

CHAPTER 7
SECTION 3.1

DURABLE MEDICAL EQUIPMENT: BASIC PROGRAM

Issue Date: December 29, 1982

Authority: [32 CFR 199.2](#), and [32 CFR 199.4\(d\)\(3\)\(ii\)](#)

I. PROCEDURE CODES

HCPCS Level II Codes E0100-E1830, K0001-K0452

II. POLICY

A. Durable medical equipment (DME) which is ordered by a physician for the specific use of the beneficiary, and which complies with the following definition of DME may be cost-shared subject to applicable conditions, exceptions, limitations, and exclusions of the Regulation and this Manual. The [32 CFR 199.2](#) defines Durable Medical Equipment as:

1. Equipment for which the allowable charge is over \$100 and
2. Is medically necessary for the treatment of a covered illness or injury and
3. Improves the function of a malformed, diseased or injured body part or retards further deterioration of the patient's physical condition and
4. Is used primarily and customarily to serve a medical purpose, rather than primarily for transportation, comfort or convenience and
5. Can withstand repeated use and;
6. Provides the medically appropriate level of performance and quality for the medical condition present (that is, nonluxury and nondeluxe) and
7. Is other than spectacles, eyeglasses, contact lenses or other optical devices, hearing aids, or other communication devices and
8. Is other than exercise equipment, spas, whirlpools, hot tubs, swimming pools or other such items.

B. Equipment must be prescribed by the attending physician for a use consistent with required U.S. Food and Drug Administration (USFDA) approved labeling for the item. When prescribed use of an item appears to be extraordinary, a signed statement from the

manufacturer that a specific medical device is USFDA-approved for such a use is adequate evidence that the requirement of USFDA approval is met.

C. Repair of beneficiary owned DME, which otherwise meets the DME benefit requirement, may be cost-shared when necessary to make the equipment serviceable.

1. The repair charge may include the use of a temporary replacement item provided during the period of repair.

2. Maintenance which must be performed by a manufacturer authorized technician may be cost-shared as repair.

D. Replacement of beneficiary owned DME which otherwise meets the DME benefit requirement, may be allowed when the item is not serviceable due to normal wear, accidental damage, a change in the beneficiary's condition, or the device has been declared adulterated by the USFDA. For life support equipment, a new item may be purchased when the same type of item in use is within 90 days of the manufacturers' recommended replacement threshold.

E. Customization, accessories, and supplies that are essential for beneficiary owned DME which otherwise meets the DME benefit requirement to provide therapeutic benefit, or to assure the proper functioning of the equipment or to make the equipment serviceable may be cost-shared.

EXAMPLE: A car lift for a wheelchair, or an approved alternative, is considered an accessory which may be cost-shared.

F. A duplicate item of DME which otherwise meets the DME benefit requirement that is essential to provide a fail-safe in-home life-support system may be cost-shared.

III. CONSIDERATIONS

A. See also: Other issuances in this Section which provide cost-share criteria for specific items of DME.

B. See also: [Chapter 13, Section 3.2](#) (DURABLE MEDICAL EQUIPMENT CLAIMS: Basic Program) for pricing and payment policy.

C. An item that would qualify as durable medical equipment but for the fact that the allowable amount for the item is less than \$100 may be cost-shared as a medical supply item.

IV. EXCEPTIONS

A. See: IN-HOME CARDIORESPIRATORY MONITOR issuance in this Section of this Manual.

B. A wheelchair, or an approved alternative, which is medically necessary to provide basic mobility, including reasonable additional cost for medically necessary modifications to accommodate a particular disability, may be cost-shared as durable medical equipment.

V. EXCLUSIONS

A. Durable Medical Equipment (DME) for a beneficiary who is a patient in a type of facility that ordinarily provides the same type of DME item to its patients at no additional charge in the usual course of providing its services is excluded.

B. DME which is available to the beneficiary from a Uniformed Services Medical Treatment Facility is excluded.

C. DME with deluxe, luxury, or immaterial features which increase the cost of the item to the government relative to similar item without those features is excluded.

D. Cost-share of a maintenance agreement is excluded.

E. Cost-share of routine periodic servicing, such as testing, cleaning, regulating, and checking which the manufacturer does not require be performed by an authorized technician is excluded.

F. Cost-share of the rental or purchase of an item of otherwise allowable equipment, other than life-support equipment allowed by POLICY [paragraph II.F.](#), solely to be used as a back-up to currently owned or rented equipment is excluded as not medically necessary. See also: Repair and replacement policies in this issuance.

VI. EFFECTIVE DATE September 28, 1982.

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