

# MEDICARE DME GUIDELINES



**FOR INTERNAL USE ONLY**

Care Coordination

February 2022

# OXYGEN GUIDELINES

Patient must have a chronic stable lung dx or hypoxia-related signs and symptoms that might be expected to improve with oxygen therapy, such as:

- COPD
- Diffuse interstitial lung disease
- Cystic fibrosis
- Bronchiectasis
- Widespread pulmonary neoplasm
- Chronic Bronchitis (Simple/Mucopurulent/Obstructive)
- Emphysema
- Chronic Obstructive Asthma
- Primary Pulmonary Hypertension
- Chronic Respiratory Failure
- Congestive Heart Failure
- Lung Cancer
- Sarcoidosis
- Chronic Pulmonary Heart Disease
- Chronic Pneumothorax

## Progress Note Documentation

“Spoke with the patient about oxygen. Patient needs home oxygen and alternative treatments have been ruled out. Patient is in a chronic stable state. Patient is mobile within the home.”

**Patients can’t have Pneumonia.** If pneumonia is mentioned anywhere in the chart, must also document in Progress Notes; “Pneumonia has been resolved and ruled out.”

**No exacerbation or acute dx.** If exacerbation is mentioned anywhere in the chart, must also document in Progress Notes; “Exacerbation has been resolved.” OR “Acute (name of condition) has been resolved.”

## Order to Include

- Chronic stable lung dx (Must match the dx in progress notes).
- 99 days +
- Description of the item to include “Continuous”, “OCD” and/or “With portables and concentrator”.
- Liter flow via (NC, Mask, etc.)

## Resting Ambulation Study

- Testing must be performed within 2 days prior to discharge.
- Saturation Levels  $\leq$  88%
- Note that an additional resting ambulation study will be required if previous study was performed during a period of acute illness or an exacerbation of their underlying disease. Medicare requires that the patient to be tested in the “chronic stable state”, otherwise Medicare will not cover the use of home oxygen therapy.

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# **SVN Machine GUIDELINES**

Patient must have a qualifying diagnosis such as;

- Chronic Bronchitis
- Asthma
- Emphysema
- COPD
- Bronchiectasis
- Asbestosis
- Extrinsic Allergic Alveolitis
- Pneumoconiosis due to; silica, silicate, inorganic dust or unspecified
- Respiratory conditions due to solids and liquids
- Pneumopathy due to inhalation of other dust

## **Progress Note Documentation**

“Patient needs (Name of Medication) with SVN machine for (name of qualifying diagnosis)”.

## **Order to Include**

- Qualifying diagnosis (Must match the dx in the progress notes).
- Description of the item to include “NEB Kit and supplies”.
- Name of medication to be used.
- Frequency of the treatment (Must include the daily usage ie. Q4H, “PRN” is not an acceptable usage on Order).

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# Front Wheeled Walker (FWW) GUIDELINES

Patient must have mobility issues to qualify for FWW such as:

- Mobility limitation that significantly impairs their ability to participate in MRADLs.
- Places them at reasonably determined heightened risk of mortality or morbidity secondary to the attempts to perform the MRADLs.
- Able to safely use the FWW.
- Mobility deficit is sufficiently resolved by using a FWW.

## Progress/Physical Therapy Note Documentation

“**Patient name** with **DX** has a mobility deficit that impairs the ability to participate in mobility related activities needed for daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

**His/Her** balance has decreased, and this affects the ability to walk safely either inside or outside the home. **Patient name** will ambulate with modified independence but cannot adequately or safely do so with the use of a cane. **Patient name** is able to safely use the walker. **Patient name** has a functional mobility deficit that can be resolved with the use of a standard walker.”

## Order to Include

- 99 days +
- Limited Mobility dx (must match the dx in the progress/physical therapy notes)
- Description of the item to include “FWW”.

# Bariatric (FWW) GUIDELINES

Patient must meet the mobility issues for standard FWW as well as weigh more than 300 lbs. Obesity alone is not sufficient. All Standard FWW criteria must also be met.

