

Application

Application of this Medical Policy applies to:
Commercial (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
N/A

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Definitions:

Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS): Refers to items and services that are medically necessary to treat a medical condition, improve function, or maintain health.

- **Durable Medical Equipment (DME):** Equipment that can withstand repeated use, is primarily for medical purposes and is appropriate for use in the home (e.g., wheelchairs, hospital beds, oxygen equipment).
- **Prosthetics:** Non-dental artificial devices that replace a body part (e.g., limb prosthesis).

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- **Orthotics:** Custom or off the shelf braces and supports that correct or support musculoskeletal function.
- **Supplies:** Ancillary items related to DME prosthetics, or orthotics (e.g., catheters, wound care supplies)

Proof of Medical Necessity: All prescriptions for DMEPOS, regardless of the format used (e.g., Prescription pad, letter) must contain the following elements:

- Member name and Date of Birth
- ICD-10-CM code for which the DMEPOS is required
- Description of the DMEPOS, to include the quantity, special options, add-ons
- Length of need to include start and end date
- Name, address, NPI of the prescribing provider
- Prescribing provider signature and date of signature
- Order is valid for 1 year of issuance (e.g., 12 months from the date of issue)

Face-to-Face Requirement

A face-to-face encounter is mandatory in-person or telehealth visit between a member and a certifying physician or authorized non-physician practitioner (NPP). This encounter is required under Medicare and Medicaid regulations to establish the member's eligibility for certain services such as Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS).

- The encounter must take place within six (6) months prior to the order
- The face-to-face encounter must be related to the primary reason the member requires the DMEPOS

Prior Authorization: When a prior authorization is required for a service, the in-network DME Supplier provider will submit a completed Prior Authorization Request form to Integra. Out of network DME supplier providers submit directly to Neighborhood. The form must be signed and dated by the DME Supplier provider as to the accuracy of the service requested.

Included with the Prior Authorization Request form as applicable will be:

- Certificate of Medical Necessity signed by the prescribing physician. This proof of medical necessity is valid for 12 months from the date of issue.
- Face-to-Face Encounter details per CMS and EOHHS.
- Medical Record documentation to include clear explanation of why the DME is required, clinical findings demonstrating the member's functional limitation or impairment, explanation of how the equipment will improve safety, mobility, ADLs, respiratory function, or other health outcomes. For example, history and progress notes, therapy evaluations, or specialist reports, documentation of conservative treatments previously attempted and member's response, relevant assessments (home safety evaluations)

Coverage Determination

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Medically necessary services must be provided in the most cost-effective and appropriate setting and shall not be provided solely for the convenience of the member, caretaker, or service provider.

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

In accordance with CMS and EOHHS regulations, approved DMEPOS is furnished exclusively for authorized members and must be used in the home/community setting rather than retained by a facility or used by non-members

For more information, please refer to: <https://www.nhpri.org/providers/policies-and-guidelines/>

Please contact Provider Services at 1-800-963-1001 for questions related to this policy

Reimbursement Requirements:

Rent to Purchase DME Items

Neighborhood follows CMS rent-to-purchase guidelines. Unless CMS specifically designates an item as a rental only, the following rules apply:

- DME rentals are for a period of ten (10) continuous months, after which time they are considered paid up to the purchase price. Charges for monthly rentals beyond ten consecutive months are non-billable.
- DME rentals will be priced at one-tenth (1/10) of the purchase price per month.
- (Neighborhood's allowance for a rental DME item will never exceed the allowance for a DME purchase price item.)
- Items classified by CMS with a payment category of Frequent Serviced Items are considered a continuous rental. DME items that are identified as continuous rentals will be priced at the rental allowance and will be excluded from the rent-to-purchase cap.
- If a device is proven ineffective prior to reaching the end of a ten-month rental period and the member qualifies for an upgraded device, the remaining balance of the original rental period for the ineffective device will be used.

Interruption of Rental Period

A period of continuous use allows for temporary interruptions in the use of equipment.

Interruptions may last up to 60 days.

- If an interruption lasts less than 60 consecutive days, a new rental period will NOT begin.
- If an interruption is greater than 60 consecutive days, a new 10-month rental period can begin if the physician submits a new prescription, new medical necessity documentation and a statement detailing the reason for the interruption.
- When there is a break in home use for the equipment during the rental period, such as when the patient is in a hospital, skilled nursing facility (SNF), hospice, but medical need continues within the facility, if that interruption continues beyond the end of the current rental month

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in which home use ceases, no additional payment will be made until the use of the item resumes in the home. A new date of service will be established when use resumes. Unreimbursed months of interruption will not apply toward the rental month limit.

