

**ND**

Medical Policies

**Print**

Policy Number: E-1

Policy Name: Durable Medical Equipment (DME)

Policy Type: Medical

Effective Date: 09-15-2025

Policy Subtype: Durable Medical Equipment (DME)

End Date: 09-30-2025

Description

Durable Medical Equipment (DME) is defined as follows:

- Equipment must be able to withstand repeated use
- It must be primarily and customarily used to serve a medical purpose
- It must not be useful to a person in the absence of illness or injury
- The equipment must be appropriate for use in the home.

All requirements of the definition must be met before an item can be considered DME.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date or/and

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

*See below to determine whether the policy rules apply to initial and adjustment claims based on date of processing (DOP) or Date of Service (DOS).

Criteria

The following items may be considered medically necessary providing they meet the following criteria:

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

DME items not meeting the criteria as indicated in this policy are considered not medically necessary.

Accessories

- If the individual owns or is purchasing the equipment.

Procedure Codes

A4615	A4616	A4640
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Anti-embolism Stockings

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Limited to three (3) pairs in a six (6) month period.

Procedure Codes

A4490	A4495	A4500	A4510
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Canes

Quad Canes

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual's condition impairs ambulation.

Procedure Codes

E0100	E0105
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Commode Chair with Seat Lift Mechanism

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If the individual is confined to bed or room.
- If the item is prescribed by a physician for an individual with severe arthritis of the hip or knee and for individuals with muscular dystrophy or other neuromuscular diseases.

Procedure Codes

E0170	E0171	E0172
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Commode Chair-on-Wheels

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If the individual is confined to bed or room confined means that the individual's condition is such that leaving the room is medically contraindicated.
- Individuals with poor trunk where there is a safety concern with sitting unsupported and the need for a more physiologic elimination process.

Procedure Codes

E0163	E0165	E0168
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Crutches

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Individual's condition impairs ambulation.

Procedure Codes

E0110	E0111	E0112	E0113	E0114	E0116
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Crutch, Underarm, Articulating, Spring Assisted

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Individuals with Spina Bifida, Cerebral Palsy, or spinal cord injury.

Procedure Code

E0117

Crutch Substitute, Lower Leg Platform, with or without Wheels, each

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

If determined to be medically necessary following below the knee injury or surgery.

Procedure Code

E0118

Eye Pads/Patches

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Covered for conditions such as strabismus.

Procedure Codes

A6410	A6411	A6412
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Fluidic Breathing Assistor

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and

associated revision effective dates in effect on the date of service.

- Where there is need for intermittent positive pressure breathing (IPPB) device but oxygen is not required.

Procedure Code

E0500

Gait Trainers

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Individuals who require moderate to maximum support for walking and who are capable of walking with this device.

Procedure Codes

E8000	E8001	E8002
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Gloves

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Refer to Medical Policy, E-2 Home Dialysis Equipment, for additional information

Procedure Codes

A4927	A4930
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Haberman Feeder

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Babies with cleft lip and/or cleft palate.

Procedure Code

S8265

Heating Pads

Therapeutic Fomentation Device

Policy Application

- All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.
- When a medical review determines individual's medical condition is one for which the application of heat in the form of a heat pad is therapeutically effective.

Procedure Codes

E0210	E0215
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Heat Lamps

Policy Application

- All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.
- When medical review determines individual's medical condition is one for which the application of heat in the form of a heat lamp is therapeutically effective.

Procedure Codes

E0200	E0205
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Helmet with Face Guard and Soft Interface Material, Prefabricated

Policy Application

- All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**
- All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.
- When ordered by a physician as medically necessary for individuals with seizure or behavior disorders who are at risk for injury to the head and face.

Procedure Codes

A8000	A8001	A8002	A8003
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Hydrocollator Steam Packs

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- When a medical review determines individual's medical condition is one for which the application of heat in the form of a heat pad is therapeutically effective.

Procedure Codes

A9999	E1399
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Injectors and Injection Aid Device

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Individuals who are unable to use a syringe.

Procedure Codes

A4210	A4211
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Intermittent Positive Pressure Breathing (IPPB) machine

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Covered if individual's ability to breathe is severely impaired.

Procedure Code

E0500

Jaw Motion Rehabilitation System

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Must be prescribed by a physician.

