



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA
SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 02/20/24
LAST REVIEW DATE: 02/20/24
CURRENT EFFECTIVE DATE: 08/06/24
LAST CRITERIA REVISION DATE: 08/06/24
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 1ST QTR 2025

DURABLE MEDICAL EQUIPMENT (DME)

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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DURABLE MEDICAL EQUIPMENT

Description:

Durable medical equipment is defined as those **base model**¹ items that are:

- Designed for repeated medical use and appropriate in the home setting
- Medically necessary to treat an illness or injury
- Specifically designed to improve or support the function of a body part
- Intended to prevent further deterioration of the medical condition for which the equipment has been prescribed
- Not to serve primarily for comfort, convenience or assistance in daily living
- Primarily not useful to an individual in the absence of an illness or injury
- Not available as an over-the-counter item

¹ The benefit and any subsequent reimbursement are for the base model. Deluxe or upgraded equipment will be assessed for medical necessity based upon the attending physician's documentation of the need for said equipment. Equipment lacking documentation of medical necessity for deluxe or upgraded equipment will be covered as any base model with the member responsible for the difference between the allowed amount for the base model and the provider's billed charges for the deluxe or upgraded equipment.

To verify how a specific DME item is reimbursed, enrolled members should contact BCBSAZ using the phone number listed on the back of their member ID card and contracted providers can access the azblue.com provider website for information.

Criteria:

COVERAGE FOR DURABLE MEDICAL EQUIPMENT IS DEPENDENT UPON BENEFIT PLAN LANGUAGE. REFER TO MEMBER'S SPECIFIC BENEFIT PLAN BOOKLET TO VERIFY BENEFITS.

- The following services or charges are considered a **benefit plan exclusion** and **not eligible for coverage**:
 1. Charges for continued rental of a DME item after the purchase price is reached
 2. Repair costs that exceed the replacement cost of the DME item
 3. Repair or replacement of DME items lost or damaged due to neglect or use that is not in accordance with the manufacturer's instructions or specifications
 4. Charges for the difference between the allowed amount for the DME item base model and the upgraded or deluxe DME item when medical necessity criteria for such upgraded or deluxe item is not met



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- The following DME items are considered a **benefit plan exclusion** and **not eligible for coverage**. These items include, *but are not limited to*:
1. Adjustable beds, e.g., Adjust-a-Bed™, Beautyrest®, Comfort™ Bed, Select Comfort®, Sleep Number®, etc.
 2. Air cleaners
 3. Air conditioners
 4. Air purifiers
 5. Alarm systems for bed wetting
 6. Arch supports, heel pads and/or foot pads
 7. Assistive eating devices
 8. Atomizers
 9. Auto-tilt chair/recliner or elevating chair
 10. Bathroom equipment, e.g., lifts, tub seats or chairs, bed baths
 11. Bed board
 12. Beds, lounge
 13. Bidet toilet seat
 14. Biofeedback devices, including RESPeRate® device-guided breathing
 15. Braille teaching texts
 16. Car seats
 17. Cold applications, including AutoChill®, Cryo/Cuff®, Game Ready™, Accelerated Recovery System, Polar Care®
 18. Communication board, non-electronic augmentative or alternative communication device
 19. Cosmetic items
 20. Crutch or cane holder for wheelchair
 21. Cryopneumatic and cryopneumatic/heat devices, including TEC System®
 22. Cushions, e.g., neck, back and bed roll
 23. Dehumidifiers, room or central air system type
 24. Disposable hygienic items and linens, e.g., Chux, diapers, Depend®
 25. Dressing aids and devices, e.g., dressing sticks, reachers, zipper pulls, button hooks, shoehorns
 26. Elastic/support stockings or socks, commercial, over-the-counter, e.g., Hanes®, Leggs®, etc. (Exclusion does not include compression stockings used in the treatment of extensive scarring, deep vein thrombosis, thrombophlebitis, or lymphedema, which are **eligible for coverage**, e.g., Jobst®, T.E.D.™ anti-embolism stockings)
 27. Electronic interface to operate speech generating device using power wheelchair control interface
 28. Elevators
 29. Emesis basins
 30. Ergonomic equipment
 31. Exercise equipment and accessories
 32. Foot stools
 33. Grab bars
 34. Heating and cooling units
 35. Helmets, including helmets for cranial orthosis which are available OTC
 36. Home modifications
 37. Hot tubs or spas
 38. Humidifiers, room or central air system type



