

Effective: July 1, 2024

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
- CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care– A dual-eligible product; 857-304-6304

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 888-609-0692
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

The Centers of Medicare and Medicaid Services defines durable medical equipment (DME) as equipment meeting the following:

- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally, is not useful to a person in the absence of an illness or injury
- Is appropriate for use in the home
- Has an expected lifetime of at least three years

Clinical Guideline Coverage Criteria

Harvard Pilgrim Health Care uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations where available. For **Harvard Pilgrim Health Care Medicare Advantage** plan members, the following criteria is used for any DME over \$500: [NCD - Durable Medical Equipment Reference List \(280.1\) \(cms.gov\)](#). In addition to this NCD list, the Plan may utilize CMS guidance through New Hampshire based LCDs, LCAs, and other coverage determinations for DME services including but not limited to the below:

- Oral appliances for OSA: [LCD - Oral Appliances for Obstructive Sleep Apnea \(L33611\) \(cms.gov\)](#) and [Article - Oral Appliances for Obstructive Sleep Apnea - Policy Article \(A52512\) \(cms.gov\)](#)
- Pneumatic Compression Devices: in addition to the NCD, the following is also used [LCD - Pneumatic Compression Devices \(L33829\) \(cms.gov\)](#) and [Article - Pneumatic Compression Devices - Policy Article \(A52488\) \(cms.gov\)](#)
- Power mobility devices and accessories: in addition to the NCD, the following is also used [LCD - Power Mobility Devices \(L33789\) \(cms.gov\)](#), [Article - Power Mobility Devices - Policy Article \(A52498\) \(cms.gov\)](#), [LCD - Wheelchair Options/Accessories \(L33792\) \(cms.gov\)](#), and [Article - Wheelchair Options/Accessories - Policy Article \(A52504\) \(cms.gov\)](#)
- Speech generating devices: in addition to the NCD, the following is also used [LCD - Speech Generating Devices \(SGD\) \(L33739\) \(cms.gov\)](#) and [Article - Speech Generating Devices \(SGD\) - Policy Article \(A52469\) \(cms.gov\)](#)
- Positive Airway Pressure (PAP) devices- CPAP and BiPAP: in addition to the NCD, the following is also used: [LCD - Respiratory Assist Devices \(L33800\) \(cms.gov\)](#), [Article - Respiratory Assist Devices - Policy Article \(A52517\) \(cms.gov\)](#), [LCD - Positive Airway Pressure \(PAP\) Devices for the Treatment of Obstructive Sleep Apnea \(L33718\) \(cms.gov\)](#), and [Article - Positive Airway Pressure \(PAP\) Devices for the Treatment of Obstructive Sleep Apnea - Policy Article \(A52467\) \(cms.gov\)](#)

Limitations

Harvard Pilgrim StrideSM (HMO) Medicare Advantage considers durable Medical Equipment (DME) as not medically necessary for all other indications.

Approval And Revision History

May 2020: Reviewed by the Medical Policy Clinical Committee (MPCC), MNG refined to refer to existing CMS coverage determinations

Subsequent endorsement date(s) and changes made:

- January 2021: Reviewed by MPCC, Medicare DME definition updated
- January 19, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- November 16, 2023: Reviewed by MPAC, template updated, updated criteria, effective January 1, 2024
- December 1, 2023: reviewed and approved by UM Committee effective January 1, 2024
- June 13, 2024: Reviewed by UM Committee, Oral Appliance Article link updated, Power Mobility Article link updated, Wheelchair Options LCD and Article link updated, Respiratory Assist Device LCD link and Article updated, and PAP Device LCD and Article updated effective July 1, 2024.
- June 20, 2024: Reviewed by MPAC, Oral Appliance Article link updated, Power Mobility Article link updated, Wheelchair Options LCD and Article link updated, Respiratory Assist Device LCD link and Article updated, and PAP Device LCD and Article updated effective July 1, 2024.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.