Change in Suppliers during Rental Period

- A change to another DME supplier during a 10-month rental period will not initiate a new 10-month rental period whether or not there is a lapse in service between suppliers.
 - For example: a member changes supplier after the 8th rental month, the new supplier will be allowed rental payment for the 2 remaining rental months. The supplier that provides the item in the 10th month of the rental period is responsible for supplying the equipment and for maintenance and servicing after the 10-month period.

Repair of DME Items

- Repair to a DME item is covered when the original equipment was ordered by a physician; and the equipment continues to be medically necessary
- Repair to a DME item will be covered when the repair is medically necessary to make the equipment serviceable and the cost of repair is comparable to replacing
- Rental of a DME item will be covered while a covered DME item is being repaired (unless defective item is still under manufacturer warranty).
- Repairs to DME that has already been replaced with same or similar item are not covered as this is a duplication of service.

Replacement of DME Items

Neighborhood follows CMS guidelines regarding the time frame for replacement DME. Per CMS, the reasonable useful lifetime (RUL) of rental equipment is typically 5 years.

Replacement is considered covered when ALL of the following criteria are met:

- The equipment is ordered by a physician; and
- When a new item is required due to a change in the member's medical condition; OR
- The equipment no longer meets the member's functional needs due to the member's physical changes, such as skeletal growth or significant weight changes; OR
- Cost to repair the DME is comparable to replacing it (if repair cost exceeds 60% of the cost of a replacement item, replacement may be required); OR
- When an upgrade is required and the manufacturer no longer provides needed support for the item.

For capped rental items (e.g., wheelchairs) once the title transfers to the member (after the specified rental period), the supplier may be required to replace the equipment if accumulated repair cost exceeds threshold.

Exclusions and Limitations:

- Please refer to the grid: Durable Medical Equipment (DME) Guide for Frequency, Quantity Limits, and Prior Authorization Requirements

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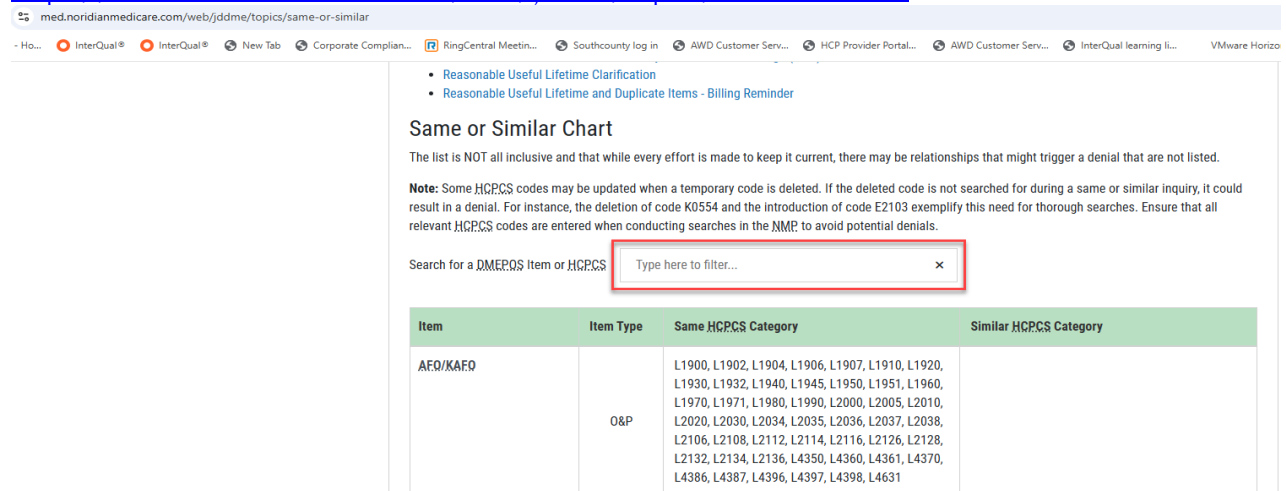
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<https://www.nhpri.org/blobnhpri08e0944faa/wp-content/uploads/2025/10/External-DME-Document-2.pdf>

- Adult, pediatric, and youth sized disposable incontinence products (T4521-T4535, T4543-T4544); authorization is required when quantity is greater than 192 per month for any combination of brief, liners, and/or pull-ups. Requests for quantities exceeding 192 per month must include medical necessity documentation that clearly explains the clinical rationale for the increased usage. The plans maximum monthly quantity limit is 300, inclusive of any medical necessary increase.
- Incontinence product, disposable underpad, large and/or small (T4541-T4542); authorization is required when quantity is greater than 150 per month for any combination of underpads. Requests for quantities exceeding 150 per month must include medical necessity documentation that clearly explains the clinical rationale for the increased usage. The plans maximum monthly quantity limit is 300, inclusive of any medical necessary increase.

