Effective 11/23/2025

Area Medical Policy

Lines Of Business Self-Funded

Comfort and Convenience Items

PURPOSE:

This policy is designed to discuss durable medical equipment (DME) items that may be designated as comfort and/or convenience items.

DEFINITIONS:

The term DME (Durable Medical Equipment) is defined as equipment which:

- Can withstand repeated use; i.e., could normally be rented, and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in a patient's home.

PROCEDURE:

Items that are used for comfort, convenience, exercise, or hygiene purposes are not primarily medical in nature and are not medically necessary.

Items may also be considered not medically necessary if they are considered environmental control equipment, exercise equipment, emergency or precautionary supplies, items that are not therapeutic in nature, institutional equipment, and/or are unsuitable for home use.

Codes listed below is not an all- inclusive list

CODING:

Specific procedure codes that are not medically necessary:

A44XX	SLEEP THERAPY UNDER DISK DECOMPRESSION (STUD) DEVICE
A4611	BATTERY, HEAVY DUTY, REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4612	BATTERY CABLES FOR REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4613	BATTERY CHARGER REPLACEMENT,FOR PATIENT OWNED VENTILATOR
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY
A9270	NON COVERED ITEM OR SERVICE
A9273	COLD OR HOT FLUID BOTTLE,ICE CAP OR COLLAR,HEAT AND OR COLD WRAP, ANY TYPE
A9284	SPIROMETER, NON-ELECTRIC, INCLUDES ALL ACCESSORIES. NO BENEFIT CATEGORY
A9285	INVERSION/EVERSION CORRECTION DEVICE
A9286	HYGIENIC ITEM OR DEVICE, DISPOSABLE OR NON-DISPOSABLE, ANY TYPE, EACH
E0217	WATER CIRCULATING HEAT PAD WITH PUMP
E0218	FLUID CIRCULATING COLD PAD WITH PUMP, ANY TYPE.
E0241	BATHTUB WALL RAIL, EACH
E0242	BATHTUB RAIL, FLOOR BASE
E0243	TOILET RAIL, EACH
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED
E0305	BEDSIDE RAILS, HALF-LENGTH
E0310	BEDSIDE RAILS, FULL-LENGTH
E0316	SAFETY ENCLOSURE FRAME / CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
E0462	MATIA TEK RMD (ROBOTIC MOBILIZATION DEVICE) (Some providers may code K0009 or E1399)
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)
E0710	RESTRAINT, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)
E0711	UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION Exersides™ Refraint ™ System
E1022	WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES

E1023	WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS- SEE LIST BELOW
S0504	SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
S0506	BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
S0508	TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
S0510	NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS
S0516	SAFETY EYEGLASS FRAMES
V5299	DRY AND STORE CONTAINER FOR HEARING AIDES. THE DESICCANT CODED E1399 IS ALSO NOT COVERED

The following are a list items that may be used with an unlisted code, and do not have their own specific HCPCS code (this is not an all-inclusive list):

Air Cleaners
Air Conditioners
Armrest pouch
Backpacks/backpack clips
Bacterial filters
Bath/commode transfer system/lifts
Bath mats
Bathtub lifts and seats
Batteries when the base device/item is not covered or when batteries are excluded in plan document
Battery power nebulizer
Bead beds
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
Bed wetting monitors
Bed bath (home type)
Bed lifter/elevator
Bed boards

