

Medical Supplies, Equipment and Appliances

Durable Medical Equipment



Medicaid Medical Coverage Policy

Original Effective Date: 01/01/2025

Effective Date: 05/06/2025

Review Date: 05/06/2025

Policy Number: HUM-2429-001

Line of Business: Medicaid

State(s): SC

Table of Contents

[Description](#)

[Coding Information](#)

[Change Summary](#)

[Coverage Determination](#)

[References](#)

Disclaimer

The Medical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. 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. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. 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), refers to nondisposable devices prescribed by a health care provider for long-term and/or everyday use in the home. It must provide therapeutic benefits or enable the individual to perform certain tasks that they would be unable to perform or otherwise undertake due to certain medical conditions or illnesses. Medical supplies, equipment and appliances (MSEA) are items used for therapeutic purposes, encompassing DME. Supplies and appliances are health care related items that are generally consumable, disposable or not reusable but are required to address a medical need.

DME/MSEA includes a variety of products and devices (see tables below).

Coverage Determination

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

Repair/Replacement

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 nonfunctional; **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: 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.

Duplicate equipment: Duplicate 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) is generally not considered medically necessary.

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

- [Ambulatory Aids](#)
- [Bathtub Equipment](#)
- [Beds/Bed Equipment](#)
- [Compression Therapy](#)
- [Cushions/Mattresses](#)
- [Electrical Stimulators](#)
- [Incontinence Supplies](#)
- [Lights](#)
- [Monitors, Cardiac/Respiratory/Neurological](#)
- [Respiratory Aids and Supplies](#)
- [Safety Items](#)
- [Supports](#)
- [Miscellaneous Equipment](#)

EQUIPMENT/DEVICE	COMMENTS/COVERAGE INSTRUCTIONS
<i>Ambulatory Aids</i>	
Pediatric Posterior Walker (eg, Flux Walker, Kaye 4-Wheeled Posterior Walker, Nimbo Walker) (E1399)	May be considered medically necessary if child meets 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)	May be considered medically necessary if child’s condition impairs ambulation
Pediatric Walker with Seat (eg, Kaye PostureRest Walkers with seat, Nimbo with fold-down seat or soft seat harness) (E1399)	May be considered medically necessary if child meets 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 medically necessary A review of the current medical literature shows

	that there is no evidence to determine that this device is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this device in clinical management.
Bathtub Equipment	
Rolling Shower Frame/Chair (eg, Columbia Medical Ultima Rolling Shower Chair, R82 Manatee Rolling Shower Frame, Rifton HTS) (E0240)	Not medically necessary A review of the current medical literature shows that there is no evidence to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Beds/Bed Equipment	
Hospital Bed – Extra Heavy Duty, Extra Wide (E0302, E0304)	May be considered medically necessary when individual meets criteria for a manual hospital bed AND weight exceeds 600 pounds
Hospital Bed – Heavy Duty, Extra Wide (E0301, E0303)	May be considered medically necessary when individual meets 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, E0293)	May be considered medically necessary when individual is 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)	May be considered medically necessary when child is 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
Oscillating Bed (E0270)	Not medically necessary Institutional equipment; generally not appropriate for home use

<p>Overbed Table (E0315)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Safety Enclosure Frame/Canopy (E0316)</p>	<p>May be considered medically necessary 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</p>
<p>Safety Sleep Beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed), Snoo Smart Sleep Bassinet (E1399)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence to determine that safety sleep beds (eg, Abrams Safety Sleeper, Courtney Bed, Cubby Plus, Safe Haven, Sleep Safe Bed) are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these beds in clinical management.</p> <p>A review of the current medical literature shows that the evidence is insufficient to determine that the Snoo Smart Sleep Bassinet is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of safety sleep beds in clinical management. Existing published literature consists of a retrospective analysis survey of neonatal nurses' perceptions of the Snoo Smart sleep bassinet in the clinical setting. An independent technology assessment organization⁹ was unable to reach conclusions due to very low quality evidence, consisting only of 6 conference abstracts.</p>
<p>Springbase Bed (E0462)</p>	<p>Not medically necessary</p>

	Institutional equipment; generally not appropriate for home use
Stryker Frame Bed (E0270)	Not medically necessary Institutional equipment; generally not appropriate for home use
Trapeze Bar (E0912)	May be considered medically necessary when individual meets criteria for a hospital bed AND is unable to sit up, change positions or get in/out of bed without its use
Compression Therapy	
Nonpneumatic Compression Controller with Sequential Calibrated Gradient Pressure (eg, Koya Dayspring Active Nonpneumatic Compression System) (E0680)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.
Nonpneumatic Compression Controller without Calibrated Gradient Pressure (eg, Koya Dayspring Active Nonpneumatic Compression System) (E0681)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.
Nonpneumatic Sequential Compression Garment - Full Leg (E0678); Half Leg (E0679); Full Arm (E0682)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that nonpneumatic compression is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.
Cushions/Mattresses	
Abduction Pillow (E1399)	May be considered medically necessary for a child with hip disorders