Procedure Codes

E1700	E1701	E1702
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Lamb's Wool Pads

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual has, or is highly susceptible to, decubitus ulcers; and individual's physician has specified that he or she will be supervising its use in connection with his or her course of treatment.

Procedure Codes

E0188	E0189
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Non-elastic Binders for Extremities

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- For lymphedema

Procedure Codes

A4465	S8430	S8431
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Precursors (conventional)

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- For mobilizing respiratory tract secretions in individuals with pulmonary conditions that limit the ability to expectorate secretions, when individual or operator of the precursor has received appropriate training by a physician or therapist, and no one competent to administer manual therapy is available.

Procedure Code

E0480

Oscillatory Devices

Flutter
Intrapulmonary Percussive Ventilation System

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service

(Oscillatory positive expiratory pressure device, non-electric, any type, each)

- Oscillatory devices are alternatives to conventional precursor.
- Designed to provide self-administered airway clearance.
- For mobilizing secretions in individuals with pulmonary conditions that limit the ability to expectorate secretions.

Procedure Codes

E0481	E0484	S8185
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Paraffin Bath Units (portable)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- The individual has undergone a successful trial period of paraffin therapy when ordered by a physician; **and**
- The individual's condition is expected to be relieved by long term use of the modality.

Procedure Code

E0235

Paraffin

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If the Paraffin Bath Unit is covered.

Procedure Codes

A4265	E0235
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Postural Drainage Boards

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual has a chronic pulmonary condition.

Procedure Code

E0606

Rollabout Chairs, Transport Chairs

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- When a medical review determines there is a medical need for this item and it has been prescribed by the individual's physician in lieu of a wheelchair.

- Limited to those roll about chairs having casters of at least five (5) inches in diameter and specially designed to meet the needs of ill, injured, or otherwise impaired individuals.

Customized pediatric strollers are covered for a child who is non-ambulatory when either of the following conditions applies:

- The child requires more support than is available in a standard pediatric wheelchair, **or**
- The child is too small to safely use a standard pediatric wheelchair.

Procedure Codes

E1031	E1035	E1036	E1037	E1038	E1039
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Safety Rollers

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- For obese individuals; **or**
- Those individuals with severe neurological disorders; **or**
- Those individuals with restricted use of one (1) hand.

All claims will be referred for medical review/individual consideration

Procedure Code

E1399

Self-Contained Pacemaker Monitor

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- When prescribed by a physician with an individual with a cardiac pacemaker.

Procedure Codes

E0610	E0615
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Sitz Bath

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- When the individual has an infection or injury of the perineal area and prescribed by the individual's physician as a part of a planned regimen of treatment in the individual's home.

Procedure Codes

E0160	E0161	E0162
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Standers

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- For individuals with cerebral palsy, spasticity, multiple sclerosis, and paraphrases.
- For any other condition, individual consideration will be offered.

Procedure Codes

E0637	E0638	E0641	E0642
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Suction Machine

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If the machine medically required and appropriate for home use without technical or professional supervision.

Procedure Codes

E0600	E2000
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Surgical Mask

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- When medically necessary and used in the home.

Procedure Code

A4928

Thermometers

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- For chronic renal failure when furnished in conjunction with dialysis services.
- Must be submitted with modifier AX.

Procedure Codes

A4931	A4932
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Traction Equipment

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual has orthopedic impairment requiring traction equipment which prevents ambulation during the period of use.
- Ambulatory traction device, all types, are considered non-covered

Refer to Medical Policy E-52, Home Cervical Traction Therapy, for additional information.

Procedure Codes

E0870	E0880	E0890	E0900	E0920	E0930	E0941
E0942	E0944	E0945	E0946	E0947	E0948	

Transfer Board or Device, any type, each

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- When determined to be necessary for the individual to function in the home and/or perform instrumental activities of daily living.

Procedure Code

E0705

Trapeze Bars

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual is bed confined and the individual needs a trapeze bar to sit up due to a respiratory condition, to change body position for other medical reasons, or to get in and out of bed.

Procedure Codes

E0910	E0911	E0912	E0940
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Urinals

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual is bed confined.

Procedure Codes

E0325	E0326
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Vaporizers

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- If individual has a respiratory illness.

Procedure Code

E0605

Walkers

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If the individual has a medical condition impairing ambulation; **and**
- There is a potential for ambulation; **and**
- There is a need for greater stability and security than provided by a cane or crutches.