## Progress/Physical Therapy Note Documentation

“**Patient name** with **DX** has a mobility deficit that impairs the ability to participate in mobility related activities needed for daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

**His/Her** balance has decreased, and this affects the ability to walk safely either inside or outside the home. The ability to participate in mobility related activities needed for safely transferring from bed to stand up position and sit to stand while using the bathroom is significantly impaired. **Patient name** will ambulate with modified independence but cannot adequately or safely do so with the use of a cane or a standard walker. **Patient name** can safely use the walker. **Patient name** has a functional mobility deficit that can be resolved with the use of a bariatric walker. Patient is not able to use a standard walker due to (severe neurologic disorder or other condition causing the restricted use of one hand).”

## Order to Include

- 99 days +
- Limited Mobility dx (must match the dx in the progress/physical therapy notes)
- Description of the item to include “Bariatric FWW”.

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# Four Wheeled Walker (4WW) GUIDELINES

Patient must have mobility issues to qualify for 4WW such as:

- Mobility limitation that significantly impairs their ability to participate in MRADLs.
- Places them at reasonably determined heightened risk of mortality or morbidity secondary to the attempts to perform the MRADLs.
- Able to safely use the 4WW.
- Mobility deficit is sufficiently resolved by using a 4WW.

## Progress/Physical Therapy Note Documentation

“**Patient name** with **DX** has a mobility deficit that impairs the ability to participate in mobility related activities needed for daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

**His/Her** balance has decreased, and this affects the ability to walk safely either inside or outside the home and requires a walker with a seat for rest breaks. **Patient name** will ambulate with modified independence but cannot adequately or safely do so with the use of a standard walker. **Patient name** can maintain stability, position for adequate operation of the 4WW and has enough upper extremity function and other physical and mental capabilities needed to safely use the 4WW. **Patient name’s** home provides adequate access, maneuvering space and surfaces for the operation of a 4WW.

**Patient name** can safely use the 4WW. **Patient name** has a functional mobility deficit that can be resolved with the use of a 4WW.”

## Order to Include

- 99 days +
- Limited Mobility dx (must match the dx in the progress/physical therapy notes)
- Description of the item to include “4WW”.

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# Bariatric (4WW) GUIDELINES

Patient must meet the mobility issues for standard 4WW as well as weigh more than 300 lbs. Obesity alone is not sufficient. All Standard 4WW criteria must also be met.

## Progress/Physical Therapy Note Documentation

“**Patient name** with **DX** has a mobility deficit that impairs the ability to participate in mobility related activities needed for daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. **His/Her** balance has decreased, and this affects the ability to walk safely either inside or outside the home and requires a walker with a seat for rest breaks. **Patient name** will ambulate with modified independence but cannot adequately or safely do so with the use of a standard 4WW walker. **Patient name** can maintain stability, position for adequate operation of the 4WW and has enough upper extremity function and other physical and mental capabilities needed to safely use the 4WW. **Patient name’s** home provides adequate access, maneuvering space and surfaces for the operation of a 4WW. **Patient name** can safely use the 4WW. **Patient name** has a functional mobility deficit that can be resolved with the use of a bariatric 4WW. Patient is not able to use a standard 4WW due to (severe neurologic disorder or other condition causing the restricted use of one hand).”

## Order to Include

- 99 days +
- Limited Mobility dx (must match the dx in the progress/physical therapy notes)
- Description of the item to include “Bariatric 4WW”.

# Hoyer Lift GUIDELINES

Patient must have mobility issues to qualify such as:

- Requires transfers between bed and chair, wheelchair, or commode, without the use of a lift the patient would be confined to a bed.
- Requires supine positioning for transfers.

## Progress Note Documentation

**Patients name** with **DX** needs Hoyer lift in order to transfer between bed and a chair, wheelchair, or commode. Without the use of a lift, the patient would be bed confined. The Hoyer lift will assist caregivers in supine position transferring of **patient name** from bed to a chair or commode. It will also provide an easier means for showering or toileting.

## Order to Include

- 99 days +
- DX (must match the dx in the progress notes)
- Description of the item to include “Hoyer Lift and sling with/without commode hole”.

