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AFMC Inhouse Guidelines for Level 1 Approval of Durable Medical Equipment

Contents

Compression Burn Garments

Compression burn garments may be approved with **ALL of the following**:

- Documentation from the prescribing clinician that documents the diagnosis or condition that requires the use of compression garments.
- Physical therapy assessment documenting measurements for compression garments.
- Physical therapy assessment documenting the fitting of compression garments.

Electronic Blood Pressure Monitor

Electronic Blood Pressure Monitor may be approved with documentation from the prescribing clinician to support the need for monitoring and that accurate blood pressure readings cannot be obtained by using a regular blood pressure monitor. Documentation must address **All of the following:**

- Diagnosis/medical condition pertaining to the need for the blood pressure monitor.

- Physician's treatment plan, including current blood pressure medications, frequency of checks.
- Medical reason why a manual blood pressure unit cannot be used.

B9998 NU Low-Profile Kit:

Initial requests for a Low-Profile gastrostomy button (Mic-Key, AMT Mini One, etc) Kit:

- If the Low-Profile button placement is new, need op note stating a Low-Profile button was placed and a clinic note stating the button was 1st changed in a clinic and that the parents have been instructed in how to change.
- If Low-Profile button was covered under different funding source, or was previously authorized under a different provider, need documentation that a Low-Profile button is in place and being used.
- Limited to 2 units per fiscal year (i.e. 07/01 to 06/30).

Recertification Request

- Clinical documentation that low-profile button is still in place and being used.

B9998 NU U1 to U6 Extension Sets

Initial Request:

- Need documentation of presence of feeding tube compatible with requested extension set.
- Generally limited to 2 units per month (12 units in 6-month PA period), if additional units requested, must have documentation to support the increased frequency of replacing the extension tube.

Recertification Request

- Clinical documentation that compatible feeding tube is still in place and being used.

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B9998 NU U7/U8 Microvasive Extension Sets:

Initial requests of Microvasive (U7/U8):

- Need documentation showing presence of feeding tube compatible with requested Microvasive set.
- U7 – Usual frequency is two per month (12 in 181 days) - if additional units requested, must have documentation to support the increased frequency of replacing the extension tube.
- U8 – Usual frequency is one per month (6 in 181 days) if additional units requested, must have documentation to support the increased frequency of replacing the decompression tube.

Recertification Request

- Clinical documentation that compatible feeding tube is still in place and being used.

Collagen Wound Dressings

- A collagen-based dressing or wound filler may be covered for full thickness wounds (e.g., stage 3 or 4 ulcers), wounds with light to moderate exudate, or wounds that have stalled or have not progressed toward a healing goal.
- Must have current wound assessment documenting the wound location and size, the wound bed tissue, the wound edges, and wound exudate.
- Collagen dressings can stay in place up to 7 days, depending on the specific product.
- If requesting more frequent changes, must have documentation to support the medical necessity.
- NOT COVERED FOR wounds with heavy exudate, third-degree burns, or when active vasculitis is present.

Specialized Adaptive Car Seats

Specialized adaptive car seats may be approved for children with special needs who can no longer fit in a conventional car seat but continue to need special support or when conventional car seats are not medical appropriate with ALL of the following:

- Clinical exam confirming developmental, neurological exam with demonstrated physical limitations/disability to include one or more of the following:
    - Has unstable head and/or trunk control.
    - Is unable to independently maintain a seated position.
    - Is in a spica cast and cannot fit in a commercial infant/child car seat/booster seat.
    - Has a condition that results in uncontrolled movement (e.g., seizure) or positioning change.
- Has outgrown or cannot be positioned or safely transported using a standard commercial infant/child car seat/booster seat (federal and state age-related vehicle seating safety laws apply).
- The child's weight and height meet the manufacturer's product weight/height requirements.

Replacement may be covered if the child continues to meet the above requirements and one of the following:

- Child has outgrown the original car seat
- Car Seat has been damaged or is worn out.
- Car seat involved in motor vehicle accident

Specialized Seating – Activity/Positioning Chairs

- Clinical exam confirming developmental, neurological exam with demonstrated physical limitations/disability to include ALL of the following:
    - Has unstable head and/or trunk control.
    - Is unable to independently maintain a seated position.
    - It is unsafe or the child is unable to sit in a regular chair, commercial highchair, booster chair, or other conventional seat.
    - Needs additional support and stability for fine motor activities.
    - The child's weight and height meet the manufacturer's product weight/height requirements.

Standing Frame:

When all the following are met:

- The beneficiary has a documented neuromuscular condition such cerebral palsy, MS, spinal cord injury, etc.; and
- The beneficiary has impaired ability to stand on their own, but does have adequate residual strength in lower body to maintain a standing position with the help of a standing frame; and
- A standing frame is recommended by physical therapy; and
- The standing frame has been successfully trialed and is intended for home use; and
- Documentation supports that the standing frame is expected to provide therapeutic benefits; and
- The standing frame has been prescribed by the beneficiary's provider.

(Standing frame is not allowed if the beneficiary already has a gait trainer.)

Replacement non-powered standing frame:

When all the following are met:

- The beneficiary continues to meet the above criteria; and
- The current standing frame is damaged and cannot be refurbished or repaired; and
- The current standing frame is out of warranty.