<p>Dolphin Immersion Mattress (Dolphin Fluid Immersion Simulation [FIS] System) (E1399)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Dreama 24 hr Positioning System (Dreama Posture Mattress) (E1399)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that there is no evidence to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Mattress (regular, for hospital bed) (E0272)</p>	<p>May be considered medically necessary for an individual who qualifies for manual or semi-electric hospital bed at home</p>
<p>Electrical Stimulators</p>	
<p>Interferential Current Stimulator (2 channel or 4 channel) (S8130, S8131)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient to determine that interferential current stimulation is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Transcutaneous Electrical Joint Stimulation Device System (eg, BioniCare Hand System, BioniCare Knee System, J-Stim 1000) (E0762)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient to determine that transcutaneous electrical joint stimulation is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Incontinence Supplies</p>	

<p>Incontinence Briefs and/or Pull-Ups (A4520)</p>	<p>Requests exceeding the maximum allowable quantity per benefit plan month/year may be considered medically necessary when the medical record documentation supports the need for additional supplies AND the size of the individual is consistent with the size of the requested briefs and/or pull-ups</p>
<p>Indwelling Intraurethral Drainage Device with Valve (including accessories) (eg, inFlow Intraurethral Valve-Pump System) (A4341, A4342)</p>	<p>May be considered medically necessary as an alternative to intermittent catheterization in an individual with permanent urinary retention due to impaired detrusor contractility</p> <p>Quantity limit: 1 device every 29 days</p> <p>Continued coverage beyond 3 months: No sooner than 31 days after initiation of therapy, but not later than the 91st day, a clinical reevaluation by the treating/prescribing practitioner must be performed, with documentation that the device is being used as prescribed and is beneficial (urinary symptoms are improved)</p>
<p>Lights</p>	
<p>Home-Based Ultraviolet Therapy (including ultraviolet cabinets, replacement bulb/lamp) (E0691, E0692, E0693, E0694)</p>	<p>May be considered medically necessary when the ultraviolet light device is the smallest size appropriate to treat the affected area</p>
<p>Monitors, Cardiac/Respiratory/Neurological</p>	
<p>Autonomic Nervous System (ANS) monitor, ambulatory (eg, BioHarness, Zephyr) (E1399)</p>	<p>Not medically necessary</p> <p>A review of the current medical literature shows that the evidence is insufficient to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.</p>
<p>Respiratory Aids and Supplies</p>	
<p>Air Compressor (for use with nebulizer) (E0565)</p>	<p>May be considered medically necessary for treatment of asthma, chronic obstructive pulmonary disease (COPD) and other conditions where inhaled medicines are indicated</p>
<p>Chest Shell (Cuirass) (E0457)</p>	<p>May be considered medically necessary for an individual requiring ventilatory support for stable or slowly progressive respiratory failure due to</p>

	central hypoventilation syndromes, chest wall deformity or neuromuscular diseases
Electronic Spirometer/Microspirometer (E0487)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that these devices are standard medical treatments. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
IPPB (Intermittent Positive Pressure Breathing) Machine (E0500)	May be considered medically necessary for treatment of asthma, COPD and other conditions where inhaled medicines are indicated IF a nebulizer is not effective to deliver the inhaled medications
Nebulizer, Ultrasonic, Large Volume (E0575)	May be considered medically necessary for treatment of asthma, COPD and other conditions for which inhaled medicines are indicated
Safety Items	
Assistive Alerting/Listening Device (visual or vibration) (V5269)	May be considered medically necessary for an individual who is hearing impaired and requires notification of medical alerts (eg medical device alarms)
Supports	
Floor Sitter (eg, Rifton Activity Chair, Special Tomato Soft Touch Sitter) (E1399)	May be considered medically necessary for a child with cerebral palsy or other severe neuromuscular conditions
Leckey Early Activity System (E1399)	Not medically necessary A review of the current medical literature shows that there is no evidence to determine that Leckey Early Activity System is standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this device in clinical management.
P Pod Seating System/Positioning System (E1399)	May be considered medically necessary for a child with special orthopedic or neurologic needs such as poor muscle control AND there is no suitable equivalent
Positioning Seat for Persons with Special Orthopedic Needs (T5001)	Not medically necessary

