

Durable Medical Equipment (DME)



Medical Coverage Policy

Effective Date: 06/22/2023
Revision Date: 06/22/2023
Review Date: 02/02/2023
Policy Number: HUM-0429-039

Page: 1 of 47

Change Summary: Updated Coverage Determination

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Disclaimer
Description
Coverage Determination

Medical Alternatives
Provider Claims Codes
References

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCO), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

Description

Durable medical equipment (DME), also known as home medical equipment (HME), is equipment that is primarily and customarily used for medical purposes and is not generally useful in the absence of illness or injury. It must be able to withstand repeated use (could normally be rented and used by successive individuals) and must be appropriate for use in an individual's home.¹⁰ It must provide therapeutic benefits or enable the individual to perform certain tasks that he or she would be unable to perform or otherwise undertake due to certain medical conditions or illnesses.

Note: This policy does not address supply items including, but not limited to, batteries, eggcrate mattresses, elastic stockings, electrodes, electrode leads, face masks (respiratory or surgical), incentive spirometers, incontinence products (eg, catheters, pads), ostomy supplies, wound care items (eg, dressing, gauze, tape), etc.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 2 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Coverage Determination

Please consult individual certificate regarding Plan coverage for durable medical equipment.

It is the Plan's option to determine if the DME item shall be rented or purchased. If the cost of renting the item is more than the cost to buy it, only the cost of the purchase is considered to be a covered expense. In either case (rent or purchase), total covered expenses shall not exceed the purchase price. In the event the Plan determines to purchase the DME, any amount paid as rent for such equipment will be credited toward the purchase price.

Humana members may be eligible under the Plan for **durable medical equipment (DME)**, for the following indications:

- Must meet the definition for DME:
 - Can withstand repeated use (could normally be rented and used by successive individuals); **AND**
 - Generally is not useful to an individual in the absence of illness or injury; **AND**
 - Is appropriate for use in an individual's home or may be necessary for use at other locations or in the community to allow basic activities of daily living (ADLs); **AND**
 - Is primarily and customarily used to serve a medical purpose rather than being primarily for comfort or convenience; **AND**
- Must be prescribed by a health care practitioner; **AND**
- Must be related to and meet the basic functional needs of the individual's physical disorder/condition; **AND**
- Not furnished by a hospital or skilled nursing facility; **AND**
- Provided in the most cost effective manner required for the individual's condition, including, at the Plan's discretion, rental or purchase

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Repair/Replacement

Please consult the member's individual certificate regarding Plan coverage for repairs/maintenance and replacement of DME.

Repairs and maintenance of purchased DME equipment may be a covered expense if:

- The manufacturer's warranty has expired; **AND**
- The repair or maintenance is not the result of misuse or abuse; **AND**
- The repair cost is less than replacement cost

Replacement of purchased DME equipment may be a covered expense if:

- Replacement is required due to a change in an individual's condition that makes the current device/equipment non-functional; **OR**
- Manufacturer's warranty has expired; **AND**
- Reasonable useful lifetime wear and tear is generally 5 years; therefore replacement is generally not required more frequently than every 5 years; **AND**
- Replacement cost is less than the repair cost; **AND**
- Replacement is not due to lost or stolen device/equipment, misuse or abuse of the equipment; **AND**
- Replacement is required due to current device/equipment being nonfunctional (malfunctioning and cannot be repaired); **AND**
- Requested device/equipment is being prescribed according to its US Food & Drug Administration (FDA) approved indications

Add-ons/upgrades: Please consult the member's individual certificate regarding Plan coverage for add-ons or upgrades. When add-ons or upgrades are beyond what is necessary to meet the individual's basic functional medical needs, they are generally not considered medically necessary.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 4 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Duplicative equipment: Please consult the member's individual certificate regarding Plan coverage for duplicative equipment or similar equipment, which includes, but may not be limited to, equipment with the same function for use in another location (eg, school, second residence, travel, work) as it may be excluded by certificate. In the absence of a certificate exclusion, this is considered not medically necessary as defined in the member's individual certificate.

Note: The criteria for **seat lifts** are consistent with the Medicare National Coverage Policy and therefore apply to Medicare members.

Note: The criteria for **durable medical equipment, air-fluidized bed, home blood glucose monitors, home prothrombin time monitors, hospital beds, infusion pumps and mobility assistive devices** are not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the [CMS website](#) for additional information.

All DME in the chart below are listed according to the following categories:

- [Ambulatory Aids](#)
- [Bathtub Equipment](#)
- [Beds/Bed Equipment](#)
- [Breast-Related Supplies](#)
- [Communication Systems](#)
- [Cushions, Pads and Mattresses](#)
- [Diabetic Equipment](#)
- [Electrical/Neuromuscular Stimulators](#)
- [Environmental Control Items](#)
- [Exercise Equipment](#)
- [Eyewear](#)
- [Lifts](#)
- [Lights](#)
- [Monitors, Cardiac/Respiratory/Neurological](#)
- [Respiratory Aids and Supplies](#)
- [Safety Items](#)
- [Self-Help Equipment](#)
- [Speech Devices](#)
- [Supports](#)
- [Toilet Equipment](#)
- [Traction Equipment](#)
- [Wheelchairs](#)
- [Whirlpools](#)
- [Miscellaneous](#)

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 5 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
AMBULATORY AIDS	
Canes(E0100,E0105)	Individual's condition must impair ambulation
Crutches (eg, standard [axillary/underarm], forearm) (E0110-E0114, E0116)	Individual's condition must impair ambulation
Crutch, sit & stand walking assistant type crutch (E1399)	NOT COVERED - not medically necessary
Crutch, underarm, articulating, spring assisted (E0117)	NOT COVERED - not medically necessary
Floor/Mobile Stander (eg, Rifton [Supine, Prone or Mobile] or Squiggles)	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
Gait Trainer (eg, Buddy Roamer Pediatric Gait Trainer, Leckey MyWay, Rifton Pacer) (E0140, ES000 - E8002)	Covered ONLY for children with cerebral palsy or other severe neuromuscular conditions
Kneeling Walker/Knee Walker/Rolling Knee Walker (eg, Roll-A-Bout Walker, Turning Leg Caddy)/Kneeling Crutch (eg, iWALKFree) (E0118)	Covered for below-the-knee injuries/conditions IF the individual meets the criteria for a standard walker, crutch or cane , but is unable to use one of those devices due to other impairments (eg, individual only has one functional arm, etc.)
Pediatric Posterior Walker (eg, Flux Walker, Kaye 4-Wheeled Posterior Walker, Nimbo Walker) (E1399)	Child must meet criteria for a standard pediatric walker AND require the additional stability offered by a posterior walker due to a neurological condition (eg, cerebral palsy) OR is unable to use a standard walker but can maneuver a posterior walker
Pediatric Walker - Standard (E1399)	Child's condition must impair ambulation
Pediatric Walker with Seat (eg, Kaye PostureRest Walkers with seat, Nimbo with fold-down seat or soft seat harness) (E1399)	Child must meet criteria for a standard pediatric walker AND requires a seating option in order to perform ADLs, due to decreased endurance or inability to stand for prolonged period of time
UpSee Mobility Device (E1399)	NOT COVERED - over-the-counter (OTC)*
Walker - Heavy-duty (E0148, E0149)	Individual must meet criteria for a standard walker AND weight exceeds 300 pounds
Walker- Heavy-duty, Multiple braking System, Variable Wheel Resistance (E0147)	Individual must meet criteria for a standard walker AND have severe neurological disorder or restricted use of one hand and therefore unable to use a standard device

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 6 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Walker - Standard (E0130, E0135, E0141, E0143)	Individual's condition must impair ambulation
Walker - Walker, Enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat (E0144)	NOT COVERED - not medically necessary (convenience item)

