

## Safety and Convenience Items

The Health Plan standard HMO-based plans typically exclude safety devices and convenience (comfort) items. These include devices used specifically for safety or to affect performance including, sports related activities or increase personal comfort. Standard plans typically exclude from coverage, safety devices and convenience items regardless of whether they are an integral and medically necessary component of the management of the member's condition. Many safety devices or convenience items may be excluded from coverage because they either, do not meet The Health Plan's definition of covered durable medical equipment, and/or are normally of use in the absence of illness or injury.

**For non-standard plans or governmental plans that do not exclude the coverage of a specific safety or convenience item,** The Health Plan will cover the specific safety/convenience item based on the specific plan benefit for members with diseases, or medical conditions that:

1. Place them at increased risk of injury; and/or
2. Make them especially susceptible to harm from injury. Providers may refer to The Health Plan DME POS Authorization and Compensation Guide for allowable limits.

Suppliers are to follow The Health Plan's precertification requirements.

<b>National Coverage Determination Policy</b>	CMS Internet Only Manual Publication 100-3. Medicare National Coverage Determinations Manual Chapter 1, Part 4 (Section 280.1)
<b>Local Coverage Determination Policy</b>	None
<b>Effective Date</b>	For service performed on or after 01/01/14
<b>Review/Revisions Date</b>	01/19, 11/18, 6/6/18, 08/29/07, 04/01/17, 02/15/17, 06/01/16, 02/01/15, 01/01/15, 03/01/14
<b>The Health Plan</b>	<p><b>Medicare plans</b> will follow CMS National Coverage policy found in the Internet- Only Manual referenced above.</p> <p><b>Medicaid beneficiaries</b> will follow West Virginia Medicaid benefits.</p> <p><b>Commercial and Employer-Funded plans</b> will follow The Health Plan guidelines and benefit plan documents</p> <p><b>D-SNP plans</b> may have different coverage guidelines.</p>

## CODING INFORMATION

**CPT/HCPCS codes: Codes not covered for indications listed in the other policies.**

### Specific HCPCS

<b>A44XX</b>	SLEEP THERAPY UNDER DISK DECOMPRESSION (STUD) DEVICE
<b>A4611</b>	BATTERY, HEAVY DUTY, REPLACEMENT FOR PATIENT OWNED VENTILATOR
<b>A4612</b>	BATTERY CABLES FOR REPLACEMENT FOR PATIENT OWNED VENTILATOR
<b>A4613</b>	BATTERY CHARGER REPLACEMENT, FOR PATIENT OWNED VENTILATOR
<b>A8004</b>	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY
<b>A9270</b>	NON COVERED ITEM OR SERVICE
<b>A9273</b>	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND OR COLD WRAP, ANY TYPE
<b>A9284</b>	SPIROMETER, NON-ELECTRIC, INCLUDES ALL ACCESSORIES. NO BENEFIT CATEGORY
<b>A9285</b>	INVERSION/EVERSION CORRECTION DEVICE
<b>A9286</b>	HYGENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH
<b>E0217</b>	WATER CIRCULATING HEAT PAD WITH PUMP
<b>E0218</b>	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE.
<b>E0241</b>	BATHTUB WALL RAIL, EACH
<b>E0242</b>	BATHTUB RAIL, FLOOR BASE
<b>E0243</b>	TOILET RAIL, EACH
<b>E0300</b>	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED
<b>E0305</b>	BEDSIDE RAILS, HALF-LENGTH
<b>E0310</b>	BEDSIDE RAILS, FULL-LENGTH
<b>E0316</b>	SAFETY ENCLOSURE FRAME / CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
<b>E0617</b>	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS
<b>E0700</b>	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)
<b>E0710</b>	RESTRAINT, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)
<b>E1399</b>	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS- SEE LIST BELOW
<b>S0504</b>	SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
<b>S0506</b>	BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS

<b>S0508</b>	TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
<b>S0510</b>	NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
<b>S0516</b>	SAFETY EYEGLASS FRAMES
<b>S9435</b>	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM-WV Medicaid rules apply
<b>V5299</b>	DRY AND STORE CONTAINER FOR HEARING AIDES. THE DESSICANT CODED E1399 IS ALSO NOT COVERED

### Non-covered DME/Medical Supplies for Unlisted HCPCS Codes

Not to be considered an all-inclusive list.

<b>Adaptive feeding tools</b>
<b>Armrest pouch</b>
<b>Backpacks/backpack clips</b>
<b>Bacterial filters</b>
<b>Bath/commode transfer system/lifts</b>
<b>Bath mats</b>
<b>Batteries when the base device/item is not covered or when batteries are excluded in plan document</b>
<b>Battery power nebulizer</b>
<b>Bemer Physical Vascular Therapy Devices: Physical Vascular Therapy Devices- like the Bemer, provides broad spectrum, low intensity pulsed electromagnetic therapy. Not to be billed with E codes</b>
<b>Bed wetting monitors</b>
<b>Bowel management devices</b>
<b>Canopy for stroller</b>
<b>Car or van lifts</b>
<b>Carrying case for enteral pump</b>
<b>Cast covers- plastic or latex covers that fit over a cast- A9270</b>
<b>Ceiling track system/lift</b>
<b>Cotton Tipped Applicators</b>
<b>Combination standing seat ( to stand patient in wc)</b>

