

 <p><b>POLICY LIBRARY: MEDICAL</b></p>	<b>Effective Date:</b>	<b>Approval Date:</b>	<b>Approved By:</b>
	08/072008	08/072008	MQIC/General Counsel
	<b>Doc. Control #: PRV.MQ.MP.009.001</b>		
	<b>Title/Subject: TMMP 26 - DURABLE MEDICAL EQUIPMENT</b>		

**1. Purpose**

The purpose of this policy is to establish criteria for the medical necessity of durable medical equipment.

**2. Statement of Policy**

2.1. The determination of medical necessity for the use of durable medical equipment is always made on a case-by-case basis.

2.2. Durable medical equipment is considered medically necessary when all of the following criteria are met. The item in question must:

- Withstand repeated use
- Be primarily and customarily used to serve a medical purpose
- Be generally not useful to a person in the absence of illness or injury
- Be non-disposable
- Not solely for the convenience or comfort of the patient.

**3. References**

3.1. Scientific:

The following references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding the use of physical modalities and therapeutic procedures for the treatment of neuromuscular pain, spasm and edema and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

- **American Medical Association. Current Procedural Terminology (CPT). AMA Press.**

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**TMMP 26 – DURABLE MEDICAL EQUIPMENT**

- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). Effective 5/5/2005. Accessed July 23, 2008. [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=280.1&ncd\\_version=1&basket=ncd%3A280%2E1%3A1%3ADurable+Medical+Equipment+%28DME%29+Reference+List](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=280.1&ncd_version=1&basket=ncd%3A280%2E1%3A1%3ADurable+Medical+Equipment+%28DME%29+Reference+List)
- **Healthcare Common Procedure Coding System Level II Codes (HCPCS).**

3.2. Related Triad Medical Policies:

- [TMMP 18 - Medical Necessity](#)

**4. Attachments**

- 4.1. [Provider Manual](#)

**Table of Revisions**

<b>Revision Date</b>	<b>Modified By</b>	<b>Description</b>
08/072008	Level 1, 2, 3	Text reformatted for Policy Library and Document Controls standards. References added. DME criteria has been revised.