



Subject: Durable Medical Equipment Replacement Policy

Effective Date: 4/23

DESCRIPTION

OSU Health Plan (OSUHP) utilizes MCG[®] Care Guidelines to determine the medical necessity of Durable Medical Equipment (DME). This policy is intended to support MCG[®] Care Guideline and to ensure consistent application of the criteria. The rental or purchase of medical equipment is covered when prescribed by a physician. Rental costs must not be more than the purchase price. The equipment must serve only a medical purpose and be able to withstand repeated use. Replacement of durable medical equipment, including prosthetic devices, which are not out-of-warranty or malfunctioning is not medically necessary.

POLICY GUIDELINES

OSU Health Plan considers replacement of Durable Medical Equipment medically necessary when the documentation provided meets both the criteria in MCG[®] and all of the following:

- Current equipment is not meeting medical needs as evidenced by one or more of the following:
 - Current equipment is out-of-warranty, malfunctioning, and cannot be repaired or refurbished; or
 - There has been a change in the member's condition and the current equipment cannot be modified to accommodate those changes. For example:
 - Replacement of an external insulin pump for children who require a larger insulin reservoir.
 - Replacement of a mobility device for children who have outgrown their current device.
- There is no evidence to suggest that the device has been lost, abused, or neglected; and
- The replacement must not be solely for better technology or improved aesthetics; and
- The original equipment has exceeded its reasonable useful lifetime (RUL), if applicable; and
- The original equipment was being utilized according to physician's recommendations prior to malfunction.

Reasonable Useful Lifetime (RUL) is a period of time established by the Secretary of Health and Human Services, after which Medicare payment can be made for replacement of DME that is lost, stolen, or irreparably damaged. In general, the RUL for DME, orthotics, and prosthetics (except artificial limbs) is a minimum of five years. All DME replacement requests must still meet the above criteria, even if the existing equipment has met the 5-year RUL. Examples of DME with a 5-year RUL include, but are not limited to:

- Positive airway pressure devices
- Oral appliances
- Cochlear implants

OSU Health Plan considers the following quantity of medical supplies as medically necessary when MCG[®] criteria are met. Requests for quantities beyond the maximum specified must be supported with medical record documentation substantiating that there is a medical need for additional supplies, and it

is not for convenience or misuse.

- Urological supplies:

Code	Number per month
A4351	200
A4352	200
A4353	200

- External Insulin Pump and Continuous Glucose Monitor supplies:

Code	Number per month
A9274	10
A9276	30

Code	Number per year
A9277 (Medtronic)	1
A9277 (Dexcom)	4
A9278 (Dexcom)	1

For Breast Protheses, see *MMPP 16.0 OSU Health Plan External Breast Protheses Policy*.

For Foot Orthotics, see *MMPP 17.0 OSU Health Plan Foot Orthotics Policy*.

For Breast Pumps, see *MMPP 21.0 Breast Pumps*.

EXCLUSIONS

OSU Health Plan does not cover the following replacement requests as they are considered not medically necessary and/or convenience items (not all inclusive):

- Replacement of a currently functioning durable medical equipment device for the sole purpose of receiving the most recent technology (i.e., “upgrading” for improved technology).
- Additional software or hardware required for downloading data to a device such as personal computer, smart phone, or tablet to aid in self-management of health condition.
- Duplicate equipment (e.g., travel PAP, multiple mobility devices)
- Replacement when there is evidence to suggest that the device has been lost, abused, misused, or neglected.
- Supplies in excess of the usual maximum quantity without medical justification.

PRIOR AUTHORIZATION

Refer to the *Prior Authorization Code List* available at <https://osuhealthplan.com/health-plan-tools/forms-policies> for specific prior authorization requirements.

REFERENCES

Aetna. (2023). Infusion Pumps. https://www.aetna.com/cpb/medical/data/100_199/0161.html

- Aetna. (2023). Obstructive Sleep Apnea in Adults. https://www.aetna.com/cpb/medical/data/1_99/0004.html
- CGS. (2021). Warranty, Reasonable Useful Lifetime (RUL), and the Minimum Lifetime Requirement (MLR) for Durable Medical Equipment – Correct Coding – Revised. [https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html#:~:text=Reasonable%20Useful%20Lifetime%20\(RUL\)%20is,%2C%20stolen%2C%20or%20irreparably%20damaged.](https://www.cgsmedicare.com/jb/pubs/news/2018/02/cope6242.html#:~:text=Reasonable%20Useful%20Lifetime%20(RUL)%20is,%2C%20stolen%2C%20or%20irreparably%20damaged.)
- CMS. (2021). Urological Supplies (LCD L33803). <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33803>
- Dexcom. (n.d.). How long does the Dexcom G6 transmitter last? <https://www.dexcom.com/en-us/faqs/how-long-does-dexcom-g6-transmitter-last>
- Insulet Corporation. (2021). Omnipod User Guide. https://www.omnipod.com/sites/default/files/2021-04/Omnipod-System_User-Guide_English.pdf
- Medtronic. (2023). Caring for your sensor and transmitter – Replacing your transmitter. <https://www.medtronicdiabetes.com/customer-support/sensors-and-transmitters-support/care-transmitter>
- MCG Health. (2023). Ambulatory Care (27th Edition). <https://careweb.careguidelines.com/ed27/index.html>
- The Ohio State University. (2022). Faculty and Staff Health Plans Specific Plan Details Document. <https://hr.osu.edu/wp-content/uploads/medical-spd.pdf>
- Wellmark. (2022). Cochlear Implant Replacement. <https://www.wellmark.com/-/media/sites/public/files/medical-policies/cochlear-implant-replacement>