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Last 6/18/2025

Approved

Effective 6/18/2025

Last Revised 6/3/2025

Next Review 6/18/2026

Owner Heather Jones:
VP Clinical
Services

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 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, 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.

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
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)
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 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	Air Cleaners
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Bed boards Bidet toilet seat Bowel management devices Canopy for stroller	Bed bath (home type)
Bidet toilet seat Bowel management devices Canopy for stroller	Bed lifter/elevator
Bowel management devices Canopy for stroller	Bed boards
Canopy for stroller	Bidet toilet seat
17	Bowel management devices
Car or van lifts	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:

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 280.1 Durable Medical Equipment (DME) Reference List. Effective May 16, 2023, implemented September 4, 2023. Accessed October 3, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) 280.4 Seat Lift. Effective May 1, 1989. Accessed October 3, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Analysis (NCA). Decision Memo. Mobility Assistive Equipment CAG-00274N. May 5, 2005. Accessed October 3, 2023.

CMS (n.d.). Wheelchair Options/Accessories-LCD. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33792. Last accessed 04/24/2025.

CMS (n.d.). Wheelchair Options/Accessories - Policy Article. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleld=52504&ver=55

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.

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

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All Revision Dates

6/3/2025, 2/27/2024, 12/14/2022

Approval Signatures

Step Description	Approver	Date
EMT Approval	Mumtaz Ibrahim, MD: Chief Medical Officer	6/18/2025
PAC Approval	Robert Wetzel, MD: Medical Director	6/18/2025
Medical Directors Oversight Committee	Robert Cross, MD: Medical Director	6/10/2025
	Heather Jones: VP Clinical Services	6/6/2025