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39. Incontinence devices, alarms, etc.
40. Irrigating kits, e.g., enema (Peristeen® Anal Irrigation System), douche
41. Language, communication and/or speech generating devices and associated equipment, for any purposes – except the artificial larynx and tracheostomy speaking valve
42. Massage equipment and devices, e.g., Infratonic QGM (low frequency, electro-acoustical therapeutic massager)
43. Mattress care, e.g., special bedding, mattress cleaning
44. Paraffin bath unit and paraffin
45. Portable Jacuzzi® equipment
46. Reaching and grabbing devices
47. Recliner chairs
48. Reverse osmosis water filtration system
49. Spinal-pelvic stabilizers, e.g., corset, girdle
50. Strollers of any kind, including specialty or customized strollers, e.g., Convoid® Scout®
51. Sunlamp
52. Supplies available over the counter or for comfort and convenience
53. Telephone alert systems
54. Telephone arms or cradle
55. Tilt or inversion tables or suspension devices
56. Transport chairs
57. Trays for wheelchair
58. Ultrasound equipment
59. Vehicle modification lifts, kits
60. Whirlpool, hydrotherapy, spa, and/or hot tub equipment



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➤ The following DME items are considered *medically necessary* if criteria are met:

DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
Customized durable medical equipment, other than wheelchair Manual adult size wheelchair, includes tilt in space Power wheelchair components, replacement only Special height arms or back for wheelchair Temporary replacement for patient-owned equipment being repaired, any type Power mobility device Wheelchair, specially sized or constructed	E1161 E1220 E1221 E1222 E1223 E1224 E1227 E1228 E1229 E2368 E2369 E2370 E2378 K0462 K0899 K0900	➤ Clinical documentation required to determine medical necessity
Oximeter	E0445 E1399	➤ To determine medical necessity for O ₂ therapy and for COPD and steroid-dependent asthmatic
Oxygen conserving device (e.g., LC-3 Oxylite portable O ₂ system)	E1399	➤ Considered a separate upgrade or deluxe item and therefore a benefit plan exclusion and not eligible for coverage . Member is responsible for charges for the oxygen conserving device. ➤ The separately billed base model stationary and portable oxygen concentrator are eligible for coverage based on medical necessity.
Aerochambers (for use with metered dose inhaler)	E1399	➤ Respiratory conditions.

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DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p>Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)</p> <p>Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)</p> <p>Includes both positive and negative pressure types</p>	<p>E0465 E0466 E0467</p>	<p>➤ ANY of the following:</p> <ol style="list-style-type: none"> 1. Neuro-muscular diseases 2. Thoracic restrictive diseases, e.g., AML 3. Chronic respiratory failure as the result of chronic obstructive pulmonary disease
<p>Back-up (second) ventilator in the home setting</p>	<p>E0465 E0466 E0467</p>	<p>➤ With documentation of ONE the following:</p> <ol style="list-style-type: none"> 1. Individual's plan of care prescribed requires mechanical ventilation during mobility 2. Individual meets ALL of the following: <ul style="list-style-type: none"> • Spontaneous ventilations cannot be maintained for 4 or more consecutive hours • Replacement ventilator cannot be provided within 2 hours due to location of home <p>➤ If above criteria not met, the use of back-up (second) ventilator in the home setting is considered not medically necessary.</p>
<p>Insulin protection case</p>	<p>E1399</p>	<p>➤ Eligible for coverage for one (1) base model case per year.</p> <p>➤ Leather, sports model or sports guard are considered not a base model item therefore a benefit plan exclusion and not eligible for coverage.</p>



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DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Motorized wheelchair Power operated vehicle Power wheelchair Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control</p>	<p>E0983 E0984 E1230 E1231 K0800 K0801 K0802 K0806 K0807 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835 K0836 K0837 K0838 K0839 K0840</p>	<p>➤ Unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely and would be bed or chair confined without use of a wheelchair</p> <p>➤ Additional clinical documentation required to determine medical necessity of specialized wheelchair options</p> <p>May qualify for a wheelchair and still be confined to bed</p>