Bidet toilet seat
Bowel management devices
Canopy for stroller
Car or van lifts
Carrying case for enteral pump
Cast covers- plastic or latex covers that fit over a cast- A9270
Ceiling track system/lift
Cotton Tipped Applicators
Compression garments /pumps (lymphadema) not otherwise categorized in E0650-E0673, e.g., Reid sleeves, Solaris, Thundershirts etc.
Customized power flip up foot plates
Craftmatic bed
EarPopper
Electric crib bed
Enemas: Fleets, Manual pump operated enema system, enema bags and tubing
Environmental control products i.e., air purifiers, HEPA filter, air conditioners, dehumidifiers, humidifiers
Equipment for nursing home/ICF/MR patients
Equipment for hospice patients (should be covered by hospice)
Emesis basins
Esophageal dilators
Elevators
Exercise equipment i.e., treadmill, cycles
Floor sitters (feeding /positioning chair)
Gait belts
Gait trainers
Gloves - not part of home dialysis
Glucowatch
Grab bars
Glycerin swabs
Hand held showers
Hip protector
Institutional hospital beds, includes: oscillating, circulating and Stryker frames with mattresses,

i.e., air-fluidized, Ken Air, Clinitron
Hospital gowns
Hot tubs and/or portable whirlpool pumps
Incline wedge/therapy wedge
Incontinent supplies for enuresis, toilet training, or menses.
Isolation masks
Massage devices
Medical ID bracelet
Medical supplies for nursing home (long term care)
Myopro® by Myomo , Inc, assist device use HCPCS code E1399
Non-custom Strollers
Orthopedic mattresses
Over-bed tables
Padded bed rails
Patient Electronic System(PES)- is NOT separately payable from the CardioMEMS™ Heart Failure System.
Pelvic support system
Personal hygiene items (toothpaste, toothbrush, deodorant etc.)
Physical/occupational therapy equipment to be used at home (e.g., physio ball, table for therapy, lumbar traction)
Portable feeding tube
Portable room heaters
Positioning pillows/mattress with or without pump
Posture bench
Posture training system
Power adjustable seat kit
Power cord and rechargeable batteries for suction machine
Powered Exoskeleton Products such as the Rewalk™ and the Indego®
Profhand Pedal Chair- 3 wheeled wheelchair with pedals and a hand break- exercise equipment
Pro-time monitor
Rain cape/cover for wheelchair
Reach devices
Remote control for power wheelchair

Reid sleeves (see compression garments/pumps)
Sauna baths
Scales (scales may be part of a disease management program)
Sitz baths
Shower gurney
Sleep Safe safety bed
Soft seat for rehab shower chair
Spare oxygen tanks
Spare tires for wheelchairs
Speech teaching machines
Standing tables
Stand and drive leg rest assembly
Stairway elevators/lifts
Stools
Supine board
Support Hose
Surgical leggings
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
Thundershirts- see compression garments above
TOBI PODHALER™ - disposable hand held medication dispenser for tobramycin - J7682
Toilet seats
Tummy system
Uplift seat assist or any seat lift that operates with a spring release mechanism.
Vehicle safety devices, e.g., EZ vests, transit systems, car seats, and accessories, etc.
Vibration therapy- Classified under massage modalities and not primarily medical in nature- A9270
Water beds/mattresses
Wheelchair bag
Wheelchair gloves
Wheelchair lights/light kits
Wheelchair ramps

Weighted blankets
WHILL Model A Powered Personal Mobility Device

REFERENCES:

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POLICY HISTORY:

Date	Description
9/27/2023	Annual Review: Corrected formatting, updated and added references. Changed "toileting seats and systems" to "toilet seats". Removed language related to Medicaid. Added "or any seat lift that operates with a spring release mechanism. " to "uplift seat". Removed "adaptive feeding devices".

04/01/2025	Added codes E1022 and E1023. Added terms Air Cleaners, Air conditioners and Bead beds.
07/28/2025	Added Matia Mobility's Tek RMD stander codes (E0462 or some providers may code K0009 or E1399) as presented in MDOC 07/23/2025. Added "exercise" in the sentence "Items that are used for comfort, convenience, exercise, or hygiene purposes are not primarily medical in nature and are not medically necessary. " Added Durable Medical Equipment after DME for clarity. Updated added references.
08/27/2025	Added code E0711-UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION. Exersides™ Refraint™ System Added sources- Codify

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

All Revision Dates

10/7/2025, 8/5/2025, 6/3/2025, 2/27/2024, 12/14/2022