

## Medical Necessity Guidelines: High Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices

Effective: January 8, 2021

<b>Prior Authorization Required</b> If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	<b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
<p><b>Applies to:</b></p> <p><b>COMMERCIAL Products</b></p> <p><input type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409</p> <p><input type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409</p> <ul style="list-style-type: none"> <li>CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></li> </ul> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b></p> <p><input type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055</p> <p><input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</p> <p><input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304</p> <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p><b>SENIOR Products</b></p> <ul style="list-style-type: none"> <li>Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a></li> <li>Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></li> </ul>	

**Note:** While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

### OVERVIEW

Durable medical equipment (DME) is defined as equipment that:

- (1) is fabricated primarily and customarily to fulfill a medical purpose;
- (2) is generally not useful in the absence of illness or injury;
- (3) can withstand repeated use over an extended period; and
- (4) is appropriate for use in the Member's home.

Durable medical equipment and supplies (DME) must be of proven quality and dependability and must conform to all applicable federal and state product standards.

### CLINICAL COVERAGE CRITERIA

In order to qualify for coverage, adaptive strollers and speech generating devices must meet all aspects of the definition of DME as stated above and the guidelines used to determine medical necessity are listed below:

#### Strollers:

Adaptive strollers are designed for children in which there is a disease process or condition which significantly impairs normal mobility expected for age. Adaptive strollers differ from standard strollers as they have additional features including expanded tilt and recline options for positioning and/or pressure relief, upper body provision for inadequate trunk stability/posture and/or positioning belts that help to provide for safe transportation.

#### Tufts Health Together

Adaptive strollers, consistent with the Noridian Local Coverage Determination (LCD) L33788, includes wheelchairs with a seat width and/or depth of 14" or less which are considered pediatric size wheelchairs:

- InterQual® Criteria, Durable Medical Equipment. Wheelchairs or Strollers, Pediatric: Version April 2020

Tufts Health RITogether

- State of Rhode Island Coverage Guidelines for Durable Medical Equipment is available at [eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx](http://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx)

**Speech Generating Devices (SGD):**

Speech Generating Devices (SGD), also known as augmentative or alternative communication devices, are speech aides consisting of devices or software that generate speech and provide individuals with severe speech impairment the ability to meet their functional speaking needs.

Tufts Health Together

- MassHealth guideline for speech generating devices is available at [mass.gov/doc/guidelines-for-medical-necessity-determination-for-augmentative-and-alternative-communication-0/download](http://mass.gov/doc/guidelines-for-medical-necessity-determination-for-augmentative-and-alternative-communication-0/download)

Tufts Health RITogether

- State of Rhode Island Coverage Guidelines for Durable Medical Equipment is available at [eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx](http://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx)

Please also refer to the Tufts Health Public Plans Durable Medical Equipment and Medical Supply Payment Policy: [tuftshealthplan.com/documents/providers/payment-policies/tufts-health-public-plans/ma/durable-medical-equipment](http://tuftshealthplan.com/documents/providers/payment-policies/tufts-health-public-plans/ma/durable-medical-equipment)

**LIMITATIONS**

Tufts Health Plan will not cover:

- Items which do not meet the definition of DME
- Items specifically listed as non-covered on the Tufts Health Plan Medical Necessity Guideline: Noncovered Investigational Services [tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/noncovered-investigational-services-me](http://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/noncovered-investigational-services-me)
- Items which address a need that can be met with a less costly, less intensive alternative

**CPT/HCPCS CODES**

The following CPT/HCPCS require prior authorization:

Code	Description
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E2500	Speech-generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech-generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech-generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech-generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech-generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

Code	Description
E2511	Speech-generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech-generating device, mounting system
E2599	Accessory for speech-generating device, not otherwise specified

## REFERENCES

1. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth Provider Manual Series, Provider Regulations for Durable Medical Equipment. Available at [mass.gov/doc/durable-medical-equipment-regulations/download](http://mass.gov/doc/durable-medical-equipment-regulations/download). Accessed October 28, 2020.
2. Center for Medicaid and Medicare Services. Noridian Local Coverage Determination (LCD) L33788 for Manual Wheelchair Bases. Available at [cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788&ContrId=389&ver=15&ContrVer=1&CntrctrSelected=389\\*1&Cntrctr=389&DocType=2&bc=AAACAACAAAA&](http://cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788&ContrId=389&ver=15&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&DocType=2&bc=AAACAACAAAA&). Accessed October 28, 2020.
3. Center for Medicaid and Medicare Services. Noridian Local Coverage Determination (LCD) L33739 for Speech Generating Devices. Available at [med.noridianmedicare.com/documents/2230703/7218263/Speech+Generating+Devices+%28SGD%29%20LCD+and+PA/7973cdbc-c335-47bb-91ca-ad8385830086](http://med.noridianmedicare.com/documents/2230703/7218263/Speech+Generating+Devices+%28SGD%29%20LCD+and+PA/7973cdbc-c335-47bb-91ca-ad8385830086). Accessed October 28, 2020.
4. Center For Medicaid and Medicare Services. National Coverage Determination (NCD) for Speech Generating Devices (50.1). Available at [cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=2&DocID=50.1&kq=true&SearchType=Advanced&bc=EAAAAA&](http://cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=2&DocID=50.1&kq=true&SearchType=Advanced&bc=EAAAAA&). Accessed November 6, 2020.
5. State of Rhode Island, Executive Office of Health and Human Services. Coverage Guidelines for Durable Medical Equipment. Available at [eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx](http://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx). Accessed October 28, 2020.
6. State of Rhode Island, Executive Office of Health and Human Services. Provider Reference Manual Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. Available at [eohhs.ri.gov/Portals/0/Uploads/Documents/dme.pdf](http://eohhs.ri.gov/Portals/0/Uploads/Documents/dme.pdf). Accessed November 3, 2020.

## APPROVAL HISTORY

June 19, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC)

Subsequent endorsement date(s) and changes made:

- October 16, 2019: Reviewed by IMPAC, note added in "Overview" section listing HCPCS code ranges which do not require PA, effective January 1, 2020
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 18, 2020: Reviewed by IMPAC with an effective date of January 8, 2021, the Medical Necessity Guidelines for DME and Supplies Costing Over \$1,000 has been divided into two policies: *Durable Medical Equipment (DME) and Supplies Costing Over \$1,000* for Unify products and *High Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices* for MA Together and RI Together products; applicable lines of business have been updated. HCPCS codes added for adaptive strollers E1231-E1238 and codes for speech generating devices E2500-E2512 and E2599
- December 4, 2020: Fax number for Unify updated

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

[Provider Services](#)