Procedure Codes

E0130	E0135	E0140	E0141	E0143	E0144	E0147
E0148	E0149	E0152				

Whirlpool Bath Equipment (standard)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- If individual is home bound and has a condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit; **or**
- The individual is not home bound but has such a condition; payment will be limited to the cost of providing the services elsewhere; (e.g., an outpatient department of a participating hospital), if that alternative is less costly.

All claims will be referred for medical review.

Procedure Code

E1310

The following is considered not medically necessary:

Continuous Passive Motion (CPM)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

- Continuous Passive Motion (CPM) Devices are considered not medically necessary for all indications.

Procedure Codes

E0935	E0936
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Non-Covered Items

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The following items are considered convenience items, comfort items, hygienic equipment or not primarily medical in nature, and are non-covered.

Description	Code
Adjustable highchair	T5001
Alert Systems	A9280
Auto-Tilt Chair	T5001
Backrests	E1399
Batteries, Replacement	A4630
Bathtub Lifts, Whirlpool tub, walk-in, portable	E0625, E1300, E1301
Bathtub/Shower chairs/seats	E0240, E0245, E0247, E0248

Bathtub Rail, Wall Rail	E0241, E0242, E0243, E0246
Carafes	E1399
Carrie seats	T5001
Corner chair	T5001
Control unit for electronic bowel irrigation/evacuation system	E0350
Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	E0352
Ear Plugs (standard or custom-made)	E1399
Electric Adaptors (for car, truck, etc.)	E1399
Elevators	E1399
Enema/Enema Bags/Enema tubes	A4457, A4458
Enuresis (Bed Wetting) Alarm	S8270
Exercise Equipment, Exercycle	A9300
Feeder seats	T5001
Floor sitters	T5001
Grab Bars	E0241, E0242, E0243, E0246
Heavy Cast Socks-6	E1399
Hot Water Bottle, ice cap or collar, heat and/or cold wrap, any type (includes ice pack)	A9273
Hygienic equipment	A9286
Hygienic supply	A9286
Kinex ThermoComp Compression Appliance	E0673
Light Cast Sock-6	E1399
Linen, nonallergenic	E1399

Lumbar Roll	E0190
Lumex Ortho-Biotic High Back Rockers	E1399
Lumex Ortho-Biotic Recliners	E1399
Massage Chair/Robotic Chair	E1399
Massage Devices	E1399
Massage Mattress	E1399
Massage Table	E1399
Mileage	E1399
Mobile Monomatic Sanitation System	E1399
Niagara Massage Pillow	E1399
Niagara Thermo-Cyclopad	E1399
Positioning cushion/pillow/wedge, any shape or size	E0190
Positioning Support System	T5001
Posture support chair	T5001
Raised Toilet Seats	E0244
Reaching/Grabbing device, any type, any length, each	A9281
RomTech Portable Connect Rehab Adaptive Device	E1399
Safety car seats	E1399
Sauna Baths	E1399
Silverware/Utensils	E1399
Standard feeder seats	T5001
Standard highchairs	T5001
Telephone Arms	E1399
Toilet Seats	E1399

Treadmill Exerciser	A9300
Tub rail attachment	E0246
Tub Stool or Bench	E0240, E0245, E0247, E0248
Versa Form chairs	T5001
Zero gravity chair	E1399

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The following items are considered environmental control equipment and are non-covered.

Description	Code
Air Cleaners	E1399
Air Conditioners	E1399
Dehumidifiers	E1399
Environmental control equipment	E1399
Heating and Cooling Plants	E1399
Humidifiers	E1399
Portable Room Heaters	E1399

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The following items are considered educational equipment; and are not primarily medical in nature and are non-covered.

Description	Code
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Braille Teaching Texts	E1399
Communic-Aid	E1902
Communicator	E1902

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The following items are considered inappropriate for home use or physician instruments or institutional equipment and are non-covered.

Description	Code
Esophageal Dilator	E1399
American Bidet Toilet Seat	E1399
Aquamatic K-Thermia	E0217, E0236, E0249
Diathermy Machines, Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	E0761, K1004, K1036
Hydrocollator Heating Unit	E0225, E0239
Intermittent Traction Unit	E1399
Paraffin Bath Units - non-portable	E1399
Parallel Bars	E1399
Translift Chair	E1399

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

The following items are considered non-reusable disposable supplies and are non-covered.

