, and ankle supports/braces
 - Cervical collars
 - Foot orthotics
 - Electrical stimulation units and supplies
 - Traction devices
 - Hospital beds
 - Equipment to aid with ADLs such as bathing, toileting, and dressing
 - Splints/slings
 - Equipment to aid with seating, positioning, and transfers
 - Wheelchairs and assistive devices for gait
- The use of DME needs to have evidence of efficacy in peer-reviewed medical literature; the use of these devices is not considered medically necessary in the absence of accepted standards of medicine within medical literature. [1] [2] [3]

POLICY HISTORY

Date	Summary
December 2023	<ul style="list-style-type: none">• Editorial changes-sections adjusted/moved for better reading flow• References updated
August 2022	<ul style="list-style-type: none">• References updated• Minor editorial changes

References

- [1] R. A. Sprouse, A. M. Mclaughlin and G. D. Harris, "Braces and Splints for Common," *Am Fam Physician*, vol. 98, no. 10, pp. 570-576, 2018.
- [2] S. Henderson, H. Skelton and P. Rosenbaum, "Assistive devices for children with functional impairments: impact on child and caregiver function," *Dev Med Child Neurol*, vol. 50, no. 2, pp. 89-98, 2008.
- [3] M. L. Gabriner, B. A. Braun, M. N. Houston and M. C. hoch, "The effectiveness of foot orthotics in improving postural control in individuals with chronic ankle instability: a critically appraised topic," *J Sport Rehabil*, vol. 24, no. 1, pp. 68-71, 2015.

Reviewed / Approved by Clinical Guideline Committee

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