Policy Number	**DME101.000**
Policy Effective Date	**01/01/2026**
Policy End Date	**09/14/2026**

Durable Medical Equipment (DME) Reference List

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Related Policies (if applicable)
None

Disclaimer

Carefully check state regulations and/or the member contract.
Each benefit plan, summary plan description or contract defines which services are covered, which services are excluded, and which services are subject to dollar caps or other limitations, conditions or exclusions. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between a Medical Policy and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern.**

Legislative Mandates

EXCEPTION: For HCSC members residing in the state of **Arkansas**, § 23-79-1502 relating to craniofacial anomaly corrective surgery, requires coverage for a dehumidifier every four years when medically necessary. This applies to the following: Fully Insured Group, Student, Small Group, Mid-Market, Large Group, HMO, EPO, PPO, POS. Unless indicated by the group, this mandate or coverage will not apply to ASO groups.

Coverage

NOTE 1: For coverage of specific durable medical equipment (DME) items, please see the appropriate Medical Policy. Also, check contracts for specific DME coverage benefits.

NOTE 2: In general, duplicate equipment is considered a convenience item and not medically necessary.

General Coverage

Generally, DME **is eligible for coverage when the equipment meets ALL of the following criteria:**

- Serves a medical purpose; AND
- Generally, not useful to an individual in the absence of illness, injury, or disease; AND
- Used in the individual's home/place of residence; AND
- Reasonable and medically necessary for the individual; AND
- Prescribed by a physician within the scope of his/her license; AND
- Does not serve as a comfort or convenience item; AND
- Has been approved by the U.S. Food and Drug Administration (FDA) (where applicable) and is otherwise generally considered to be safe and effective for the purpose intended.

NOTE 3: Table 1 below identifies those DME items considered eligible for coverage when the above criteria are met. Table 2 below identifies those items that are NOT considered DME items and therefore, not eligible for coverage as DME.

NOTE 4: Benefits should be provided for rental charge (but not to exceed the total cost of purchase) or, at the option of the Plan, the purchase of the DME.

Repair or Replacement of DME

Repair, adjustment, or replacement of components and accessories of DME, as well as supplies and accessories necessary for effective functioning of covered DME, **are eligible for coverage when** the DME**:**

- Meets the above general coverage criteria; AND
- Is being purchased or is already owned by patient; AND
- Requires repair or replacement that is necessary to make the DME serviceable.

Customized DME

In order to qualify as "customized," a DME, prosthetic, or orthotic device must be specially constructed to meet an individual patient's specific needs. An invoice should be included with billing for any customized DME, prosthetic, or orthotic device for which a procedure code or HCPCS code does not exist. The prescription for customized equipment should include:

- The reason the patient requires a customized item; AND
- Specific documentation, e.g., physical therapy records or physician's records.

The following are examples of items that **do not meet the requirement to be considered customized:**

- Adjustable brace with Velcro closures; AND
- Pull-on elastic brace; AND
- Lightweight, high-strength wheelchair with padding added.

Table 1. Durable Medical Equipment Eligible for Coverage When General Criteria Above are Met - Check contracts for specific DME benefits, Including Items That Can Be Purchased Over the Counter (OTC)

Item	Rationale
Audible/visible signal pacemaker monitor	For individuals with a cardiac pacemaker
Bed pan (autoclavable hospital type)	For individuals who are confined to bed
Cane	For individuals who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home
Commode	For individuals who are confined to bed or room (See **NOTE 5** below)
Crutches	For individuals who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home
Digital electronic pacemaker monitor	For individuals with a cardiac pacemaker
Fomentation devices, heating pads, heat lamps	For medical conditions for which application of heat in the form of a heating pad is therapeutically effective
Nebulizer	For individuals who have severely impaired breathing
Portable paraffin bath	For individuals who have undergone successful trial period of paraffin therapy ordered by a physician and the individuals condition is expected to be relieved by the long-term use of this treatment modality
Postural drainage board	For individuals who have a chronic pulmonary condition
Quad-cane	For individuals who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing within the home
Self-contained pacemaker monitor	For individuals with a cardiac pacemaker
Sitz bath	For individuals with infection or injury of perineal area and item has been prescribed by individual's physician as part of planned regimen of treatment in the individual’s home
Steam packs	For medical condition for which application of heat in the form of a heating pad is therapeutically effective
Ultraviolet cabinet	For individuals who have generalized intractable psoriasis
Urinal (autoclavable hospital type)	For individuals who are confined to bed

Vaporizer	For individuals who have a respiratory illness
Walker; see Sully Walker in Table 2	For individuals who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing within the home
Whirlpool bath	For individuals who are homebound and have a (standard) condition that a whirlpool bath can be expected to provide substantial therapeutic benefit

NOTE 5: The term "room-confined" means that the individuals' condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of an individual to a home where there are no toilet facilities in the home may be equated to room confinement. Moreover, consideration may also be made if an individual's medical condition confines him or her to a floor of the home, and there is no bathroom located on that floor.