Description	Code
Disposable Sheets and Bags	E1399

Delivery, Setup and Service A9901 is non-covered as this is included in the service.

Telephone Alert Systems, E1399 are considered emergency communications systems and do not serve a diagnostic or therapeutic purpose and are therefore non-covered.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

For Procedure Code E0117

G80.0	G80.1	G80.2	G80.4	G80.8	G80.9	G83.5
G83.81	G83.82	G83.83	G83.84	G83.89	Q05.0	Q05.1
Q05.2	Q05.3	Q05.4	Q05.5	Q05.6	Q05.7	Q05.8
Q05.9	Q07.00	Q07.01	Q07.02	Q07.03	S14.0XXA	S14.0XXD
S14.0XXS	S14.101A	S14.101D	S14.101S	S14.102A	S14.102D	S14.102S
S14.103A	S14.103D	S14.103S	S14.104A	S14.104D	S14.104S	S14.105A
S14.105D	S14.105S	S14.106A	S14.106D	S14.106S	S14.107A	S14.107D
S14.107S	S14.108A	S14.108D	S14.108S	S14.109A	S14.109D	S14.109S
S14.111A	S14.111D	S14.111S	S14.112A	S14.112D	S14.112S	S14.113A
S14.113D	S14.113S	S14.114A	S14.114D	S14.114S	S14.115A	S14.115D
S14.115S	S14.116A	S14.116D	S14.116S	S14.117A	S14.117D	S14.117S
S14.118A	S14.118D	S14.118S	S14.119A	S14.119D	S14.119S	S14.121A
S14.121D	S14.121S	S14.122A	S14.122D	S14.122S	S14.123A	S14.123D
S14.123S	S14.124A	S14.124D	S14.124S	S14.125A	S14.125D	S14.125S
S14.126A	S14.126D	S14.126S	S14.127A	S14.127D	S14.127S	S14.128A
S14.128D	S14.128S	S14.129A	S14.129D	S14.129S	S14.131A	S14.131D

S14.131S	S14.132A	S14.132D	S14.132S	S14.133A	S14.133D	S14.133S
S14.134A	S14.134D	S14.134S	S14.135A	S14.135D	S14.135S	S14.136A
S14.136D	S14.136S	S14.137A	S14.137D	S14.137S	S14.138A	S14.138D
S14.138S	S14.139A	S14.139D	S14.139S	S14.141A	S14.141D	S14.141S
S14.142A	S14.142D	S14.142S	S14.143A	S14.143D	S14.143S	S14.144A
S14.144D	S14.144S	S14.145A	S14.145D	S14.145S	S14.146A	S14.146D
S14.146S	S14.147A	S14.147D	S14.147S	S14.148A	S14.148D	S14.148S
S14.149A	S14.149D	S14.149S	S14.151A	S14.151D	S14.151S	S14.152A
S14.152D	S14.152S	S14.153A	S14.153D	S14.153S	S14.154A	S14.154D
S14.154S	S14.155A	S14.155D	S14.155S	S14.156A	S14.156D	S14.156S
S14.157A	S14.157D	S14.157S	S14.158A	S14.158D	S14.158S	S14.159A
S14.159D	S14.159S	S24.0XXA	S24.0XXD	S24.0XXS	S24.101A	S24.101D
S24.101S	S24.102A	S24.102D	S24.102S	S24.103A	S24.103D	S24.103S
S24.104A	S24.104D	S24.104S	S24.109A	S24.109D	S24.109S	S24.111A
S24.111D	S24.111S	S24.112A	S24.112D	S24.112S	S24.113A	S24.113D
S24.113S	S24.114A	S24.114D	S24.114S	S24.119A	S24.119D	S24.119S
S24.131A	S24.131D	S24.131S	S24.132A	S24.132D	S24.132S	S24.133A
S24.133D	S24.133S	S24.134A	S24.134D	S24.134S	S24.139A	S24.139D
S24.139S	S24.141A	S24.141D	S24.141S	S24.142A	S24.142D	S24.142S
S24.143A	S24.143D	S24.143S	S24.144A	S24.144D	S24.144S	S24.149A
S24.149D	S24.149S	S24.151A	S24.151D	S24.151S	S24.152A	S24.152D
S24.152S	S24.153A	S24.153D	S24.153S	S24.154A	S24.154D	S24.154S
S24.159A	S24.159D	S24.159S	S34.01XA	S34.01XD	S34.01XS	S34.02XA
S34.02XD	S34.02XS	S34.101A	S34.101D	S34.101S	S34.102A	S34.102D