BATHTUB EQUIPMENT

Bathing Systems (eg, Otter Bathing System, Rifton Wave Bathing System, Ultima Bath Chair) (E1399}	NOT COVERED - OTC*
Bathtub Lift (eg, Aqualift bath system, Marlin lift) (E0625)	Generally EXCLUDED by certificate ** (not primarily medical in nature); refer to the member's individual certificate language
Bathtub Rails (E0241, E0242, E0246)	NOT COVERED - OTC*
Bathtub Seat/Bench (E0240, E0245, E0247, E0248)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Bed Bath (E1399}	NOT COVERED - OTC*
Grab Bars (E0241, E0242, E0246, E0700}	NOT COVERED - OTC*
Rolling Shower Frame/Chair (eg, Columbia Medical Ultima Rolling Shower Chair, R82 Manatee Rolling Shower Frame, Rifton HTS) (E0240)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Sauna Bath (E1399}	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Shower Chair/Shower Bench (E0240, E0245)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Shower Massage (E1399}	NOT COVERED - OTC*
Sitz Bath (E0160 - E0162)	Covered if individual has an infection or injury of the perineal area AND is prescribed by the individual's health care practitioner
Tub Chair (E0240, E0245)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 7 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

BEDS/BED EQUIPMENT

Air Fluidized Bed, Powered Air Floatation Bed, Bead Bed (Clinitron), other Powered Pressure-Relieving Beds (E0193, E0194)	Individual must be bed- or chair-confined AND all of the following: <ul style="list-style-type: none">• Have a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure injury; AND• Would require hospitalization without the pressure-relieving bed; AND• All other alternative equipment has been considered and ruled out
Bed Boards (E0273)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Bed Cradle (E0280)	Covered when there is need to prevent contact with the bed coverings, such as with burns, decubitus ulcers, diabetic ulcers or gouty arthritis
Bed Side Rails (E0305, E0310)	Individual must be confined to hospital bed AND condition must require use of side rails
Hospital Bed - Extra Heavy Duty, Extra Wide (E0302, E0304)	Individual must meet criteria for a manual hospital bed AND weight exceeds 600 pounds
Hospital Bed - Fully Electric (E0265, E0266, E0296, E0297)	NOT COVERED - not medically necessary
Hospital Bed - Heavy Duty, Extra Wide (E0301, E0303)	Individual must meet criteria for a manual hospital bed AND weight is greater than 350 pounds, but less than 600 pounds
Hospital Bed - Manual (E0250, E0251, E0255, E0256, E0290- E0293)	Individual must be bed-confined AND one of the following: <ul style="list-style-type: none">• Condition that requires position changes an ordinary bed cannot accommodate; OR• Condition requires frequent position changes
Hospital Bed/Crib - Pediatric (E0300, E0328, E0329)	Child must be bed-confined AND one of the following: <ul style="list-style-type: none">• Condition that requires position changes an ordinary bed cannot accommodate; OR• Condition requires frequent position changes
Hospital Bed - Semi-Electric (E0260, E0261, E0294, E0295)	Individual must meet criteria for a manual hospital bed AND all of the following: <ul style="list-style-type: none">• Delay in position change cannot be tolerated; AND• Must be able to operate bed controls (except individuals with brain/spinal cord injury)

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 8 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Lounge Bed/Non-Hospital Bed (eg, Craftmatic Adjustable Bed, Electropedic Adjustable Bed, Sealy Posturepedic Bed, Simmons Beautyrest Adjustable Bed, Select Comfort/Sleep Number Bed, Tempur-Pedic) (E1399}	NOT COVERED - OTC *
Oscillating Bed (E0270)	NOT COVERED - institutional equipment; inappropriate for home use
Overbed Table (E0274, E0315)	NOT COVERED - OTC *
Safety Enclosure Frame/Canopy (E0316)	Covered for use with hospital bed when criteria for the hospital bed are met AND the individual is at risk for falls or if climbing out of bed is a concern
Safety Sleep Beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed) (E1399}	NOT COVERED - OTC *
Snoo Smart Sleep Bassinet (E1399}	NOT COVERED - OTC *
Springbase Bed (E0462)	NOT COVERED - institutional equipment; inappropriate for home use
Stryker Frame Bed (E0270)	NOT COVERED - institutional equipment; inappropriate for home use
Trapeze Bar (E0910 - E0912, E0940)	Individual must meet criteria for a manual or semi-electric hospital bed AND unable to sit up, change positions or get in/out of bed without its use

BREAST-RELATED SUPPLIES

Bra, Post-Mastectomy	See Prosthetics Medical Coverage Policy
Breast Prosthesis	See Prosthetics Medical Coverage Policy
Breast Pump - Manual, Electric (AC or DC) (E0602, E0603}	Covered for initiation or continuation of breastfeeding; this would include double electric breast pumps
Breast Pump - Hospital Grade (E0604)	Covered as <u>rental only</u> , for initiation or continuation of breastfeeding, AND any of the following: <ul style="list-style-type: none"> Newborn/infant has a medical (eg, cardiac, respiratory, genetic) or congenital (eg, cleft palate, cleft lip) condition that interferes with effective breastfeeding; OR

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 9 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

	<ul style="list-style-type: none"> Newborn/infant remains in the hospital after the mother's discharge; OR The mother has a medical condition or anatomic anomaly that prevents effective breastfeeding
Breast Pump - Wireless (eg, Willow Wearable Breast Pump) (E1399)	NOT COVERED - not medically necessary (convenience item)
Breast Pump Supplies: A4281 - Tubing for breast pump, replacement A4282 - Adapter for breast pump, replacement A4283 - Cap for breast pump bottle, replacement A4284 - Breast shield & splash protector for use with breast pump, replacement A4285 - Polycarbonate bottle for use with breast pump, replacement A4286 - Locking ring for breast pump, replacement K100S - Disposable collection bag and storage bag for breast milk, any size, any type	Supplies are limited to the following, during the time that the breast pump is being used: A4281 - 2 replacement items every 12 months A4282 - 1 replacement item per birth A4283 - 2 replacement items every 12 months A4284 - 2 replacement items every 12 months A4285 - 2 replacement items every 12 months A4286 - 2 replacement items every 12 months K100S - 100 per month
Lymphedema Garment	See Lymphedema - Diagnosis and Treatment Medical Coverage Policy

COMMUNICATIONS SYSTEMS

Braille Teaching Texts (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Communication Aid	See Speech Generating Devices, Voice Protheses Medical Coverage Policy
Communicator	See Speech Generating Devices, Voice Protheses Medical Coverage Policy
Electric/Computer Communication Devices and Software Programs	See Speech Generating Devices, Voice Protheses Medical Coverage Policy

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 10 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Picture Communication Symbols/Picture Boards (E1902)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Telephone Alert Systems (V5269)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Touch Talker (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Vocaid (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

CUSHIONS, PADS AND MATTRESSES

Abduction Pillow (E1399)	Covered for a child with hip disorders
Air Mattress or Alternating Air Pressure Pad/Mattress (E0181, E0186, E0197)	Individual must have, or be highly susceptible to, decubitus ulcers
Aquamatic K-Pad	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Dolphin Immersion Mattress (Dolphin Fluid Immersion Simulation [FIS] System) (E1399)	NOT COVERED - institutional equipment; inappropriate for home use
Dreama 24 hr Positioning System (may also be referred to as Dreama Posture Mattress) (E1399)	NOT COVERED - experimental/investigational
Elbow Protector (E0191)	Individual must have, or be highly susceptible to, decubitus ulcers
Gel Floatation Pad/Mattress (E0185, E0196)	Individual must have, or be highly susceptible to, decubitus ulcers
Heat & Massage Foam Cushion Pad (E1399)	NOT COVERED - OTC*
Heating Pad	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Heel Protector (eg, Z-Flex Fluidized heel boots) (E0191)	Individual must have, or be highly susceptible to, decubitus ulcers
Hip Positioning Kit (E0190)	NOT COVERED - OTC*
Lamb's Wool Pad (E0188, E0189)	Individual must have, or be highly susceptible to, decubitus ulcers