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<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Motorized wheelchair (cont.)</p> <p>Power operated vehicle (cont.)</p> <p>Power wheelchair (cont.)</p> <p>Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (cont.)</p> <p>Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (cont.)</p>	<p>K0841</p> <p>K0842</p> <p>K0843</p> <p>K0848</p> <p>K0849</p> <p>K0850</p> <p>K0851</p> <p>K0852</p> <p>K0853</p> <p>K0854</p> <p>K0855</p> <p>K0856</p> <p>K0857</p> <p>K0858</p> <p>K0859</p> <p>K0860</p> <p>K0861</p> <p>K0862</p> <p>K0863</p> <p>K0864</p> <p>K0868</p> <p>K0869</p> <p>K0870</p> <p>K0871</p> <p>K0877</p> <p>K0878</p> <p>K0879</p> <p>K0880</p> <p>K0884</p> <p>K0885</p> <p>K0886</p> <p>K0890</p> <p>K0891</p> <p>K0898</p>	<p>➤ Unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely and would be bed or chair confined without use of a wheelchair</p> <p>➤ Additional clinical documentation required to determine medical necessity of specialized wheelchair options</p> <p>May qualify for a wheelchair and still be confined to bed</p>



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<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Other motorized/power wheelchair base Wheelchair accessories or replacement components</p>	<p>E0953 E0954 E0988 E0990 E0992 E0994 E0995 E2201 E2202 E2203 E2204 E2205 E2206 E2209 E2210 E2211 E2212 E2213 E2214 E2215 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2224 E2225 E2226 E2227 E2228 E2340 E2341 E2342 E2343 E2358 E2359 E2360</p>	<p>➤ For use with a previously or currently approved wheelchair</p>



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DME ITEM DESCRIPTION	HCPCS CODES	CRITERIA
<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Other motorized/power wheelchair base (cont.)</p> <p>Wheelchair accessories or replacement components (cont.)</p>	<p>E2361 E2362 E2363 E2364 E2365 E2366 E2367 E2371 E2372 E2397 K0008 K0013 K0014 K0020 K0037 K0038 K0039 K0040 K0041 K0042 K0043 K0044 K0045 K0046 K0047</p>	<p>➤ For use with a previously or currently approved wheelchair</p>



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<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Other motorized/power wheelchair base (cont.)</p> <p>Wheelchair accessories or replacement components (cont.)</p>	<p>K0050 K0051 K0052 K0053 K0056 K0065 K0069 K0070 K0071 K0072 K0073 K0077 K0098 K0108 K0195 K0733</p>	<p>➤ For use with a previously or currently approved wheelchair</p>
<p>Manual wheelchair accessory, manual standing system</p> <p>Power wheelchair accessory, power standing system</p> <p>Wheelchair accessory, power seating system</p> <p>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each</p>	<p>E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1012 E2230 E2301</p>	<p>➤ Decubitus ulcers or highly susceptible to decubitus ulcers and requires frequent and immediate changes of body positions. Individually controlled</p>

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<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
<p>Power wheelchair accessory: hand, head or chin control interface, sip and puff interface or attendant control</p> <p>Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory</p>	<p>E1028 E2312 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331 E2373 E2374 E2375 E2376 E2377</p>	<ul style="list-style-type: none"> ➤ Unable to operate standard hand controls ➤ For use with an approved power wheelchair
<p>Wheelchair accessory, ventilator tray</p>	<p>E1029 E1030</p>	<ul style="list-style-type: none"> ➤ For use with an approved ventilator
<p>Rollabout chair, any and all types with castors 5". or greater</p>	<p>E1031</p>	<ul style="list-style-type: none"> ➤ In lieu of a medically necessary wheelchair. ➤ Chairs with castors smaller than 5" are not eligible for coverage
<p>Back or seat planar, positioning cushion for planar back or contoured seat</p> <p>Positioning wheelchair back cushion</p> <p>Wheelchair accessory, manual full reclining back</p> <p>Wheelchair accessory, manual semi-reclining back</p>	<p>E1225 E1226 E2291 E2292 E2293 E2294 E2620 E2621</p>	<ul style="list-style-type: none"> ➤ Two (2) hours or more per day spent in a wheelchair and documentation of ONE of the following: <ol style="list-style-type: none"> 1. Quadriplegic 2. Casts/brace requires this feature for positioning 3. Needs to rest in this position frequently during the day 4. Unable to recline without aid ➤ For use with an owned wheelchair