Table 2. Items NOT Considered to be Durable Medical Equipment (DME) and Therefore are Not Covered as DME – Check contracts for specific DME benefits

Non-Covered Item	Rationale
Air cleaner	Environmental control equipment; not primarily medical in nature
Air conditioner	Environmental control equipment; not primarily medical in nature
Bed bath; home type	Hygienic equipment; not primarily medical in nature
Bed lifter; bed elevator	Not primarily medical in nature
Bed-lounge; power or manual	Not a hospital bed; comfort or convenience item; not primarily medical in nature
Bed; oscillating	Institutional equipment; inappropriate for home use
Bed nonhospital (e.g., Craftmatic® Adjustable bed, the Sleep Number® bed by Select Comfort Corporation and the Self Adjusting Technology (SAT™) Bed, the SleepSafe Beds®, Cubby Beds, waterbeds and beds considered safety or sensory-friendly safe spaces	Not a hospital bed; comfort or convenience item; not primarily medical in nature
Bidet toilet	Not medical equipment
Blood glucose analyzer; reflectance colorimeter	Unsuitable for home use
Braille teaching text	Educational equipment; not primarily medical in nature

Carafe	Convenience item; not primarily medical in nature
Catheter	Nonreusable disposable supply
Dehumidifier; room or central heating system type	Environmental control equipment; not primarily medical in nature
Disposable sheets and bags	Nonreusable disposable supply
Elastic stockings	Nonreusable supply; not rental-type items
Electric air cleaner	Environmental control equipment; not primarily medical in nature
Electrostatic machine	Environmental control equipment; not primarily medical in nature
Elevator	Convenience item; not primarily medical in nature
Emesis basin	Convenience item; not primarily medical in nature
Esophageal dilator	Physician instrument; inappropriate for patient use
Exercise equipment	Not primarily medical in nature
Fabric supports	Nonreusable supply; not rental-type items
Face mask, surgical	Nonreusable disposable items
Heat and massage foam cushion pad	Personal comfort item; not primarily medical in nature
Heating and cooling plant	Environmental control equipment; not primarily medical in nature
Humidifier, room or central heating system types	Environmental control equipment; not primarily medical in nature
Incontinent pad	Nonreusable supply; hygienic item
Injector, hypodermic jet	Self-administered drug supply; pressure powered device, for injection of insulin
Irrigating kit	Nonreusable supply; hygienic equipment
Leotard	Nonreusable supply; not rental-type item
Massage device	Personal comfort item; not primarily medical in nature
Paraffin bath unit, standard	Institutional equipment; inappropriate for home use
Parallel bars	Support exercise equipment; primarily for institutional use
Portable room heater	Environmental control equipment; not primarily medical in nature
Portable whirlpool pump	Personal comfort item; not primarily medical in nature
Pressure leotard	Nonreusable supply; not rental-type item
Pulse tachometer	Not reasonable or necessary for monitoring pulse of homebound patient with or without cardiac pacemaker

Raised toilet seat	Convenience item; hygienic equipment; not primarily medical in nature
Reflectance colorimeter	Unsuitable for home use
Rolling chair with smaller casters (less than 5 inches in diameter) found in general use in homes, offices, and institutions for many purposes not related to care/treatment of ill/injured persons	Not primarily medical in nature
Sauna bath	Personal comfort item; not primarily medical in nature
Stairway elevator	Convenience item; not primarily medical in nature
Sully Walker	Does not meet the definition of DME
Support hose	Nonreusable supply; not rental-type items
Surgical leggings	Nonreusable supply; not rental-type item
Telephone alert system	Emergency communications system
Transportation equipment, including but not limited to customized vehicles (cars, vans, etc.) car seats, etc.	Convenience item; not primarily medical in nature
Treadmill	Exercise equipment; not primarily medical in nature
Whirlpool pump	Personal comfort item; not primarily medical in nature
White cane	Not considered mobility assistive equipment

Policy Guidelines

If a nationally recognized CPT or HCPCS code exists for which the narrative adequately describes a DME item, that code should be used. “Unlisted” codes have been established for services or procedures for which a code is not found in the CPT or HCPCS code manuals. When using an unlisted code, the provider must submit a detailed description of the service or equipment provided.

There is no objective basis for approval of one name-brand, specific commercial device of a particular type over another “generic" device that has an established code. DME devices billed with an unspecified code will be reimbursed at the reimbursement rate for a similar/like device with an established HCPCS or CPT code.

Shipping, Delivery, Set-up, Education Regarding Use, Equipment Pick-Up
Shipping, delivery, set-up, education regarding use, and equipment pick-up **generally are not separately or additionally reimbursed,** as these costs are an integral part of the suppliers’ costs of doing business and are accounted for in the calculations of fee schedules. However, in rare and unusual circumstances extraordinary delivery expenses may be considered and paid

separately on an individual basis when incurred in order to meet the needs of members living in remote areas that are not served by a local dealer or when a local dealer is temporarily out of stock of required equipment.