Durable Medical Equipment Same/Similar chart resource:

<https://med.noridianmedicare.com/web/jddme/topics/same-or-similar>



med.noridianmedicare.com/web/jddme/topics/same-or-similar

- Reasonable Useful Lifetime Clarification
- Reasonable Useful Lifetime and Duplicate Items - Billing Reminder

Same or Similar Chart

The list is NOT all inclusive and that while every effort is made to keep it current, there may be relationships that might trigger a denial that are not listed.

Note: Some HCPCS codes may be updated when a temporary code is deleted. If the deleted code is not searched for during a same or similar inquiry, it could result in a denial. For instance, the deletion of code K0554 and the introduction of code E2103 exemplify this need for thorough searches. Ensure that all relevant HCPCS codes are entered when conducting searches in the NMR to avoid potential denials.

Search for a DMEPOS Item or HCPCS

Item	Item Type	Same HCPCS Category	Similar HCPCS Category
AFO/KAFO	O&P	L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, L4398, L4631	

- **DME (e.g., wheelchairs, hospital beds, walkers) and supplies other than personal needs (hearing aids, prosthetics/orthotics, braces, stockings, etc) are not covered for members in a Nursing Facility or ICF.**
- Delivery and setting up of equipment is considered included in the rental or purchase fee and is not separately reimbursed.
- Repairs to and supplies for rental equipment used during the rental period are included in the rental allowance. The only exception is for CPAP/BiPAP supplies.
- Repair or replacement of DME covered by the manufacturer, under warranty, will be the responsibility of the manufacturer and coordinated by the DME provider.
- Maintenance, defined as the routine periodic servicing (ie: testing, cleaning, regulating, and checking of the equipment) is not covered.

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- Purchase, repair, or replacement of materials, or equipment, when the result of member abuse.
- Purchase, repair, or replacement of materials or equipment that has been stolen or destroyed except when the following documentation is provided:
 - Explanation of continuing medical necessity for the item
 - Explanation of the item that was stolen or destroyed
 - Copy of police, fire department, or insurance report if applicable
- Deluxe or enhanced DME items are not covered
- DME items and medical supplies which function primarily for the convenience of the member are not covered.
- Duplicate DME items for use in multiple locations
- Items or supplies used primarily to assist a caregiver

References:

- Centers for Medicare & Medicaid Services. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). Baltimore, MD: CMS 2025.
<http://www.cms.gov/medicare/dmepos>
- Code of Federal Regulations Title 42 Chapter IV Subchapter B Part 410 Subpart b section 410.38
- Code of Federal Regulations Title 42 Chapter IV Subchapter B Part 414 subpart D Section 414.202
- Rhode Island Executive Office of Health & Human Services (EOHHS): Rhode Island Medicaid Coverage Guidelines, Medicaid Provider Manual: Durable Medical Equipment
- Form CMS-20081
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025
- Contract between United States Department of Health and Human Services Centers for Medicare and Medicaid Services in partnership with The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2022

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood’s website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on “[Click here for a list of prior authorization request forms](#)” – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours.

Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Number:	CMP # 018
CMP Cross Reference:	
Created:	8/15/05 (Retired in 2021) Reinstated 12/10/25
Annual Review Month:	December
Review Dates:	3/31/09, 9/16/14, 3/3/15, 2/18/16, 6/27/16, 5/17/17, 5/14/18, 6/3/20, 6/9/21 (Retired) Reinstated 12/10/25
Revision Dates	3/20/07, 6/26/08, 9/04/09, 9/20/10, 9/17/13, 3/3/15, 2/18/16, 6/27/16, 5/17/17, 6/12/18, 6/5/19, 6/9/21(Retired) Reinstated 12/10/25
CMC Review Date:	12/06/11, 9/17/13, 9/16/14, 3/3/15, 3/1/16, 7/12/16, 5/23/17, 5/22/18, 6/5/19, 6/3/20, 6/9/21, (Retired) Reinstated 12/10/25
Medical Director Approval Dates:	5/10/07, 7/08/08, 9/22/09, 11/09/10, 12/28/11, 11/13/12, 9/23/13, 10/8/14, 3/3/15, 3/1/16, 7/12/16, 6/7/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, (Retired) Reinstated 12/10/25
Effective Dates:	9/23/13, 10/8/14, 3/3/15, 3/14/16, 7/13/16, 6/12/17, 6/12/18, 6/5/19, 6/3/20, 6/9/21, (Retired) Reinstated 12/10/25

Neighborhood reviews clinical medical policies on an annual basis.

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Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.