



# DME MEDICAL NECESSITY

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## DME Order Checklist

- Patient Demographic Sheet
- Copy of Insurance Card
- Prescription
- Clinical Note
  - Face to Face within 6 months
  - Product Ordered
  - Medical Necessity criteria met

## Semi-Electric Hospital Bed

- **Medical Necessity Criteria:**
  - The patient requires positioning of the body that is not possible with a standard bed due to medical conditions such as severe arthritis, cardiac conditions, or respiratory issues.
  - The patient requires special attachments that cannot be used on an ordinary bed (e.g., traction equipment).
  - Documentation must clearly justify why a semi-electric bed is necessary instead of a manual bed.
- **Common Diagnoses (ICD-10):**
  - **M19.90** - Osteoarthritis, unspecified site
  - **I50.9** - Heart failure, unspecified
  - **J44.9** - Chronic obstructive pulmonary disease, unspecified
  - **G20** - Parkinson's disease
  - **M62.81** - Muscle weakness (generalized)
- **HCPCS Code:**
  - **E0260** - Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
- **Description:**
  - A semi-electric hospital bed that allows for both head and foot adjustments using electric controls, providing necessary positioning for patients with specific medical conditions.

## Wheelchair

- **Medical Necessity Criteria:**
  - The patient is unable to ambulate within the home and cannot perform daily activities without the use of a wheelchair.
  - The wheelchair is necessary to prevent confinement to bed or chair.
  - Documentation must specify whether a manual or power wheelchair is required, along with the patient's inability to use alternative mobility aids.
- **Common Diagnoses (ICD-10):**
  - **I69.351** - Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
  - **S14.101A** - Complete lesion of unspecified level of cervical spinal cord, initial encounter
  - **M16.10** - Unilateral primary osteoarthritis, unspecified hip
  - **G71.0** - Muscular dystrophy
  - **G35** - Multiple sclerosis
- **HCPCS Codes:**
  - **K0001** - Standard wheelchair
  - **K0002**: Standard Hemi-Height Wheelchair- designed for individuals who require a lower seat height than standard wheelchairs
  - **K0003** - Lightweight wheelchair
  - **K0004** - High strength lightweight wheelchair
  - **K0005** - Ultra lightweight wheelchair
  - **K0006** - Heavy duty wheelchair patient weights > 250lbs. and < 300 lbs.

- **K0007**- Extra heavy duty wheelchair patient weighs > 300lbs.
- **K0822** - Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
- **K0195** Wheelchair elevating leg rests, pair.
- **E2601** Wheelchair seat cushion.
- **Description:**
  - Manual and power wheelchairs designed to meet the mobility needs of patients with various levels of disability and functional limitation.

## Hydraulic Hoyer Lift

- **Medical Necessity Criteria:**
  - Assistance with Transfers: The patient requires assistance with transfers due to limited mobility, weakness, or paralysis, and is unable to transfer safely without the use of a Hoyer lift.
  - Lack of Alternative Methods: The patient cannot be safely transferred by caregivers without the use of mechanical assistance, and alternative transfer methods, such as manual lifting, are not feasible or pose a safety risk to the patient or caregiver.
  - Documentation: Detailed documentation must include the patient's specific condition that necessitates the use of a Hoyer lift and why manual transfer methods are insufficient.
- **Common Diagnoses (ICD-10 Codes):**
  - M19.90 - Osteoarthritis, unspecified site
  - G82.20 - **Paraplegia, unspecified**
  - **G82.50 - Quadriplegia, unspecified**
  - **E66.01 - Morbid (severe) obesity due to excess calories**
  - **G12.21 - Amyotrophic lateral sclerosis (ALS)**
  - **G71.0 - Muscular dystrophy**
  - **M62.81 - Muscle weakness (generalized)**
  - Z74.3 - Need for continuous supervision

### HCPCS Code:

- **E0630** - Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)
- **Description:** A Hoyer lift is a hydraulic or mechanical device used to transfer patients who have limited mobility. It typically includes a sling or seat that supports the patient while being lifted and transferred from one surface to another, such as from a bed to a wheelchair. This equipment is essential for patients who are unable to move or transfer safely on their own or with caregiver assistance.

## Electric Hoyer Lift

- **Medical Necessity Criteria:**
  - The patient requires assistance with transfers and is unable to transfer safely without a lift.
  - Documentation must indicate why the patient requires an electric lift and why alternative transfer methods are insufficient.
- **Common Diagnoses (ICD-10):**
  - **M19.90** - Osteoarthritis, unspecified site
  - **G82.50** - Quadriplegia, unspecified
  - **E66.01** - Morbid (severe) obesity due to excess calories
  - **G12.21** - Amyotrophic lateral sclerosis
  - **G71.8** - Other primary disorders of muscles

- **HCPCS Code:**
  - **E0635** - Patient lift, electric with seat or sling
- **Description:**
  - An electric lift device that assists in transferring patients who cannot transfer themselves safely, providing support for both patients and caregivers.