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<p>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</p>		
Wheelchair, pediatric size	E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239	<ul style="list-style-type: none"> ➤ Clinical documentation required to determine medical necessity ➤ E1236 or E1238 may be submitted to represent a stroller. Strollers of any kind, including, but not limited to, specialty or customized strollers, are a benefit plan exclusion as a transportation device and not eligible for coverage and not medically necessary
Wheelchair accessory cylinder tank carrier	E2208	<ul style="list-style-type: none"> ➤ Individual requires O₂ while in wheelchair
Power wheelchair accessory, power seat elevation system	E2298 E2300	<ul style="list-style-type: none"> ➤ For use with an approved power wheelchair for individual who is unable to assist with their own transfer
Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating	E2295	<ul style="list-style-type: none"> ➤ Permanently non-ambulatory children who move continuously and require proper postural seating alignment to be maintained
Power wheelchair accessory, electronic connection between wheelchair controller and power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	E2310 E2311 E2313	<ul style="list-style-type: none"> ➤ Clinical documentation is required to determine medical necessity ➤ Requires review by the medical director(s) and/or clinical advisor(s)
Gait trainer	E8000 E8001 E8002	<ul style="list-style-type: none"> ➤ Impaired ambulation



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Lifts	L3300 L3310 L3320 L3330 L3332 L3334	<ul style="list-style-type: none"> ➤ Leg length discrepancy ONLY ➤ All other conditions are considered a benefit plan exclusion and not eligible for coverage
Orthopedic shoes/footwear (Includes orthopedic footwear, additions, inserts, inlays and/or modifications)	L3201 L3202 L3203 L3204 L3206 L3207 L3212 L3213 L3214 L3215 L3216 L3217 L3219 L3221 L3222 L3230 L3250 L3251 L3252 L3253 L3254 L3255 L3257 L3340 L3350 L3360 L3370 L3380 L3390	<ul style="list-style-type: none"> ➤ ANY of the following: <ol style="list-style-type: none"> 1. As an integral part of a brace 2. Diabetes 3. Neurological involvement of the foot or lower leg (below the knee) 4. Peripheral vascular disease of the foot or lower leg (below the knee)



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Orthopedic shoes/footwear (Includes orthopedic footwear, additions, inserts, inlays and/or modifications) (cont.)	L3400 L3410 L3420 L3430 L3440 L3450 L3455 L3460 L3465 L3470 L3500 L3510 L3520 L3530 L3540 L3550 L3560 L3570 L3580 L3590 L3595 L3649	<p>➤ ANY of the following:</p> <ol style="list-style-type: none"> 1. As an integral part of a brace 2. Diabetes 3. Neurological involvement of the foot or lower leg (below the knee) 4. Peripheral vascular disease of the foot or lower leg (below the knee)

Resources:

Literature reviewed 02/20/24 We do not include marketing materials, poster boards and non-published literature in our review

Resources prior to 02/20/24 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. Blue Cross Blue Shield of Arizona. Benefit Plan Booklet. January 1, 2024. Accessed February 15, 2024.

Coding:

HCPCS: E0217, E0249



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<u>History:</u>	<u>Date:</u>	<u>Activity:</u>
Medical Policy Panel	08/06/24	Review with revisions (criteria)
Medical Director (Dr. Raja, Dr. Sutanto)	07/11/24	Review with revisions (criteria)
Medical Policy Panel	02/20/24	Approved guideline
Legal Division	02/15/24	Review with revisions
Medical Director (Dr. Raja)	02/08/24	Review with revisions

Policy Revisions:

08/06/24 Added: Criteria: CPT Code: E2298



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilínígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idílkidgo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowolgo bee haz'ą doo baqah ilínígóó. Ata' halne'ígíí kojí' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.



An Independent Licensee of the Blue Cross Blue Shield Association

EVIDENCE-BASED CRITERIA SECTION: ADMINISTRATIVE PROCEDURE

ORIGINAL EFFECTIVE DATE: 02/20/24
LAST REVIEW DATE: 02/20/24
CURRENT EFFECTIVE DATE: 08/06/24
LAST CRITERIA REVISION DATE: 08/06/24
ARCHIVE DATE:

NEXT ANNUAL REVIEW DATE: 1ST QTR 2025

DURABLE MEDICAL EQUIPMENT

Multi-Language Interpreter Services:

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi: اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799 [تماس حاصل نمایید.]

Assyrian: Blue Cross Blue Shield of Arizona ... 877-475-4799

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสมารถที่จะได้รับความช่วยเหลือและขอมูลในภาษา ของคุณได้โดยไมม่ค่าใช้จ่าย โปรดขอมูลาม โทร 877-475-4799