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# Hospital Bed GUIDELINES

Patient must have a qualifying diagnosis for medical necessity of the hospital bed, such as:

- Cardiac Disease
- Chronic Obstructive Pulmonary Disease
- Quadriplegia
- Paraplegia
- Severe Arthritis
- Injuries to lower extremities
- Spinal Cord Injuries
- Multiple Limb Amputees
- Stroke
- Other Severely Debilitating Disease or Condition

## Progress Note Documentation

**Patient's name** with **DX**, weakness and impaired mobility, requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain., promote good body alignment, prevent contractures, and avoid respiratory infections. Furthermore, **patients name** requires a bed height different form a fixed height to permit transfers to chair, wheelchair or standing position with front wheeled walker with assist. **Patients name** requires frequent changes in body position and/or has an immediate need for a change in body position in order to alleviate pain and tissue pressure.

## Order to Include

- 99 days +
- DX (must match the dx in the progress notes)
- Severity and frequency of the symptoms of the condition that needs a hospital bed for positioning.
- Description of the item to include "Semi-Electric Hospital Bed".
- Patient height and weight

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>

# Wheelchair GUIDELINES

Patient must have mobility issues to qualify for a manual wheelchair with/without elevated leg rest such as:

- Mobility limitation that significantly impairs their ability to participate in MRADLs such as toileting, dressing, grooming, and bathing in customary locations within the home.
- Mobility limitation can't be resolved by using an appropriately fitted cane or walker.
- Patient has enough upper extremity function to safely self-propel the manual wheelchair.

## Progress Note Documentation

### Standard Wheelchair

**Patient name** with **DX** has a mobility limitation that significantly impairs **his/her** ability to participate in one or more mobility related activities of daily living. In this patient case, the standard wheelchair will be used to assist the patient with household mobility, dressing, bathing and self-care. **Patients name** mobility limitation cannot be sufficiently resolved by using an appropriately fitted cane or walker. **Patients name** home provides adequate access between rooms, maneuvering spaces and surfaces for use of the standard wheelchair in the home. Use of a manual wheelchair will significantly improve patient's ability to participate in household mobility, dressing, bathing and self-care and the patient will use it on a regular basis in the home. **He/She** has not expressed an unwillingness to use the manual wheelchair in the home. **He/She** has enough upper extremity function and other physical and mental capabilities needed to safely self-propel the standard wheelchair that is provided in the home during a typical day. **Patient's name** has a caregiver who is available, willing and able to help with the wheelchair.

### Standard wheelchair with elevated leg rest:

**Patient name** with **DX** has a mobility limitation that significantly impairs **his/her** ability to participate in one or more mobility related activity of daily living. In this patient case, the standard wheelchair w/elevated leg rest will be used to assist the patient with household mobility, dressing, bathing and self-care. **Patients name** mobility limitation cannot be sufficiently resolved by using an appropriately fitted cane or walker. **Patients name** home provides adequate access between rooms, maneuvering spaces and surfaces for use of the standard wheelchair w/elevated legs rest. Use of a standard wheelchair w/elevated legs rest will significantly improve patient's ability to participate in household mobility, dressing, bathing and self-care and the patient will use it on a regular basis in the home. **He/She** has not expressed an unwillingness to use the manual wheelchair in the home. **He/She** has enough upper extremity function and other physical and mental capabilities needed to safely self-propel the standard wheelchair w/elevated legs that are provided in the home during a typical day. **Patient's name** has a caregiver who is available, willing and able to help with the standard wheelchair w/elevated legs rest.

## Order to Include

- 99 days +
- Limited Mobility dx (must match the dx in the progress/physical therapy notes)
- Description of the item to include "Standard Manual Wheelchair" or "Standard Manual Wheelchair with elevated leg rest".
- Patient height and weight

UPDATED: 2/10/22

THIS INFORMATION IS DEEMED ACCURATE AS OF 2/10/22. FOR THE MOST CURRENT INFORMATION VISIT CMS.GOV:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications.html>