## Orthopedic Braces (Knee, Back, Wrist, Elbow, Neck Brace)

- **Medical Necessity Criteria:**
  - The brace must be necessary to support and stabilize an area of the body due to injury or chronic condition.
  - Documentation should specify the type of brace and how it supports the patient's functional needs.
- **Ordering Criteria for LSOs:**

Medical records document the spinal orthosis was ordered for one or more of the following indications:

1. Reduce pain by restricting the mobility of the trunk; or
2. Facilitate healing following an injury to the spine or related soft tissues; or
3. Facilitate healing following a surgical procedure; or
4. Support weak spinal muscles and/or a deformed spine

- **Ordering Criteria for Knee Braces:**

Medical records document the knee orthosis was ordered due to:

1. Beneficiary had a recent injury to or a surgical procedure in the knees;

-OR-

2. Beneficiary is ambulatory; and has instability due to a condition specified in the LCD

**NOTE: Knee instability must be documented in the clinical examination of the beneficiary and confirmed by objective testing (positive anterior/posterior drawer test, positive Lachman's test, positive varus/valgus laxity, etc.)**

- **Common Diagnoses and HCPCS Codes:**
  - **Knee Brace:**
    - **ICD-10:** M17.9 - Osteoarthritis of knee, unspecified
    - **HCPCS:** L1833 - Knee orthosis, adjustable knee joints, positional orthosis
  - **Back Brace:**
    - **ICD-10:** M54.5 - Low back pain
    - **HCPCS:** L0650 - Lumbar-sacral orthosis, flexible, provides trunk support
  - **Wrist Brace:**
    - **ICD-10:** G56.00 - Carpal tunnel syndrome, unspecified upper limb
    - **HCPCS:** L3908 - Wrist-hand orthosis, includes one or more non-torsional joint(s)
  - **Elbow Brace:**
    - **ICD-10:** M77.10 - Lateral epicondylitis, unspecified elbow
    - **HCPCS:** L3763 - Elbow orthosis, rigid without joints, may include soft interface
  - **Neck Brace:**
    - **ICD-10:** S13.4XXA - Sprain of ligaments of cervical spine, initial encounter
    - **HCPCS:** L0174 - Cervical orthosis, two-piece rigid, thermoplastic collar
    - **HCPCS:** L0180 - Trend Trauma Cervical Collar
- **Description:**

- Various orthopedic braces designed to stabilize and support specific joints or areas of the body based on the patient's injury or condition.

Sample Ordering Blurb

Product HCPC	Product Description	Ordering Blurb	Ordering Blurb - Surgical
L0180	Trend Trauma Cervical Collar	Patient was prescribed a Trend Trauma Cervical Collar (L0180) to wear for pain control, stabilization, comfort and to reduce intake of oral narcotic pain medications. Collar has been bent, trimmed or molded for a customized patient fit.	Patient was prescribed a Trend Trauma Cervical Collar (L0180) to wear for pain control, stabilization, comfort and to reduce intake of oral narcotic pain medications. Patient will wear a collar prior to surgery and following surgery to facilitate healing. Collar has been bent, trimmed or molded for a customized patient fit.
L0650	Trend Pro LSO back brace with lateral side panels	Patient was prescribed a Trend Pro LSO (L0650) with lateral side panels to wear for pain control, to provide stabilization of weakened or deformed spinal muscles, assist in activities of daily living and to reduce the intake of oral narcotic pain medications.	Patient was prescribed a Trend Pro LSO (L0650) with lateral side panels to wear for pain control, to provide stabilization of weakened or deformed spinal muscles, assist in activities of daily living and to reduce the intake of oral narcotic pain medications. Patient will wear LSO prior to and following their spinal procedure to facilitate healing.
L0651	Trend Extend LSO back brace with lateral side panels	Patient was prescribed a Trend Extend LSO (L0651) with lateral side panels to wear for pain control, to provide stabilization of weakened or deformed spinal muscles, assist in activities of daily living and to reduce the intake of oral narcotic pain medications.	Patient was prescribed a Trend Extend LSO (L0651) with lateral side panels to wear for pain control, to provide stabilization of weakened or deformed spinal muscles, assist in activities of daily living and to reduce the intake of oral narcotic pain medications. Patient will wear LSO prior to and following their spinal procedure to facilitate healing.
L3916	Trend Pro ROM Wrist brace	Patient was prescribed Trend Pro range of motion wrist braces to help stabilize the wrists and to help with pain, numbness and tingling related to carpal tunnel syndrome.	Patient was prescribed Trend Pro range of motion wrist braces to help stabilize the wrists and to help with pain, numbness and tingling related to carpal tunnel syndrome. Braces will also help facilitate healing following their surgical procedure.
L2397	Suspension Sleeve	Patient was prescribed a suspension sleeve to prevent their knee brace	

