

Durable Equipment (DE)

Issue Date: December 29, 1982

Authority: [32 CFR 199.2\(b\)](#), [32 CFR 199.5\(c\)\(2\)](#), [\(d\)\(7\)](#), and [\(g\)\(2\)](#)

1.0 HCPCS CODES

All valid codes.

2.0 DESCRIPTION

As defined in [32 CFR 199.2\(b\)](#), Durable Equipment (DE) is a device or apparatus which does not qualify as Durable Medical Equipment (DME) under the TRICARE Basic Program but which is essential to the efficient arrest or reduction of functional loss resulting from, or the disabling effects of a qualifying condition as provided in [Sections 2.2](#) through [2.4](#). Examples of DE are special computer peripheral devices (keyboard, mouse, etc.) or software that makes a computer functional to an Extended Care Health Option (ECHO) beneficiary with a qualifying condition that would otherwise limit or prohibit the beneficiary's ability to use the computer; or an electrical/mechanical lifting device that raises an ECHO beneficiary in a wheelchair from ground level to first floor level of the beneficiary's residence.

3.0 POLICY

3.1 DE may be cost-shared when:

3.1.1 A physician has certified that the item is necessary for the treatment, habilitation, or rehabilitation of the beneficiary or to reduce the disabling effects of the qualifying condition.

3.1.2 A written authorization to purchase the item has been issued by the appropriate Managed Care Support Contractor (MCSC) or the Director, TRICARE Area Office (TAO) prior to the purchase.

3.1.3 A beneficiary has an authorization issued by one MCSC or Director, TAO and transfers to another Health Services Region with a different MCSC or Director, TAO. The authorization issued by the losing MCSC or Director, TAO for the purchase and proration of DE will be accepted by the gaining MCSC or Director, TAO for the purpose of continuing to authorize the monthly prorated amount, submitting required payments to the equipment vendor, and receiving the sponsor's monthly cost-share.

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3.2 Customization of ECHO-authorized DE and any accessory or item of supply for any DE may be provided if such customization, accessory, or supply item is essential for:

3.2.1 Achieving therapeutic benefit for the beneficiary; or

3.2.2 Making the equipment usable; or

3.2.3 Otherwise assuring the proper functioning of the equipment; and

3.2.4 Is not otherwise excluded from coverage by regulation or policy.

3.3 Installation of authorized DE may also be cost-shared through the ECHO, however, alterations, such as those made to living spaces or vehicles to accommodate installation of such equipment, can not be cost-shared through the ECHO.

3.4 DE cost-sharing.

3.4.1 When requesting an authorization to purchase an item of DE, the beneficiary shall specify whether the entire allowable cost of the item is to be cost-shared in the month of purchase or prorated.

3.4.2 The maximum number of contiguous months the item may be prorated is the lesser of:

3.4.2.1 The number of months determined by dividing the allowable cost by 2,500, then doubling the resulting quotient; or

3.4.2.2 As determined by the contractor, the number of months of useful life of the item for the requesting beneficiary.

3.4.3 The allowable cost may be prorated monthly in any amount up to the maximum monthly benefit for any number of contiguous months not to exceed the maximum proration period as determined above.

3.4.4 Each monthly prorated amount will be separately authorized.

3.4.5 A sponsor/beneficiary cost-share, as described in [Section 16.1](#), is required in every month in which a prorated amount is authorized. When a beneficiary moves out of the jurisdiction of the MCSC or Director, TAO who authorized the purchase and proration of allowable expense for DE through the ECHO, the sponsor/beneficiary will be liable for making all remaining monthly cost-share payments for a prorated item.

3.5 Reasonable repairs and maintenance on authorized beneficiary-owned DE may be cost-shared.

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4.0 EXCLUSIONS

4.1 Purchase or rental of DE is excluded when:

4.1.1 The beneficiary is a patient in an institution or facility that ordinarily provides the same type of equipment to its patients at no additional charge in the usual course of providing services;
or

4.1.2 The item is available from a local Uniformed Service Medical Treatment Facility (USMTF);
or

4.1.3 The item has deluxe, luxury, immaterial or nonessential features that increase the cost to the Department relative to a similar item without those features; or

4.1.4 When the item is duplicate equipment, as defined in [32 CFR 199.2](#). This does not preclude the purchase of a replacement for an item that is no longer usable.

4.2 Exercise equipment, spas, whirlpools, hot tubs, swimming pools, health club membership, electronic devices used to locate or monitor the location of a beneficiary, and other similar charges or items are not considered DE.

4.3 Rental of equipment is excluded unless it can be shown to be more cost-effective than purchase.

4.4 DME that is available under the TRICARE Basic Program is not eligible to be cost-shared under this issuance.

5.0 EFFECTIVE DATE

September 1, 2005.

- END -