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 11 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Mattress (regular, for hospital bed) (E0271, E0272)	Covered for an individual who qualifies for manual or semi-electric hospital bed at home
Mattress for safety sleep beds (which are noncovered beds) (E1399)	NOT COVERED - OTC*
Mattress Overlay (pressure relief overlay, including RoHo Dry Floatation Mattress, RoHo Prodigy Mattress Overlay System) (E0371, E0372)	Individual must have, or be highly susceptible to, decubitus ulcers
Nonpowered Advanced Pressure Reducing Mattress (E0373)	Individual must have, or be highly susceptible to, decubitus ulcers
Positioning Pillows (E0190)	NOT COVERED - OTC*
Powered pressure-reducing air mattress (alternating pressure, low air loss or powered floatation without low air loss) (eg, Fusion 2K, SelectAir Max Low Air Loss Mattress System) (E0277)	Individual must have, or be highly susceptible to, decubitus ulcers
Powered pressure-reducing underlay/pad, alternating, with pump, includes heavy duty (eg, Toto Lateral Turning System) (E0183)	NOT COVERED - experimental/investigational
Steam (Hydrocollator) Pack (E0225)	NOT COVERED - OTC*
Water & Pressure Pads & Mattresses (E0184,E0187,E0198,E0199)	Individual must have, or be highly susceptible to, decubitus ulcers

DIABETIC EQUIPMENT

Blood Glucose Monitoring Devices	May be covered under member's Pharmacy benefits; refer to the member's individual certificate language
Continuous Glucose Monitoring Devices	See Continuous Glucose Monitoring Systems and Insulin Pumps Medical Coverage Policy
Insulin Infusion Pump	See Continuous Glucose Monitoring Systems and Insulin Pumps Medical Coverage Policy
Lancet, Laser (E0620)	NOT COVERED - not medically necessary (convenience item)
Pen Pump Syringe	May be covered under member's Pharmacy benefits; refer to the member's individual certificate language

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 12 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

ELECTRICAL/NEUROMUSCULAR STIMULATORS

Anodyne Therapy System (Monochromatic Infrared Energy)	See Code Compendium {Wound Care} Medical Coverage Policy
Bone Growth Stimulators	See Bone Growth Stimulators Medical Coverage Policy
Electrical Stimulation for Wounds	See Electrical Stimulation and Electromagnetic Therapy for the Treatment of Wounds Medical Coverage Policy
Electrical Stimulators	See Electrical Stimulators for Pain and Nausea/Vomiting Medical Coverage Policy
Functional Electrical Stimulators	See Electrical Stimulators - Diaphragmatic/Phrenic Nerve, Functional and Neuromuscular Medical Coverage Policy
Neuromuscular Stimulators	See Electrical Stimulators - Diaphragmatic/Phrenic Nerve, Functional and Neuromuscular Medical Coverage Policy
Pelvic Floor Stimulator for Urinary Incontinence	See Urinary Bladder Dysfunction Medical Coverage Policy
TENS Unit	See Electrical Stimulators for Pain and Nausea/Vomiting Medical Coverage Policy
Transcranial Electrical Stimulator	See Transcranial Magnetic Stimulation and Cranial Electrical Stimulation Medical Coverage Policy

ENVIRONMENTAL CONTROL ITEMS

Air Cleaner, Air Purifier (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Air Conditioner (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Dehumidifier (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Electric Air Cleaner/HEPA Filter (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Electrostatic Machine (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Environmental Control Equipment (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Heater, Portable (E1399)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 13 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Humidifier (central or room) (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Micronaire Air Cleaner (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

EXERCISE EQUIPMENT

Continuous Passive Motion (CPM) Device	See Continuous Passive Motion (CPM) and Mechanical Stretching Devices Medical Coverage Policy
Exercise Equipment (A9300)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Exercycle/exercise bike (including for cardiac use) (A9300)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Gravity Inversion Boots (E0941)	NOT COVERED - OTC*
Inversion Table (E0941)	NOT COVERED - OTC*
Parallel Bars (E1399)	NOT COVERED - institutional equipment; inappropriate for home use
Pedometer (A9300)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
ROMTech Adaptive Rehab Portable Connect (E1399) with Knee AccuAngle (A9900)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Training Balls (A9300)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Treadmill (A9300)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

EYEWEAR

Eyeglasses/Contact Lenses	Covered for the initial pair of eyeglasses or contact lenses needed following cataract surgery or an accident; for accidents, they will only be covered if the eyeglasses or contact lenses were not needed prior to the accident. Refer to the member's individual certificate of coverage.
---------------------------	---

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 14 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

LIFTS

Bathtub Lift (eg, Aqualift Bath System, Marlin Lift) (E0625)	Generally EXCLUDED by certificate ** (not primarily medical in nature); refer to the member's individual certificate language
Bed Lifter/Riser (bed elevator) (E1399)	NOT COVERED-OTC*
Electric Powered Recliner and Elevating Seat (E1399)	NOT COVERED - OTC*
Elevator (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Patient Lift, Bathroom or Toilet (E0625)	Generally EXCLUDED by certificate ** (not primarily medical in nature); refer to the member's individual certificate language
Patient Lift (eg, electric, Hoyer, hydraulic) (E0621, E0630, E0635)	Individual must be unable to transfer out of bed without a lift AND periodic movement from bed will significantly improve, arrest or retard deterioration
Patient Lift (may or may not require home modification [eg, ceiling tracks/lifts]) (E0639, E0640)	Generally EXCLUDED by certificate ** (not primarily medical in nature); refer to the member's individual certificate language
Platform Lifts (E1399)	NOT COVERED - OTC*
Seat Lift Mechanism for patient-owned furniture (E0627, E0629) Cannot be the type that operates by spring-release mechanism with a sudden, catapult-type motion that jolts the individual from a seated to standing position)	Individual must have severe arthritis of the hip or knee, muscular dystrophy or other neuromuscular diseases and is unable to rise out of any chair in the home independently or with the assistance of a caregiver AND the use of the seat lift is likely to effect improvement or arrest/retard deterioration in the condition; the alternative would result in chair or bed confinement
Stair Lifts/Stairway Chairs (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Stairway Elevators/Stairglide (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Van Lift (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Wheelchair Lifts or Ramps (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Wheel-O-Vator (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 15 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

LIGHTS

Bilirubin Blanket (E0202)	Infant must have diagnosis of hyperbilirubinemia (jaundice, elevated bilirubin level)
Biophotonic Therapy (light emitting diodes [LED]) (eg, Celluma) (E1399)	NOT COVERED - experimental/investigational
Home-Based Ultraviolet Therapy (including ultraviolet cabinets)	See Acne Treatments Medical Coverage Policy or Ultraviolet Light/Laser Therapy for Skin Conditions Medical Coverage Policy
Lamp, Heating	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Phototherapy Light (bilirubin light) (E0202)	Infant must have diagnosis of hyperbilirubinemia (jaundice, elevated bilirubin level)
Seasonal Affective Disorder Lights/Light Therapy/Light Boxes (E0203)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language

MONITORS, CARDIAC/RESPIRATORY/NEUROLOGICAL

Apnea Monitor (E0618, E0619)	Covered for a premature infant with persistent apnea OR for an infant considered at risk for sudden infant death syndrome (SIDS)
Autonomic Nervous System (ANS) monitor, ambulatory (eg, BioHarness, Zephyr) (E1399)	See Autonomic Nerve Function Testing Medical Coverage Policy
Cardiac Monitors (including Holter monitors, cardiac event monitors, etc.)	See Ambulatory Cardiac Monitoring Devices Medical Coverage Policy
CardioMems HF System	See Code Compendium (Cardiovascular) Medical Coverage Policy
Embrace Smartwatch (Embrace2, EmbracePlus) (sympathetic nervous system activity monitoring for seizure detection) (E1399)	NOT COVERED - experimental/investigational
Pacemaker Monitor (E0610, E0615)	Covered for an individual with a cardiac pacemaker
Pulse Oximeter	See Home Oximetry Monitoring Medical Coverage Policy