		from sliding during activity and provide additional stability for donning and doffing the brace.	
E0745	Neuromuscular Twin Stim Unit	Patient was prescribed a neuromuscular twin stim (NMES and TENS combined unit, E0745) to use for pain control, helping to reduce the need for oral pain medication and strengthen muscles in areas of pain that have atrophied due to disuse. Patient should use the unit for 1-2 hours per day, 1-2 treatment sessions per day, or as needed.	Patient was prescribed a neuromuscular twin stim (NMES and TENS combined unit, E0745) to use for pain control, helping to reduce the need for oral pain medication and strengthen muscles in areas of pain that have atrophied following their injury and surgical procedure. Patient should use the unit for 1-2 hours per day, 1-2 treatment sessions per day, or as needed.
E0849	Cervical Traction Unit	Patient was prescribed a supine cervical traction unit (E0849). Patient should use the unit for 2-3 sessions daily, as needed. Patient should pump the unit to 20-25lbs of pressure, as indicated by their cervical condition, hold for 3-5 minutes and then release. Repeat this 3-4 times to complete a treatment session. Patient was demonstrated the unit in the office and tolerated a treatment session. We will re-evaluate the treatment plan at their next office visit. The E0849 will help with pain control, comfort and reduce the intake of oral narcotics.	



## Group 2 Mattress (Pressure Reducing Support Surface)

- **Medical Necessity Criteria:**
  - 1. The beneficiary has multiple stage 2 pressure ulcers located on the trunk or pelvis, which have failed to improve over the past month, during which time the beneficiary has been on a comprehensive ulcer treatment program including each of the following:
    - a. Use of an appropriate group 1 support surface, and
    - b. Regular assessment by a nurse, practitioner, or other licensed healthcare practitioner, and
    - c. Appropriate turning and positioning, and
    - d. Appropriate wound care, and
    - e. Appropriate management of moisture/incontinence, and
    - f. Nutritional assessment and intervention consistent with the overall plan of care
  - 2. The beneficiary has large or multiple stage 3 or 4 pressure ulcer(s) on the trunk or pelvis.
  - 3. The beneficiary had a myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis within the past 60 days, and has been on a group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within the past 30 days.
- **Common Diagnoses (ICD-10):**
  - **L89.152 Pressure ulcer of sacral region, stage 2**
  - **L89.153 Pressure ulcer of sacral region, stage 3**
  - **L89.154 Pressure ulcer of sacral region, stage 4**
- **HCPCS Code:**
  - **E0277** - Powered pressure-reducing mattress overlay/pad, alternating, with pump
- **Description:**
  - A powered pressure-reducing mattress designed to prevent or treat pressure ulcers by alternating pressure points to reduce skin breakdown.

## Oxygen Therapy

- **Medical Necessity Criteria:**
  - The patient must have documented hypoxemia that requires supplemental oxygen.
  - Documentation must include recent arterial blood gas (ABG) or oxygen saturation levels supporting the need for oxygen therapy.
- **Common Diagnoses (ICD-10):**
  - **J44.1** - Chronic obstructive pulmonary disease with acute exacerbation
  - **J96.10** - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia
  - **I50.9** - Heart failure, unspecified
  - **J98.4** - Other disorders of lung
  - **R06.02** - Shortness of breath
- **HCPCS Codes:**
  - **E1390** - Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate
  - **E0431** - Portable gaseous oxygen system, rental
- **Description:**
  - Oxygen concentrators and portable systems designed to deliver oxygen therapy to patients with chronic respiratory conditions.

Specific oxygen saturation levels to qualify for coverage of home oxygen therapy. The general guidelines are as follows:

### 1. Resting Oxygen Saturation:

- **Oxygen saturation of 88% or less** on room air at rest.
- 2. **During Exercise:**
  - **Oxygen saturation of 88% or less** during exercise when breathing room air.
- 3. **During Sleep:**
  - **Oxygen saturation of 88% or less** for at least 5 minutes during sleep, which must be documented by a formal sleep study or other valid overnight oximetry.
- 4. **Arterial Blood Gas (ABG) Criteria:**
  - PaO<sub>2</sub> (partial pressure of oxygen in arterial blood) at or below 55 mm Hg on room air.