	A review of the current medical literature shows that the evidence is insufficient to determine that these devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.
Prone Board (E1399)	May be considered medically necessary for a child with spastic quadriplegia
Miscellaneous	
Customized Durable Medical Equipment (other than wheelchair) (K0900)	Customized DME is fabricated to meet specific medical needs that cannot be met by standard DME. Customized items are rarely medically necessary. Medical director review is required.
Dynamic Mechanical Stretching Device, Forearm Pronation/Supination, Adjustable (E1802)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that dynamic mechanical stretching devices are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.
Electronic Bowel Irrigation/Evacuation System (control unit) (also referred to as pulsed irrigation bowel evacuation) and associated supplies (E0350, E0352)	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that these devices are standard medical treatments. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of these devices in clinical management.
Fracture Frames – E0920 – attached to bed, includes weights E0930 – freestanding, includes weights E0946 – dual, with cross bars, attached to bed (eg, Balkan, four-poster) E0947 – attachments for complex pelvic traction E0948 – attachments for complex cervical traction	Not medically necessary A review of the current medical literature shows that the evidence is insufficient to determine that fracture frames are standard medical treatment. There is an absence of current, widely-used treatment guidelines or acceptable clinical literature examining benefit and long-term clinical outcomes establishing the value of this treatment in clinical management.

Home Modifications, per service (\$5165)	Not medically necessary as it is not primarily medical in nature
---	---

Coding Information

Any codes listed on this 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
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional	
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	
E0240	Bath/shower chair, with or without wheels, any size	
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	

Medical Supplies, Equipment and Appliances Durable Medical Equipment

Page: 12 of 16

E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	
E0272	Mattress, foam rubber	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
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	
E0315	Bed accessory: board, table, or support device, any type	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
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	
E0350	Control unit for electronic bowel irrigation/evacuation system	
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism, and collection bag/box) for use with the electronic bowel irrigation/evacuation system	
E0457	Chest shell (cuirass)	
E0462	Rocking bed, with or without side rails	
E0487	Spirometer, electronic, includes all accessories	
E0500	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	
E0575	Nebulizer, ultrasonic, large volume	
E0678	Nonpneumatic sequential compression garment, full leg	
E0679	Nonpneumatic sequential compression garment, half leg	
E0680	Nonpneumatic compression controller with sequential calibrated gradient pressure	

E0681	Nonpneumatic compression controller without calibrated gradient pressure	
E0682	Nonpneumatic sequential compression garment, full arm	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	
E0920	Fracture frame, attached to bed, includes weights	
E0930	Fracture frame, freestanding, includes weights	
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balkan, four-poster)	
E0947	Fracture frame, attachments for complex pelvic traction	
E0948	Fracture frame, attachments for complex cervical traction	
E1399	Durable medical equipment, miscellaneous	Not covered if used to report continuous passive motion (CPM) device
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	
K0900	Customized durable medical equipment, other than wheelchair	
S5165	Home modifications; per service	
S8130	Interferential current stimulator, 2 channel	
S8131	Interferential current stimulator, 4 channel	
T5001	Positioning seat for persons with special orthopedic needs	
V5269	Assistive listening device, alerting, any type	

References

1. American Academy of Dermatology (AAD). Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. <https://aad.org>. Published November 2023.
2. American Academy of Dermatology (AAD). Joint American Academy of Dermatology – National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. <https://aad.org>. Published July 2019.

3. American Academy of Neurology (AAN). Model Coverage Policy. Autonomic testing. <https://aan.com>. Published October 2014.
4. American Academy of Orthopaedic Surgeons (AAOS). Evidence-Based Clinical Practice Guideline. Management of osteoarthritis of the knee (non-arthroplasty). <https://aaos.org>. Published August 31, 2021.
5. ECRI Institute. Clinical Evidence Assessment. Compression garments for treating lymphedema. <https://home.ecri.org>. Published September 10, 2024.
6. ECRI Institute. Clinical Evidence Assessment. Dayspring Limb Compression System (Koya Medical) for treating lymphedema. <https://home.ecri.org>. Published August 18, 2021.
7. ECRI Institute. Clinical Evidence Assessment. Narrowband UVB therapy for atopic dermatitis. <https://home.ecri.org>. Published September 7, 2023.
8. ECRI Institute. Clinical Evidence Assessment. Photodynamic therapy for benign skin conditions. <https://home.ecri.org>. Published August 1, 2017. Updated June 3, 2021.
9. ECRI Institute. Clinical Evidence Assessment. SNOO smart supine sleeper (Happiest Baby, Inc.) for improving infant and maternal sleep. <https://home.ecri.org>. Published May 9, 2023.
10. ECRI Institute. Clinical Evidence Assessment. Therapeutic surfaces for preventing pressure injury. <https://home.ecri.org>. Published August 27, 2014. Updated December 31, 2022.
11. ECRI Institute. Clinical Evidence Assessment. Zerigo Smart Light home phototherapy (Zerigo Health, Inc.) for psoriasis. <https://home.ecri.org>. Published August 24, 2023.
12. ECRI Institute. Health Technology Assessment Information Service. Special Report. Clinical utility of specialty beds for children with special needs. <https://home.ecri.org>. Published November 4, 2019.
13. Hayes, Inc. Evidence Analysis Research Brief. Dayspring (Koya Medical Inc.) for treatment of lymphedema. <https://evidence.hayesinc.com>. Published March 27, 2023.
14. Hayes, Inc. Evidence Analysis Research Brief. Home ultraviolet B phototherapy for psoriasis. <https://evidence.hayesinc.com>. Published October 12, 2023.
15. Hayes, Inc. Evolving Evidence Review. neoGEN-Series System (RST-Sanexas) for treatment of neuropathic pain. <https://evidence.hayesinc.com>. Published January 5, 2023. Updated February 6, 2025.
16. Hayes, Inc. Health Technology Brief. BioniCare Knee System (VQ OrthoCare) for treatment of osteoarthritis of the knee. <https://evidence.hayesinc.com>. Published October 17, 2011. Updated October 18, 2013.