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 16 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Remote Monitoring (telemonitoring) for Congestive Heart Failure (CHF) (S9110)	NOT COVERED - not medically necessary
Telespirometry	See Home Oximetry Monitoring Medical Coverage Policy

RESPIRATORY AIDS and SUPPLIES

Air Compressor (for use with nebulizer) (E0SGS, E0572)	Covered for treatment of asthma, chronic obstructive pulmonary disease (COPD) and other conditions where inhaled medicines are indicated
Cough Stimulators (Intrapulmonary Percussive Ventilation [IPV]) (eg, Impulsator)	See Airway Clearance Devices Medical Coverage Policy
CPAP/BiPAP (positive airway pressure Devices)	See Obstructive Sleep Apnea and Other Sleep Related Breathing Disorders Nonsurgical Treatments Medical Coverage Policy
Electronic Spirometer/Microspirometer (E0487)	NOT COVERED - not medically necessary
Heater, Respiratory Equipment (eg, for ventilator, etc.) (E1372)	Covered if individual requires oxygen flow to be heated for use with approved ventilator or other medically necessary and approved respiratory equipment
High Frequency Chest Compression Device	See Airway Clearance Devices Medical Coverage Policy
IPPB (Intermittent Positive Pressure Breathing) Machine (E0S00)	Covered for treatment of asthma, COPD and other conditions where inhaled medicines are indicated ONLY if a nebulizer is not effective to deliver the inhaled medications
Lung Assist Exsufflation Belt	See Noninvasive Home Ventilators Medical Coverage Policy
Mechanical Insufflation-Exsufflation Devices (eg, CoughAssist device)	See Airway Clearance Devices Medical Coverage Policy
Nebulizer (see below for ultrasonic type nebulizers) (E0570, E0580, E0585, A7017)	Covered for treatment of asthma, COPD and other conditions where inhaled medicines are indicated
Nebulizer, Battery Operated (E1399)	NOT COVERED - not medically necessary (convenience item)
Postural Drainage Board (E0606)	Covered for an individual who has chronic and severe pulmonary disease

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 17 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Suction Machine (E0G00)	Covered for an individual who needs assistance clearing secretions from the lungs or from a tracheostomy
Ultrasonic Nebulizer and High Volume/High Efficiency Nebulizers (eg, eFLOW Rapid Nebuliser System) (E0574)	Covered ONLY for delivery of tobramycin (Tobi) for an individual with cystic fibrosis who also meet the criteria above for a standard nebulizer
Vaporizer (E0G0S)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Ventilator * (invasive; via an endotracheal tube or tracheostomy) (eg, LTV, Trilogy ,** Versamed iVent 201, VOCSN) (E0465, E0467) *The ventilator must be utilized according to the FDA approved marketing label indications effective on the date of service; some ventilators may be approved for use with either invasive or noninvasive interface (eg, Trilogy ,** VOCSN). **The Trilogy 100, Trilogy 200 and Trilogy Eva are currently the subject of FDA class I safety recalls. ⁸⁶ For information regarding noninvasive home ventilators (including the VOCSN) please refer to Noninvasive Home Ventilators Medical Coverage Policy.	Individual must require ventilator use for respiratory support as seen with conditions such as, but not limited to, the following: <ul style="list-style-type: none">• Chronic respiratory failure that occurs as a result of COPD; OR• Progressive neuromuscular diseases; OR• Thoracic restrictive diseases For the VOCSN system (E0467) (in the <i>invasive</i> ventilator mode), in addition to the above conditions, an individual must also require the use of ALL functions the system offers (ventilation, oxygen delivery system [concentrator], cough assist, suction and nebulizer). Note: A portable ventilator for the individual's use outside of the home would not be considered duplicative of the stationary ventilator
Vibratory Positive Expiratory Pressure Devices (eg, Acapella, Flutter, VibraLung)	See Airway Clearance Devices Medical Coverage Policy

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 18 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Wireless Spirometer (eg, NuvoAir Air Next) (E1399}	NOT COVERED - not medically necessary
--	--

SAFETY ITEMS

Bed Alarms (bed exit alarms) (A9280}	NOT COVERED - OTC *
Car Seats (for special needs children) (eg, Carrie Seating System, Convaid Carrot 3, IPS Car Seat, R82 Quokka, R82 Wallaroo Car Seat, Special Tomato MPS Car Seat, Spirit Car Seat [including the Spica and Spirit Plus], Traveller Plus) (E1399}	NOT COVERED - OTC *
Emergency Medical Alert Button System (eg, Alertl, Life Alert, Medical Guardian) - also referred to as Telephone Alert Systems (S5160-S5162)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Exersides Refraining System (upper extremity medical tubing/lines enclosure or covering device) (E0711)	NOT COVERED - experimental/investigational
Grab Bars (E0241, E0242, E0246, E0700}	NOT COVERED - OTC *
Helmet, Protective (eg, Danmar soft shell helmet, Toppen 77 helmet) (AS000 - A8004)	Generally EXCLUDED by certificate ** (not primarily medical in nature); refer to the member's individual certificate language
Safety Enclosure Frame/Canopy (E0316}	Covered for use with hospital bed when criteria for the hospital bed are met AND the individual is at risk for falls or climbing out of bed is a concern
Vehicular Restraint System (eg, EZ-On vest) (E1399}	NOT COVERED - OTC *

SELF-HELP EQUIPMENT

Automobile Control (E1399}	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
----------------------------	---

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 19 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Automobile Lift (E1399}	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Stand Aid (E1399}	NOT COVERED - OTC*
Standing Table (E1399}	NOT COVERED-OTC*
Transfer Board/Bench (E0705}	Individual must be bed- or chair-confined
Transfer System/Chairs (eg, Barton H250 Chair) (E1399}	Generally EXCLUDED by certificate **; refer to the member's individual certificate language

SPEECH DEVICES

Speech Generating Devices	See Speech Generating Devices, Voice Prostheses Medical Coverage Policy
---------------------------	---

SUPPORTS

Cervical Pillows (E1399}	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Firefly Playpak Activity Kit (E0190}	NOT COVERED - OTC*
Floor Sitter (eg, Rifton Activity Chair, Special Tomato Soft Touch Sitter) (E1399}	Covered ONLY for a child with cerebral palsy or other severe neuromuscular conditions
P Pod Seating System/Positioning System (E1399}	NOT COVERED - OTC*
Positioning Pillows (E0190}	NOT COVERED - OTC*
Prone Board (E1399}	Covered ONLY for a child with spastic quadriplegia
Rib Belt	See Orthotics Medical Coverage Policy

TOILET EQUIPMENT

Bed Pan (E0275, E0276}	Individual must be bed-confined
Bedside Commode (3-in-1 commode chair) (E0163, E0165, E0168}	Covered for an individual who meets ONE of the following criteria: <ul style="list-style-type: none">• Bed- or chair-confined; OR• Cannot climb or descend stairs to reach the bathroom in the home; OR• Confined to the home due to a medical condition and there is no indoor bathroom (toilet)

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 20 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Commode Chair, with integrated seat lift mechanical, electric or non-electrical (E0170, E0171)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Commode Chair accessories: <ul style="list-style-type: none">Footrest (E0175)Pail or pan, replacement (E0167)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Raised Toilet Seats (E0244)	NOT COVERED - OTC*
Toilet Rails (E0243)	NOT COVERED - OTC*
Toilet Seat Lift Mechanism (placed over or on top of toilet) (E0172)	NOT COVERED - OTC*
Toilet Seats (E1399)	NOT COVERED - OTC*
Toilet Trainer (E1399)	NOT COVERED - OTC*
Urinal, Male or Female (E0325, E0326)	Individual must be bed-confined

