



Effective 6/1/2026

Lines Of Business: All Lines of  
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 Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs or relevant LCD, the relevant

document controls the application of services regardless of the version of the NCD or LCD listed in the reference section.

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 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 Exersides™ Refraint™ 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
<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):**

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 (lymphedema) not otherwise categorized in E0650-E0673, e.g., Reid 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 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 Prostheses such as the Rewalk™ and the Indego® Note: Rewalk™ may be covered by Medicare plans for individuals with spinal cord injuries.
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
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 & Medicaid Services. (2024, July). *Items & services not covered under Medicare* (MLN Booklet, MLN906765). U.S. Department of Health and Human Services. <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/items-and-services-not-covered-under-medicare-booklet-icn906765.pdf>

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Lukacz ES. Female urinary incontinence: Treatment. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed June 2025. Accessed January 2026.

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West Virginia Department of Health and Human Resources, Bureau for Medical Services. (2025). West Virginia Medicaid Physician's Resource-Based Relative Value Scale (RBRVS) Fee Schedules. Retrieved from [REDACTED]

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## **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

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