17. Hayes, Inc. Health Technology Brief. Home ultraviolet B phototherapy for psoriasis. <https://evidence.hayesinc.com>. Published December 31, 2013. Updated December 30, 2015.
18. Hayes, Inc. Medical Technology Directory. Interferential therapy for pain and bone fractures. <https://evidence.hayesinc.com>. Published April 28, 2008. Updated April 2, 2012.
19. Hayes, Inc. Medical Technology Directory. Mechanical stretching devices for treatment of joint contractures of the extremities. <https://evidence.hayesinc.com>. Published May 9, 2018. Updated May 9, 2022
20. Hayes, Inc. Medical Technology Directory. Pressure-reducing support surfaces for pressure ulcers. <https://evidence.hayesinc.com>. Published May 24, 2010. Updated June 2, 2014.
21. North American Spine Society (NASS). Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care. Diagnosis and treatment of low back pain. <https://spine.org>. Published 2020.
22. UpToDate, Inc. Compression therapy for the treatment of chronic venous insufficiency. <https://uptodate.com>. Updated March 2025.
23. UpToDate, Inc. Delivery of inhaled medication in adults. <https://uptodate.com>. Updated March 2025.
24. UpToDate, Inc. Evaluation and management of chronic venous insufficiency including venous leg ulcer. <https://uptodate.com>. Updated March 2025.
25. UpToDate, Inc. Geriatric rehabilitation interventions. <https://uptodate.com>. Updated March 2025.
26. UpToDate, Inc. Management of peripheral lymphedema. <https://uptodate.com>. Updated March 2025.
27. UpToDate, Inc. Management of severe, refractory atopic dermatitis (eczema) in children. <https://uptodate.com>. Updated March 2025.
28. UpToDate, Inc. Midshaft femur fractures in adults. <https://uptodate.com>. Updated April 14, 2025.
29. UpToDate, Inc. Nocturnal ventilatory support in COPD. <https://uptodate.com>. Updated March 2025.
30. UpToDate, Inc. Noninvasive ventilation in adults with chronic respiratory failure from neuromuscular and chest wall diseases: patient selection and alternative modes of ventilatory support. <https://uptodate.com>. Updated March 2025.
31. UpToDate, Inc. Noninvasive ventilatory support and mechanical insufflation-exsufflation for patients with respiratory muscle dysfunction. <https://uptodate.com>. Updated March 2025.
32. UpToDate, Inc. Prevention of pressure-induced skin and soft tissue injury. <https://uptodate.com>. Updated March 2025.

33. UpToDate, Inc. Subacute and chronic low back pain: management. <https://uptodate.com>. Updated February 11, 2025.
34. UpToDate, Inc. Treatment and prognosis of cervical radiculopathy. <https://uptodate.com>. Updated April 1, 2025.
35. UpToDate, Inc. Treatment selection for moderate to severe plaque psoriasis in special populations. <https://uptodate.com>. Updated March 2025.
36. UpToDate, Inc. Use of medication nebulizers in children. <https://uptodate.com>. Updated March 2025.
37. UpToDate, Inc. UVB phototherapy (broadband and narrowband). <https://uptodate.com>. Updated March 2025.
38. US Department of Veterans Affairs (VA). VA/DoD Clinical Practice Guideline. Diagnosis and treatment of low back pain. <https://va.gov>. Published 2022.

Change Summary

01/01/2025 New Policy

05/06/2025 Annual Review, Coverage Change Updated Coding Information