TRACTION EQUIPMENT

Standard Cervical Traction (including over-the-door, weight and pulley, home bed or freestanding) (E0840, E0850, E0855, E0856, E0860)	Individual must have a cervical spine (neck) impairment that requires traction equipment; the device must preclude ambulation while it is in use
Standard lumbar Traction (E0890)	NOT COVERED - experimental/investigational
Cervical Pneumatic Traction (eg, Pronex Pneumatic Traction Unit, ComforTrac Cervical Traction, Saunders Cervical HomeTrac) (E0849)	NOT COVERED - experimental/investigational
Lumbar Pneumatic Traction (eg, Saunders Lumbar HomeTrac) (E1399)	NOT COVERED - experimental/investigational
Ambulatory Traction Device (eg, Cervico2000, Vertetrac Dynamic Ambulatory 3-D Traction) (E0830)	NOT COVERED - experimental/investigational
Reverse Gravity Traction/Inversion Traction (E0941)	NOT COVERED - OTC*

WHEELCHAIRS

Pediatric Customized Stroller (eg, Squiggles Seating System)	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
--	--

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 21 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Power Operated Vehicles	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
Roll-About Chairs	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
Scooters	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
Standing Wheelchairs, Standing Systems, Sit-to-Stand Stander/Standing Frame (eg, EasyStand Evolv, EasyStand Strap Stand)	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy
Wheelchairs (Manual and/or Electric)	See Mobility Assistive Devices (Wheelchairs) Medical Coverage Policy

WHIRLPOOLS

Hydro Jet (E1399)	NOT COVERED - OTC*
Jacuzzi (E1399)	NOT COVERED - OTC*
Turbojet (E1399)	NOT COVERED - OTC*
Whirlpool Bath or Pump (portable or stationary) (E1300, E1310)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Whirlpool Tub, Walk-In, Portable (K1003)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language

MISCELLANEOUS

Apos Therapy System (eg, for knee osteoarthritis) (E1399)	NOT COVERED - experimental/investigational
Aquamatic K-Pad	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Backpacks (to carry DME equipment) (E1399)	NOT COVERED - OTC*
Bathroom (weight) Scales (E1399)	NOT COVERED - OTC*
Bed-Wetting Alarms/Devices	See Urinary Bladder Dysfunction Medical Coverage Policy
Biofeedback Therapy Devices	See Biofeedback Medical Coverage Policy
Car-Ride Simulator (eg, Zed) (E1399)	NOT COVERED - experimental/investigational
Cold Therapy Devices	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 22 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

DDS 500 Lumbar Traction LSO (lumbar sacral brace)	See Orthotics Medical Coverage Policy
Defibrillators, Automated External	See Cardioverter Defibrillators/Cardiac Resynchronization Therapy Medical Coverage Policy
Defibrillators, Cardioverter, Wearable (eg, ZOLL LifeVest)	See Cardioverter Defibrillators/Cardiac Resynchronization Therapy Medical Coverage Policy
Ear Plugs (E1399)	NOT COVERED - OTC*
Electronic Bowel Irrigation/Evacuation System (control unit) (also referred to as pulsed irrigation bowel evacuation) and associated supplies (E0350, E0352)	NOT COVERED - not medically necessary
Enteral and Parenteral Feeding Pumps (Enteral and Parenteral Infusion Pumps) (B9002,B9004,B9006)	<p>Enteral feeding pumps: Covered when the individual requires enteral feedings and cannot tolerate gravity or syringe feedings OR requires a controlled rate of infusion</p> <p>Parenteral feeding pumps: Covered when the individual requires parenteral feedings (which always requires a controlled rate of infusion)</p>
Flash Switches (for toys) (E1399)	NOT COVERED - OTC*
Freespira Breathing System	See Biofeedback Medical Coverage Policy
Heating Pads	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Hip Positioning Kit (E0190)	NOT COVERED - OTC*
Home Cholesterol Monitor (eg, CardioChek, CholesTrak) (A9279)	NOT COVERED - not medically necessary
Home Hemoglobin Monitor (A9279)	NOT COVERED - not medically necessary
Home Modifications, per service (S5165)	Generally EXCLUDED by certificate** ; refer to the member's individual certificate language
Home Prothrombin Time (PT) Monitors (eg, Coag-Sense, CoaguChek, microINR, Protime Microcoagulation system) (93792,93793,G0248,G0249,G0250, E1399)	<p>Covered for the following indications:</p> <ul style="list-style-type: none"> Individual has been anticoagulated for at least 3 months prior to use of home PT monitoring device and requires long-term (greater than 1 year) anticoagulation; AND Individual must have undergone educational program on anticoagulation management and the use of the device prior to its use in the home; AND

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 23 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

	<ul style="list-style-type: none">Self-testing with the device is limited to a frequency of once per week
Infusion Pumps (E0779- E0781, E0791, K0455, K0552)	Covered when medication to be administered is covered; MUST verify that authorization has been obtained from the Medication Intake Team (MIT); if authorization has not been obtained, refer to MIT
Lymphedema Pumps	See Lymphedema - Diagnosis and Treatment Medical Coverage Policy
Massage Devices, including massage guns/percussion massagers (eg, Percussor massager) (E1399)	NOT COVERED - OTC *
Meniett Low-Pressure Pulse Generator Device	See Chronic Vertigo Evaluation and Treatment Medical Coverage Policy
Negative Pressure Wound Therapy Devices	See Negative Pressure Wound Therapy Medical Coverage Policy
Paraffin Bath (E0235)	NOT COVERED - OTC *
Peristeen Plus Transanal Irrigation System (A4459)	Covered for an individual who meets the following criteria: <ul style="list-style-type: none">2 years of age or older with a spinal cord dysfunction; ANDNeurogenic bowel dysfunction with fecal incontinence, chronic constipation, and/or time-consuming bowel management procedures; ANDDevice must be prescribed by a healthcare provider; ANDCommercial Plan members: requests for continued treatment with the Peristeen system requires review by a medical director every 6 months to establish compliance and the need for ongoing treatment
Personal Adaptive Equipment (eg, tongs, grabbers, etc.) (A9281)	NOT COVERED - OTC *
Personal Care Items/Utensils (eg, toothbrush, spoon, fork, hairbrush, carafe, emesis basin) (S5199)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Recliners (E1399)	NOT COVERED - OTC *
Rectal catheter (replacement, for use w/manual pump-operated enema system) (A4453)	Covered for those individuals who meet criteria for Peristeen Anal Irrigation System

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 24 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

RELIZORB Digestive Enzyme Cartridge (B4105)	NOT COVERED - experimental/investigational
Scalp Hypothermia Systems (eg, Artie Cold Cap, Chemo Cold Cap, DigniCap Cooling System, Paxman Scalp Cooling System, Penguin Cold Cap Therapy System, Warrior Caps, Wishcaps)	See Cold Therapy Devices/Heating Devices/Combined Heat and Cold Therapy Devices Medical Coverage Policy
Scoliosis Chair (E1399)	NOT COVERED - not medically necessary
Sphygmomanometer (blood pressure cuff) (A4660, A4663, A4670)	Covered ONLY if prescribed by a health care practitioner for <i>preventive services</i> and ambulatory blood pressure monitoring is not available to confirm the diagnosis of hypertension (Refer to the member's individual certificate language, as this may be a certificate exclusion.) All other indications/conditions: Generally EXCLUDED by certificate **; refer to the member's individual certificate language
SpineCor Brace (for scoliosis)	See Orthotics Medical Coverage Policy
Steam (Hydrocollator) Pack (E0225)	NOT COVERED - OTC*
Stethoscope (E1399)	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Telephone Arm (E1399)	NOT COVERED - OTC*
Ultrasound Devices (including low frequency diathermy treatment devices), portable, for home use (including the sam [sustained acoustic medicine] Sport wearable ultrasound device, JAS Pulse Ultrasound and the NanoVibronix PainShield MD Plus hands-free device) (K1004)	NOT COVERED - not medically necessary
ViMove+ Wearable Monitor (E1399)	NOT COVERED - experimental/investigational
Vitreotomy Positioning Devices (face-down systems, chairs, etc.) (eg, Comfort Solutions, Day Timer Face Down Chair, NightTimer Face-Support System) (E1399)	NOT COVERED - OTC*