Description

Durable medical equipment (DME): (1)

- Can withstand repeated use, i.e., could normally be rented and used by successive patients; AND
- Is primarily and customarily used to serve a medical purpose; AND
- Is generally not useful to a person in the absence of illness or injury; AND
- Is appropriate for use in the home; AND
- Is expected to last at least 3 years.

Equipment that serves as a comfort or convenience item should not be considered DME. Electrical or mechanical features that enhance basic equipment usually serve a convenience function; determination of medical necessity should be made regarding the coverage of these features. Equipment used for environmental control or to enhance the environmental setting or surroundings of an individual should not be considered DME. Medical supplies should be appropriate for patient care and of proven medical value.

Rationale

This policy is based on a review of coverage guidance from the Centers for Medicare and Medicaid Services (CMS) specific to Durable Medical Equipment.

Coding

Procedure codes on Medical Policy documents are included **only** as a general reference tool for each policy. **They may not be all-inclusive.**

The presence or absence of procedure, service, supply, or device codes in a Medical Policy document has no relevance for determination of benefit coverage for members or reimbursement for providers. **Only the written coverage position in a Medical Policy should be used for such determinations.**

Benefit coverage determinations based on written Medical Policy coverage positions must include review of the member's benefit contract or Summary Plan Description (SPD) for defined coverage vs. non-coverage, benefit exclusions, and benefit limitations such as dollar or duration caps.

CPT Codes	None
HCPCS Codes	A9901, E0100, E0105, E0110, E0111, E0112, E0113, E0114, E0116, E0117, E0118, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0150, E0152, E0160, E0161, E0162, E0163, E0165, E0167, E0168, E0175, E0200, E0205, E0210, E0215, E0235, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0275, E0276, E0325, E0326, E0570, E0572,

	E0574, E0575, E0580, E0585, E0605, E0606, E0610, E0615, E0691, E0692, E0693, E0694, E0945, E1300, E1301, E1310, E1399

*Current Procedural Terminology (CPT®) ©2024 American Medical Association: Chicago, IL.

References

1. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1), Publication 100-3. Version 4. Effective date 06/09/2025. Centers for Medicare and Medicaid Services. Available at: <https://www.cms.gov> (accessed November 20, 2025).

Centers for Medicare and Medicaid Services (CMS)

The information contained in this section is for informational purposes only. HCSC makes no representation as to the accuracy of this information. It is not to be used for claims adjudication for HCSC Plans.

The Centers for Medicare and Medicaid Services (CMS) does have a national Medicare coverage position. Coverage may be subject to local carrier discretion.

A national coverage position for Medicare may have been changed since this medical policy document was written. See Medicare's National Coverage at <https://www.cms.hhs.gov>.

Policy History/Revision

Date	Description of Change
01/01/2026	Document updated. The following change was made to Coverage: Added Table 1 to identify Durable Medical Equipment that may be considered medically necessary when general DME criteria are met; Added Table 2 to identify those items that are not considered DME and therefore are not covered as DME items. Reference updated. Title changed from DME Introduction.
11/15/2024	Document updated with literature review. The following change was made to Coverage: Added to examples of items that are not eligible for coverage: "Nonhospital beds such as the Craftmatic® Adjustable bed, the Sleep Number® bed by Select Comfort Corporation and the Self Adjusting Technology (SAT™) Bed, the SleepSafe Beds®, Cubby Beds, waterbeds and beds considered safety or sensory-friendly safe spaces." No new references added.
06/15/2024	Document updated with literature review. Coverage unchanged. Reference updated.
05/01/2023	Reviewed. No changes.
10/15/2022	Document updated with literature review. Coverage unchanged. No new references added.

02/01/2022	Reviewed. No changes.
10/15/2021	Document updated with literature review. The following changes were made to the Coverage: 1) NOTE 2 was added; 2) The phrase: bath seats (bath bench, tub chair) was added to the following not eligible for coverage statement: Bathing devices, including but not limited to bath seats (bath bench, tub chair), whirlpool tubs and/or pumps, sauna bath. References were updated, no new references added.
08/15/2020	Reviewed. No changes.
07/01/2019	Document updated with literature review. Coverage unchanged. No new references added.
12/01/2017	Reviewed. No changes.
01/01/2017	Document updated with literature review. Coverage unchanged.
04/15/2015	Reviewed. No changes.
09/01/2014	Document reviewed. Coverage, under “General Coverage”, the bullet “Appropriate for use in the home” is changed to “Used in the patient’s home/place of residence”.
12/01/2012	Document reviewed. No changes.
09/07/2007	Revised/Updated Entire Document
07/01/2006	Codes Revised/Added/Deleted
10/15/2005	Revised/Updated Entire Document
02/01/2002	Codes Revised/Added/Deleted
05/01/1996	Revised/Updated Entire Document
01/01/1993	New Medical Document