<b>Compression garments /pumps (lymphadema) not otherwise categorized in E0650-E0673, e.g., Reid sleeves, Solaris, Thundershirts etc. or are not indicated on The Health Plan DME POS Compensation Guide</b>
<b>Customized power flip up footplates</b>
<b>Craftmatic bed</b>
<b>EARPOPPER</b>
<b>Electric crib bed</b>
<b>Enemas: Fleets, Manual pump operated enema system, enema bags and tubing</b>
<b>Environmental control products i.e., air purifiers, hepa filter</b>
<b>Equipment for nursing home/ICF/MR patients</b>
<b>Equipment for hospice patients (should be covered by hospice)</b>
<b>Exercise equipment i.e., treadmill, cycles</b>
<b>Floor sitters(feeding /positioning chair)</b>
<b>Gait belts</b>
<b>Gait trainers</b>
<b>Gloves - not part of home dialysis</b>
<b>Glucowatch</b>
<b>Glycerin swabs</b>
<b>Hand held showers</b>
<b>Hip protector</b>
<b>Institutional hospital beds, includes: oscillating, circulating and stryker frames w/mattresses, i.e., air-fluidize, Ken Air, Clinitron</b>
<b>Hospital gowns</b>
<b>Hot tubs</b>
<b>Incline wedge/therapy wedge</b>
<b>Incontinent supplies for enuresis or toilet training or menses. For WV Medicaid members refer to The Health Plan DME POS Authorization and Compensation Guide.</b>
<b>Infusion controller device</b>
<b>Isolation masks</b>
<b>Medical ID bracelet</b>
<b>Medical supplies for nursing home (long term care )</b>

<b>Myopro® by Myomo , Inc, assist device use HCPCS code E1399</b>
<b>Non Custom Strollers</b>
<b>Orthopedic mattresses</b>
<b>Padded bed rails</b>
<b>PATIENT ELECTRONIC SYSTEM (PES)- is NOT separately payable from the CardioMEMS™HEART FAILURE SYSTEM.</b>
<b>Pelvic support system</b>
<b>Personal hygiene items (toothpaste, toothbrush, deodorant etc...</b>
<b>Physical/occupational therapy equipment to be used at home (e.g., physioball, table for therapy, lumbar traction)</b>
<b>Portable feeding tube</b>
<b>Portable room heaters</b>
<b>Positioning pillows/mattress w/or w/out pump</b>
<b>Posture bench</b>
<b>Posture training system</b>
<b>Power adjustable seat kit</b>
<b>Power cord and rechargeable batteries for suction machine</b>
<b>Powered Exoskeleton Products such as the Rewalk™ and the Indego®</b>
<b>Profhand Pedal Chair- 3 wheeled wheelchair with pedals and a hand break- exercise equipment</b>
<b>Pro-time monitor – non covered for WV Medicaid</b>
<b>Rain cape/cover for wheelchair</b>
<b>Reacher devices</b>
<b>Remote control for power wheelchair</b>
<b>Reid sleeves (see compression garments/pumps)</b>
<b>Repairs of equipment for Medicaid members not purchased by Medicaid</b>
<b>Scales(scales may be part of a disease mgmt program)</b>
<b>Shower gurney</b>
<b>Sleepsafe safety bed</b>
<b>Soft seat for rehab shower chair</b>
<b>SpaceOAR perirectal spacer system- no separate payment from procedure</b>
<b>Spare tires for wheelchairs</b>

<b>Stand and drive leg rest assembly</b>
<b>Standers</b>
<b>Stairway elevators/lifts</b>
<b>Stools</b>
<b>Supine board</b>
<b>Telephone Alert Systems: Telephone alert systems relay preprogrammed messages to predetermined telephone contacts when an individual activates a distress signal. The distress signal activator is worn as a necklace or bracelet. Please check benefit plan descriptions for details</b>
<b>Thundershirts- see compression garments above</b>
<b>TOBI PODHALER™ - disposable hand held medication dispenser for tobramycin J7682. Not covered under DME benefit. A9270. Check if covered under pharmacy benefit- Pharmacy to review.</b>
<b>Toileting system</b>
<b>Tummy system</b>
<b>Uplift seat assist</b>
<b>Vehicle safety devices, e.g., EZ vests, transit systems, car seats, and accessories, etc.</b>
<b>Vibrators</b>
<b>Vibration therapy- Classified under massage modalities and not primarily medical in nature- A9270</b>
<b>Water beds/mattresses</b>
<b>Wheelchair bag</b>
<b>Wheelchair gloves</b>
<b>Wheelchair lights/light kits</b>
<b>Wheelchair ramps</b>
<b>Weighted blankets</b>
<b>WHILL Model A Powered Personal Mobility Device A9270</b>

### KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

## ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

## PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for appropriate product classification list. [dmepdac.com/](http://dmepdac.com/)

## AMA CPT/ADA CDT COPYRIGHT STATEMENT

CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

## INTERNET LINKS AND SOURCES

Noridian Healthcare solutions. DME Jurisdiction D. Noncovered items. Last Accessed 11/2/18. Retrieved from <https://med.noridianmedicare.com/web/jddme/topics/noncovered-items>

West Virginia Bureau for Medical Services. Providers. Manuals. Appendix 506C- Non-Covered DMEPOS Supplies. Last accessed 11/2/18. Retrieved from <http://www.dhhr.wv.gov/bms/Pages/default.aspx>

CMS.gov. Centers for Medicare & Medicaid Services. Internet- Only Manuals (IOMs). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

HCPCS Public meeting Agenda for DME. June 2016. Agenda Item #1. Last accessed 11/2/18. Retrieved from: <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/Supply-Agenda-2016-06-01.pdf>

[CardioMEMS Implantable Hemodynamic Monitor \(Abbott\) for Managing Patients with Heart Failure. Hayes Technology Brief. Last accessed 01/07/2019. Retrieved from: https://www.hayesinc.com/subscribers/articleList.do?query=cardio+mem&keyword\\_type=all&status=all&tf from date=&tf to date=](#)

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11