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 25 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

Wigs	Generally EXCLUDED by certificate **; refer to the member's individual certificate language
Zero Gravity Chair (E1399)	NOT COVERED - OTC*

*Although they may be prescribed by a health care practitioner, **many DME devices** are also available without a prescription and may be obtained over-the-counter (OTC) and are therefore generally excluded in the certificate. **In the absence of a certificate exclusion** for OTC items, **those DME devices** are considered **not medically necessary** as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

If the member's individual certificate does not exclude the **specific DME device, the **DME device** would be considered not covered as an OTC item. Although they may be prescribed by a health care practitioner, **many DME devices** are also available without a prescription and may be obtained over-the-counter (OTC) and are therefore generally excluded in the certificate. **In the absence of a certificate exclusion** for OTC items, **those DME devices** are considered **not medically necessary** as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Medical Alternatives

Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
--------------	-------------	----------

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 26 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	
A4663	Blood pressure cuff only	
A4670	Automatic blood pressure monitor	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 27 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Not Covered
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Not Covered
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Not Covered
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Not Covered
A8004	Soft interface for helmet, replacement only	Not Covered
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Not Covered if used to report non-covered DME outlined in this medical coverage policy
A9280	Alert or alarm device, not otherwise classified	Not Covered: Over the counter (OTC)
A9281	Reaching/grabbing device, any type, any length, each	Not Covered: Over the counter (OTC)
A9300	Exercise equipment	Not Covered
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Not Covered if used to report non-covered DME outlined in this medical coverage policy
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Not Covered
B9002	Enteral nutrition infusion pump, any type	
B9004	Parenteral nutrition infusion pump, portable	
B9006	Parenteral nutrition infusion pump, stationary	
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 28 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	
E0117	Crutch, underarm, articulating, spring assisted, each	Not Covered
E0118	Crutch substitute, lower leg platform, with or without wheels, each	
E0130	Walker, rigid (pickup), adjustable or fixed height	
E0135	Walker, folding (pickup), adjustable or fixed height	
E0140	Walker, with trunk support, adjustable or fixed height, any type	
E0141	Walker, rigid, wheeled, adjustable or fixed height	
E0143	Walker, folding, wheeled, adjustable or fixed height	
E0144	Walker, enclosed, four-sided framed, rigid or folding, wheeled with posterior seat	Not Covered
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	
E0160	Sitz type bath or equipment, portable, used with or without commode	
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	
E0162	Sitz bath chair	
E0163	Commode chair, mobile or stationary, with fixed arms	
E0165	Commode chair, mobile or stationary, with detachable arms	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 29 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0167	Pail or pan for use with commode chair, replacement only	Not Covered
E0168	Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Not Covered
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	Not Covered
E0172	Seat lift mechanism placed over or on top of toilet, any type	Not Covered: Over the counter (OTC)
E0175	Footrest, for use with commode chair, each	Not Covered
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy-duty	
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	Not Covered New Code Effective 10/01/2022
E0184	Dry pressure mattress	
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	
E0186	Air pressure mattress	
E0187	Water pressure mattress	
E0188	Synthetic sheepskin pad	
E0189	Lambswool sheepskin pad, any size	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Not Covered: Over the counter (OTC)
E0191	Heel or elbow protector, each	
E0193	Powered air flotation bed (low air loss therapy)	
E0194	Air fluidized bed	
E0196	Gel pressure mattress	
E0197	Air pressure pad for mattress, standard mattress length and width	
E0198	Water pressure pad for mattress, standard mattress length and width	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 30 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0199	Dry pressure pad for mattress, standard mattress length and width	
E0202	Phototherapy (bilirubin) light with photometer	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Not Covered
E0225	Hydrocollator unit, includes pads	Not Covered: Over the counter (OTC)
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Not Covered: Over the counter (OTC)
E0240	Bath/shower chair, with or without wheels, any size	Not Covered
E0241	Bathtub wall rail, each	Not Covered: Over the counter (OTC)
E0242	Bathtub rail, floor base	Not Covered: Over the counter (OTC)
E0243	Toilet rail, each	Not Covered: Over the counter (OTC)
E0244	Raised toilet seat	Not Covered: Over the counter (OTC)
E0245	Tub stool or bench	Not Covered
E0246	Transfer tub rail attachment	Not Covered: Over the counter (OTC)
E0247	Transfer bench for tub or toilet with or without commode opening	Not Covered
E0248	Transfer bench, heavy-duty, for tub or toilet with or without commode opening	Not Covered
E0250	Hospital bed, fixed height, with any type side rails, with mattress	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 31 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	Not Covered
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	Not Covered
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	Not Covered
E0271	Mattress, innerspring	
E0272	Mattress, foam rubber	
E0273	Bed board	Not Covered: Over the counter (OTC)
E0274	Over-bed table	Not Covered: Over the counter (OTC)
E0275	Bed pan, standard, metal or plastic	
E0276	Bed pan, fracture, metal or plastic	
E0277	Powered pressure-reducing air mattress	
E0280	Bed cradle, any type	
E0290	Hospital bed, fixed height, without side rails, with mattress	
E0291	Hospital bed, fixed height, without side rails, without mattress	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress	Not Covered
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress	Not Covered
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 32 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	
E0305	Bedside rails, half-length	
E0310	Bedside rails, full-length	
E0315	Bed accessory: board, table, or support device, any type	Not Covered: Over the counter (OTC)
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0325	Urinal; male, jug-type, any material	
E0326	Urinal; female, jug-type, any material	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress	
E0350	Control unit for electronic bowel irrigation/evacuation system	Not Covered
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Not Covered
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	
E0372	Powered air overlay for mattress, standard mattress length and width	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 33 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0373	Nonpowered advanced pressure reducing mattress	
E0462	Rocking bed, with or without side rails	Not Covered
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
E0487	Spirometer, electronic, includes all accessories	Not Covered
EOS00	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	
E0570	Nebulizer, with compressor	
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	
E0575	Nebulizer, ultrasonic, large volume	
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	
E0585	Nebulizer, with compressor and heater	
E0600	Respiratory suction pump, home model, portable or stationary, electric	
E0602	Breast pump, manual, any type	
E0603	Breast pump, electric (AC and/or DC), any type	
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	
E0605	Vaporizer, room type	Not Covered
E0606	Postural drainage board	
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 34 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0615	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	
E0618	Apnea monitor, without recording feature	
E0619	Apnea monitor, with recording feature	
E0620	Skin piercing device for collection of capillary blood, laser, each	Not Covered
E0621	Sling or seat, patient lift, canvas or nylon	
E0625	Patient lift, bathroom or toilet, not otherwise classified	Not Covered
E0627	Seat lift mechanism, electric, any type	
E0629	Seat lift mechanism, nonelectric, any type	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	
E0635	Patient lift, electric, with seat or sling	
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Not Covered
E0640	Patient lift, fixed system, includes all components/accessories	Not Covered
E0700	Safety equipment, device or accessory, any type	Not Covered: Over the counter (OTC)
E0705	Transfer device, any type, each	
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Not Covered New Code Effective 04/01/2023
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	
E0791	Parenteral infusion pump, stationary, single, or multichannel	
E0830	Ambulatory traction device, all types, each	Not Covered
E0840	Traction frame, attached to headboard, cervical traction	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 35 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Not Covered
E0850	Traction stand, freestanding, cervical traction	
E0855	Cervical traction equipment not requiring additional stand or frame	
E0856	Cervical traction device, with inflatable air bladder(s)	
E0860	Traction equipment, overdoor, cervical	
E0890	Traction frame, attached to footboard, pelvic traction	Not Covered
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	
E0940	Trapeze bar, freestanding, complete with grab bar	
E0941	Gravity assisted traction device, any type	Not Covered: Over the counter (OTC)
E1300	Whirlpool, portable (overtub type)	Not Covered
E1310	Whirlpool, nonportable (built-in type)	Not Covered
E1372	Immersion external heater for nebulizer	
E1399	Durable medical equipment, miscellaneous	Not Covered if used to report non-covered DME outlined in this medical coverage policy
E1902	Communication board, nonelectronic augmentative or alternative communication device	Not Covered
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 36 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include four tests	
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include four tests	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	
K0552	Supplies for external noninsulin drug infusion pump, syringe type cartridge, sterile, each	
K1003	Whirlpool tub, walk in, portable	Not Covered
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Not Covered
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	
55160	Emergency response system; installation and testing	Not Covered
55161	Emergency response system; service fee, per month (excludes installation and testing)	Not Covered