These criteria must be met to demonstrate the medical necessity for oxygen therapy, and the testing must be conducted within a certain period before the initiation of oxygen therapy to qualify for Medicare coverage. The oxygen therapy must also be prescribed by a physician, and the necessity must be documented in the patient's medical records.

## 3-in-1 Commode

- **Medical Necessity Criteria:**
  - The patient is unable to access standard bathroom facilities safely and requires a commode for toileting needs.
  - Documentation must justify the need for a 3-in-1 commode based on mobility limitations and home environment constraints.
- **Common Diagnoses (ICD-10):**
  - **M19.90** - Osteoarthritis, unspecified site
  - **I69.351** - Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
  - **G20** - Parkinson's disease
  - **S72.001A** - Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
  - **J44.9** - Chronic obstructive pulmonary disease, unspecified
- **HCPCS Code:**
  - **E0165** - Commode chair, mobile or stationary, with or without wheels
  - **E0163** - Commode chair, stationary, with fixed arms
- **Description:**
  - A 3-in-1 commode chair that serves as a toilet, shower chair, and bedside commode, providing assistance for patients with mobility limitations.

## Folding Walker with Wheels

- **Medical Necessity Criteria:**
  - The patient has a mobility impairment that interferes with their ability to perform daily activities.
  - The patient requires a walker to assist with balance and stability during ambulation.
  - Documentation must specify why a standard walker without wheels is insufficient.
- **Common Diagnoses (ICD-10):**
  - **M17.9** - Osteoarthritis of knee, unspecified
  - **R26.2** - Difficulty in walking, not elsewhere classified
  - **G81.90** - Hemiplegia, unspecified, affecting unspecified side
  - **M54.5** - Low back pain
  - **Z96.651** - Presence of right artificial knee joint
- **HCPCS Code:**
  - **E0143** - Walker, folding, wheeled, adjustable or fixed height
- **Description:**
  - A lightweight, folding walker with wheels designed to assist patients with mobility issues by providing stability and support during ambulation.

## Nebulizer

- **Medical Necessity Criteria:**
  - The patient has a respiratory condition that requires aerosolized medication delivery.
  - The patient cannot use other forms of inhalation therapy, such as metered-dose inhalers.
  - Documentation must include the specific respiratory condition and the need for nebulized therapy.
- **Common Diagnoses (ICD-10):**
  - **J44.9** - Chronic obstructive pulmonary disease, unspecified
  - **J45.909** - Unspecified asthma, uncomplicated
  - **J41.0** - Simple chronic bronchitis
  - **J18.9** - Pneumonia, unspecified organism
  - **J96.00** - Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
- **HCPCS Code:**
  - **E0570** - Nebulizer, with compressor
- **Description:**
  - A medical device that converts liquid medication into a fine mist for inhalation, typically used for patients with chronic respiratory conditions.

## Trapeze Bar

- **Medical Necessity Criteria:**
  - The patient requires assistance with repositioning in bed due to mobility limitations.
  - The trapeze bar is necessary to help the patient change position, improve mobility, or assist with transfers.
  - Documentation should specify the patient's mobility limitations and why a trapeze bar is necessary.
- **Common Diagnoses (ICD-10):**
  - **G82.20** - Paraplegia, unspecified
  - **S72.001A** - Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
  - **M62.81** - Muscle weakness (generalized)
  - **Z96.651** - Presence of right artificial knee joint
  - **M54.5** - Low back pain
- **HCPCS Code:**
  - **E0910** - Trapeze bar, attached to bed, with grab bar
- **Description:**
  - A trapeze bar designed to assist patients with limited mobility in repositioning themselves while in bed, often used in conjunction with a hospital bed.

## Gel Mattress Overlay

- **Medical Necessity Criteria:**
  - The patient is at risk of developing pressure ulcers due to immobility or has existing pressure sores.
  - The gel mattress overlay is required to reduce pressure and prevent skin breakdown.
  - Documentation must include evidence of the patient's risk for pressure ulcers and why a gel mattress overlay is necessary.
- **Common Diagnoses (ICD-10):**
  - **L89.309** - Pressure ulcer of unspecified stage, unspecified buttock
  - **M62.81** - Muscle weakness (generalized)
  - **Z74.01** - Bed confinement status
  - **G82.20** - Paraplegia, unspecified
  - **E66.01** - Morbid (severe) obesity due to excess calories
- **HCPCS Code:**
  - **E0185** - Gel or gel-like pressure mattress overlay, for prevention or treatment of decubitus ulcers
- **Description:**

- A gel mattress overlay designed to reduce pressure points and improve comfort for patients at risk of developing pressure ulcers.

## Recertification (if applicable)

- **Ongoing Need:**
  - For DME items requiring ongoing use, ensure