



Effective 4/1/2026

Area Medical Policy  
Lines Of Self-Funded  
Business

## 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, hygiene, or safety 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.

West Virginia Medicaid/Mountain Health Trust plans may cover some items listed below that are usually considered comfort, convenience, hygiene, or safety items under certain situations. Please refer to the West Virginia Department of Human Services Bureau for Medical Services for guidance or The Health Plan's Prior Authorization list out on The Health Plan's website.

The lists below are not considered to be all-inclusive.

## CODING:

### Specific procedure codes that are not medically necessary:

|              |   |
|--------------|---|
| <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> | HYGIENIC 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 COVERED HOSPITAL BED, ANY TYPE<br>This item is considered a convenience/safety item when not used with a covered hospital bed where criteria was met for the hospital bed. |
| <b>E0462</b> | MATIA TEK RMD (ROBOTIC MOBILIZATION DEVICE) ( Some providers may code K0009 or E1399)   |
| <b>E0605</b> | VAPORIZER, ROOM TYPE- FOR NON-GOVERNMENTAL LINES OF BUSINESS  |
| <b>E0700</b> | SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)  |
| <b>E0710</b> | RESTRAINT, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)   |
| <b>E0711</b> | UPPER EXTREMITY MEDICAL TUBING/LINES ENCLOSURE OR COVERING DEVICE, RESTRICTS ELBOW RANGE OF MOTION<br>Exersides™ Refrains™ System   |
| <b>E1022</b> | WHEELCHAIR TRANSPORTATION SECUREMENT SYSTEM, ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES  |
| <b>E1023</b> | WHEELCHAIR TRANSIT SECUREMENT SYSTEM, INCLUDES ALL COMPONENTS AND ACCESSORIES   |
| <b>E1399</b> | DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS- SEE LIST BELOW  |
| <b>S0504</b> | SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS   |

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| <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>V5299</b> | 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 or miscellaneous code, as they may not have their own specific HCPCS code (this is not an all-inclusive list):**

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| Air Cleaners   |
| Air Conditioners   |
| Armrest pouch  |
| Backpacks/backpack clips   |
| Bacterial filters  |
| Bath/commode transfer system/lifts that are not listed with a covered HCPCS code   |
| Bath mats  |
| Bathtub lifts and seats that are not listed with covered HCPCS code  |
| 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   |
| Car seats  |
| 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  |

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| sleeves, Solaris, Thundershirts etc.  |
| Customized power flip up foot plates  |
| Craftmatic bed/other total electric beds ( E0265, E0266, E0296, and E0297) as height adjustment is a convenience feature                    |
| 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  |

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| System.   |
| Pelvic support and/or exercise systems  |
| 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/ Military Grade Protheses 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/Safety beds   |
| 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   |

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| 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  |

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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.<br>Exersides™ Refrains™ System<br>Added sources- Codify  |
| 01/08/2026 | Updated references. Updated descriptions. Added info as to WV Medicaid plans coverage under Procedure Heading. Updated information for E0316. Added E0605. Removed E0617 as it is covered by all LOB with criteria.   |

## 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

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