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 37 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

55162	Emergency response system; purchase only	Not Covered
55165	Home modifications; per service	Not Covered
55199	Personal care item, NOS , each	Not Covered
59110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	Not Covered
V5269	Assistive listening device, alerting, any type	Not Covered

References

1. Agency for Healthcare Research and Quality (AHRQ). Technology Assessment Report (ARCHIVED). A proposed framework to evaluate home tests for use in the management of chronic diseases. <https://www.ahrq.gov>. Published October 2, 2008. Accessed January 4, 2023.
2. American Academy of Orthopaedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of osteoarthritis of the knee (non-arthroplasty). <https://www.aaos.org>. Published August 31, 2022. Accessed January 3, 2023.
3. American Academy of Pediatrics (AAP). Clinical practice guideline revision: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. <https://www.aap.org>. Published September 2022. Accessed January 3, 2023.
4. American Academy of Pediatrics (AAP). Policy Statement. Breastfeeding and the use of human milk. <https://www.aap.org>. Published July 2022. Accessed January 3, 2023.
5. American Academy of Pediatrics (AAP). Policy Statement. Transporting children with special health care needs. <https://www.aap.org>. Published May 2019. Accessed January 3, 2023.
6. American College of Cardiology (ACC). 2022 AHA/ACC/HFSA guideline for the management of heart failure. <https://www.acc.org>. Published May 2022. Accessed January 3, 2023.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 38 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

7. American College of Chest Physicians (ACCP). Evidence-based management of anticoagulant therapy. Antithrombotic therapy and prevention of thrombosis, 9th ed.: American College of Chest Physicians evidence-based clinical practice guidelines. <https://www.chestnet.org>. Published February 2012. Accessed January 3, 2023.
8. American College of Physicians (ACP). Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. <https://www.acponline.org>. Published April 4, 2017. Accessed January 3, 2023.
9. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Air-fluidized bed (280.8). <https://www.cms.gov>. Published November 1, 2000. Accessed January 3, 2023.
10. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Durable medical equipment reference list (280.1). <https://www.cms.gov>. Published May 5, 2005. Accessed January 3, 2023.
11. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Home blood glucose monitors (40.2). <https://www.cms.gov>. Published July 19, 2006. Accessed January 3, 2023.
12. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Home prothrombin time/international normalized ratio (PT/INR) monitoring for anticoagulation management (190.11). <https://www.cms.gov>. Published March 19, 2008. Accessed January 3, 2023.
13. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Hospital beds (280.7). <https://www.cms.gov>. Accessed January 3, 2023.
14. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Infusion pumps (280.14). <https://www.cms.gov>. Published December 17, 2004. Accessed January 3, 2023.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 39 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

15. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Mobility assistive equipment (MAE) (280.3). <https://www.cms.gov>. Published May 5, 2005. Accessed January 3, 2023.
16. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Seat lift (280.4). <https://www.cms.gov>. Published May 1, 1989. Accessed January 3, 2023.
17. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). White cane for use by a blind person (280.2). <https://www.cms.gov>. Accessed January 3, 2023.
18. ECRI Institute. Clinical Evidence Assessment. Therapeutic surfaces for preventing pressure injury. <https://www.ecri.org>. Published August 27, 2014. Updated December 31, 2022. Accessed January 10, 2023.
19. ECRI Institute. Health Technology Assessment Information Service. Special Report. Clinical utility of specialty beds for children with special needs. <https://www.ecri.org>. Published November 4, 2019. Accessed December 28, 2022.
20. ECRI Institute. Hotline Response (ARCHIVED). Orthotrac pneumatic vest for low back pain. <https://www.ecri.org>. Published September 17, 2007. Accessed December 6, 2012.
21. ECRI Institute. Hotline Response (ARCHIVED). Portable devices for home monitoring of oral anticoagulation therapy. <https://www.ecri.org>. Published April 7, 2004. Updated February 17, 2014. Accessed December 28, 2022.
22. ECRI Institute. Hotline Response (ARCHIVED). Standing systems for the physically disabled. <https://www.ecri.org>. Published April 7, 2004. Updated January 3, 2011. Accessed December 28, 2022.
23. ECRI Institute. Hotline Response (ARCHIVED). Vitrectomy chairs/support systems for post-vitrectomy positioning. <https://www.ecri.org>. Published July 19, 2006. Updated May 9, 2012. Accessed December 28, 2022.

See the [DISCLAIMER](#). All Humana member health plan contracts are **NOT** the same. All legislation/regulations on this subject may not be included. This document is for informational purposes only.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

24. ECRI Institute. Product Brief. AeroEclipse II breath-actuated nebulizer (Monaghan Medical Corp.) for inhaled pharmacotherapy in children with asthma. <https://www.ecri.org>. Published January 29, 2020. Accessed December 28, 2022.
25. ECRI Institute. Product Brief. CoaguCheck Systems (Roche Diagnostics) for rapid point-of-care prothrombin testing in the home healthcare setting. <https://www.ecri.org>. Published February 13, 2020. Accessed December 28, 2022.
26. ECRI Institute. Product Brief {ARCHIVED}. Prevalon heel protectors (Sage Products LLC) for preventing pressure ulcers. <https://www.ecri.org>. Published August 1, 2017. Accessed December 9, 2020.
27. ECRI Institute. Product Brief {ARCHIVED}. Z-Flex fluidized heel boots {Molnlycke Health Care} for preventing pressure ulcers. <https://www.ecri.org>. Published February 1, 2020. Accessed December 9, 2020.
28. Hayes, Inc. Clinical Research Response {ARCHIVED}. Automated noninvasive blood pressure machines - product comparison. <https://evidence.hayesinc.com>. Published March 22, 2018. Accessed December 10, 2020.
29. Hayes, Inc. Clinical Research Response (ARCHIVED). Breast pumps - product comparison. <https://evidence.hayesinc.com>. Published February 11, 2016. Accessed January 14, 2020.
30. Hayes, Inc. Clinical Research Response (ARCHIVED). Heel protector boots. <https://evidence.hayesinc.com>. Published May 10, 2018. Accessed December 10, 2020.
31. Hayes, Inc. Clinical Research Response {ARCHIVED}. Paraffin wax bath for the management of pain. <https://evidence.hayesinc.com>. Published July 24, 2018. Accessed December 10, 2020.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

32. Hayes, Inc. Clinical Research Response (ARCHIVED). Waffle Bariatric Mattress Overlay (EHOB). <https://evidence.hayesinc.com>. Published September 22, 2016. Accessed January 14, 2020.
33. Hayes, Inc. Evidence Analysis Research Brief. Transanal irrigation for neurogenic bowel dysfunction. <https://evidence.hayesinc.com>. Published August 8, 2022. Accessed December 7, 2022.
34. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). VOCSN multi-function ventilator. <https://evidence.hayesinc.com>. Published November 12, 2020. Accessed December 7, 2022.
35. Hayes, Inc. Evolving Evidence Review. Relizorb (Alcresta Therapeutics Inc.) for enteral feeding in patients with cystic fibrosis-related pancreatic insufficiency. <https://evidence.hayesinc.com>. Published September 10, 2021. Accessed December 7, 2022.
36. Hayes, Inc. Evolving Evidence Review. Siren Socks (Siren Care Inc.) for prediction of diabetic foot ulcers. <https://evidence.hayesinc.com>. Published June 6, 2022. Accessed December 7, 2022.
37. Hayes, Inc. Evolving Evidence Review. The Podimetrics (Podimetrics, Inc.) remote temperature monitoring system for the prediction of diabetic foot ulcers. <https://evidence.hayesinc.com>. Published May 23, 2022. Accessed December 7, 2022.
38. Hayes, Inc. Health Technology Assessment. Apos Therapy System (APOS Medical Assets Ltd.) for treatment of osteoarthritis of the knee. <https://evidence.hayesinc.com>. Published March 16, 2020. Updated March 2, 2022. Accessed December 7, 2022.
39. Hayes, Inc. Health Technology Brief (ARCHIVED). Home-based cervical traction for treatment of neck pain. <https://evidence.hayesinc.com>. Published December 20, 2013. Updated November 17, 2015. Accessed December 7, 2022.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 42 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

40. Hayes, Inc. Health Technology Brief (ARCHIVED). Peristeen Anal Irrigation System (Coloplast) for bowel management in pediatric populations. <https://evidence.hayesinc.com>. Published November 10, 2016. Updated November 13, 2018. Accessed December 7, 2022.
41. Hayes, Inc. Health Technology Brief (ARCHIVED). Phototherapy blankets versus standard phototherapy lights for the treatment of neonatal hyperbilirubinemia. <https://evidence.hayesinc.com>. Published May 30, 2007. Updated June 15, 2009. Accessed December 28, 2022.
42. Hayes, Inc. Medical Technology Directory (ARCHIVED). Comparative effectiveness of fiberoptic phototherapy for hyperbilirubinemia in preterm infants. <https://evidence.hayesinc.com>. Published March 31, 2016. Updated July 29, 2020. Accessed December 28, 2022.
43. Hayes, Inc. Medical Technology Directory (ARCHIVED). Comparative effectiveness of fiberoptic phototherapy for hyperbilirubinemia in term infants. <https://evidence.hayesinc.com>. Published June 30, 2017. Updated June 25, 2020. Accessed December 28, 2022.
44. Hayes, Inc. Medical Technology Directory (ARCHIVED). Light therapy for seasonal affective disorder. <https://evidence.hayesinc.com>. Published September 7, 2010. Updated August 29, 2014. Accessed December 28, 2022.
45. Hayes, Inc. Medical Technology Directory (ARCHIVED). Pressure-reducing support surfaces for pressure ulcers. <https://evidence.hayesinc.com>. Published May 24, 2010. Updated June 2, 2014. Accessed December 28, 2022.
46. Hayes, Inc. Medical Technology Directory (ARCHIVED). Remote monitoring of patients with congestive heart failure. <https://evidence.hayesinc.com>. Published December 16, 2008. Updated November 19, 2012. Accessed December 28, 2022.
47. Hayes, Inc. Medical Technology Directory (ARCHIVED). Self-monitoring and self-management of oral anticoagulant therapy.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

<https://evidence.hayesinc.com>. Published October 4, 2006. Updated November 9, 2010. Accessed December 28, 2022.

48. Hayes, Inc. Search & Summary (ARCHIVED). Home lumbar traction for back pain. <https://evidence.hayesinc.com>. Published October 4, 2012. Accessed December 4, 2014.
49. Hayes, Inc. Search & Summary (ARCHIVED). Small volume nebulizers for cystic fibrosis. <https://evidence.hayesinc.com>. Published February 4, 2013. Accessed December 4, 2014.
50. Hayes, Inc. Search & Summary (ARCHIVED). Use of standing frames for adult immobility. <https://evidence.hayesinc.com>. Published February 27, 2014. Accessed November 24, 2015.
51. Hayes, Inc. Search & Summary (ARCHIVED). Use of standing frames for children with Duchenne muscular dystrophy. <https://evidence.hayesinc.com>. Published December 30, 2014. Accessed December 5, 2016.
52. Hayes, Inc. Search & Summary (ARCHIVED). Use of standing frames for pediatric immobility. <https://evidence.hayesinc.com>. Published April 24, 2012. Accessed November 7, 2013.
53. MCG Health. Bright light therapy. 26th edition. <https://www.mcq.com>. Accessed November 14, 2022.
54. MCG Health. Commode chair. 26th edition. <https://www.mcq.com>. Accessed November 14, 2022.
55. MCG Health. Home apnea monitor. 26th edition. <https://www.mcq.com>. Accessed November 14, 2022.
56. MCG Health. Home phototherapy devices for neonatal hyperbilirubinemia. 26th edition. <https://www.mcq.com>. Accessed November 14, 2022.

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 44 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

57. MCG Health. Home ventilator (invasive or noninvasive interface). 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
58. MCG Health. Hospital bed (semi-electric or total electric). 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
59. MCG Health. Infusion pump. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
60. MCG Health. Patient lift or transfer devices (hydraulic or mechanical). 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
61. MCG Health. Pediatric gait trainer. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
62. MCG Health. Pressure-relieving bed, advanced. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
63. MCG Health. Pressure-relieving support surface, advanced. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
64. MCG Health. Pressure-relieving support surface, simple. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
65. MCG Health. Prothrombin time (INR) home monitoring device. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
66. MCG Health. Respiratory suction pump. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
67. MCG Health. Seat cushions, alternating pressure support. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
68. MCG Health. Seat lift mechanism. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

69. MCG Health. Self-operated spinal unloading devices. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
70. MCG Health. Traction, spine. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
71. MCG Health. Walker. 26th edition. <https://www.mcg.com>. Accessed November 14, 2022.
72. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of low back pain. <https://www.spine.org>. Published 2020. Accessed January 3, 2023.
73. UpToDate, Inc. Delivery of inhaled medication in adults. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
74. UpToDate, Inc. Geriatric rehabilitation interventions. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
75. UpToDate, Inc. Management of knee osteoarthritis. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
76. UpToDate, Inc. Management of non-radicular neck pain in adults. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
77. UpToDate, Inc. Patient education: pumping breast milk (beyond the basics). <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
78. UpToDate, Inc. Prevention of pressure-induced skin and soft tissue injury. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

79. UpToDate, Inc. Seasonal affective disorder: treatment. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
80. UpToDate, Inc. Subacute and chronic low back pain: nonpharmacologic and pharmacologic treatment. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
81. UpToDate, Inc. Treatment and prognosis of cervical radiculopathy. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
82. UpToDate, Inc. Treatment of acute low back pain. <https://www.uptodate.com>. Updated November 21, 2022. Accessed December 29, 2022.
83. UpToDate, Inc. Use of medication nebulizers in children. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
84. UpToDate, Inc. Warfarin and other VKAs: dosing and adverse effects. <https://www.uptodate.com>. Updated November 2022. Accessed December 29, 2022.
85. US Department of Veterans Affairs (VA). VA/DoD Clinical Practice Guideline. Diagnosis and treatment of low back pain. <https://www.va.gov>. Published 2022. Accessed January 3, 2023.
86. US Food & Drug Administration (FDA). Safety Communication. FDA orders Philips Respironics to notify patients regarding the recall of certain breathing assistance machines. <https://www.fda.gov>. Published March 10, 2022. Accessed January 3, 2023.
87. US Food & Drug Administration (FDA). Safety Communication. Update: certain Philips Respironics ventilators, BiPAP, and CPAP machines recalled due to

Durable Medical Equipment (DME)

Effective Date: 06/22/2023

Revision Date: 06/22/2023

Review Date: 02/02/2023

Policy Number: HUM-0429-039

Page: 47 of 47

Humana's documents are updated regularly online. When printed, the version of this document becomes uncontrolled. Do not rely on printed copies for the most up-to-date version. Refer to [Medical and Pharmacy Coverage Policies](#) to verify that this is the current version before utilizing.

potential health risks. <https://www.fda.gov>. Published June 30, 2021. Updated August 16, 2022. Accessed January 11, 2023.