S34.102S	S34.103A	S34.103D	S34.103S	S34.104A	S34.104D	S34.104S
S34.105A	S34.105D	S34.105S	S34.109A	S34.109D	S34.109S	S34.111A
S34.111D	S34.111S	S34.112A	S34.112D	S34.112S	S34.113A	S34.113D
S34.113S	S34.114A	S34.114D	S34.114S	S34.115A	S34.115D	S34.115S
S34.119A	S34.119D	S34.119S	S34.121A	S34.121D	S34.121S	S34.122A
S34.122D	S34.122S	S34.123A	S34.123D	S34.123S	S34.124A	S34.124D
S34.124S	S34.125A	S34.125D	S34.125S	S34.129A	S34.129D	S34.129S
S34.131A	S34.131D	S34.131S	S34.132A	S34.132D	S34.132S	S34.139A
S34.139D	S34.139S	S34.3XXA	S34.3XXD	S34.3XXS		

For Procedure Codes A6410; A6411; A6412

H49.01	H49.02	H49.03	H49.11	H49.12	H49.13	H49.21
H49.22	H49.23	H49.31	H49.32	H49.33	H49.41	H49.42
H49.43	H49.881	H49.882	H49.883	H49.9	H50.00	H50.011
H50.012	H50.021	H50.022	H50.031	H50.032	H50.041	H50.042
H50.05	H50.06	H50.07	H50.08	H50.10	H50.111	H50.112
H50.121	H50.122	H50.131	H50.132	H50.141	H50.142	H50.15
H50.16	H50.17	H50.18	H50.60	H50.611	H50.612	H50.621
H50.622	H50.631	H50.632	H50.641	H50.642	H50.649	H50.651
H50.652	H50.661	H50.662	H50.671	H50.672	H50.681	H50.682
H50.69	H50.811	H50.812	H50.89			

For Procedure Code S8265

K08.8	M26.79	Q35.1	Q35.3	Q35.5	Q35.7	Q35.9
Q36.0	Q36.1	Q36.9	Q37.0	Q37.1	Q37.2	Q37.3
Q37.4	Q37.5	Q37.8	Q37.9			

For Procedure Codes A4465; S8430 and S8431

I89.0	I89.1	I89.8	I89.9	I97.2	Q82.0
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For Procedure Codes E0637; E0638; E0641; E0642

G04.1	G35	G80.0	G80.1	G80.2	G80.3	G80.4
G80.8	G80.9	G82.20	G82.21	G82.22	G83.9	R25.0
R25.1	R25.2	R25.3	R25.8	R25.9		

For Procedure Codes A4931 and A4932

I12.0	I12.9	I13.0	I13.10	I13.11	I13.2	N18.1
N18.2	N18.30	N18.31	N18.32	N18.4	N18.5	N18.6
N18.9	N19	N99.0				

For Procedure Codes E0480; E0481; E0484 and S8185

E84.0	E84.8	E84.9	E84.11	E84.19	J41.0	J41.1
J41.8	J42	J44.0	J44.1	J44.9	J45.20	J45.21
J45.22	J45.30	J45.31	J45.32	J45.40	J45.41	J45.42
J45.50	J45.51	J45.52	J45.901	J45.902	J45.909	J45.990
J45.991	J45.998	J47.0	J47.1	J47.9	Q33.4	Z48.24
Z48.280	Z94.2	Z94.3				

CURRENT CODING

HCPCS:

A4210	Nonneedle injection device	Medicaid Expansion
A4211	Supp for self-adm injections	Medicaid Expansion
A4265	Paraffin	Medicaid Expansion
A4457	Enema tube any type repl	Medicaid Expansion

A4458	Reusable enema bag	Medicaid Expansion
A4465	Non-elastic extremity binder	Medicaid Expansion
A4490	Above knee surgical stocking	Medicaid Expansion
A4495	Thigh length surg stocking	Medicaid Expansion
A4500	Below knee surgical stocking	Medicaid Expansion
A4510	Full length surg stocking	Medicaid Expansion
A4615	Cannula nasal	Medicaid Expansion
A4616	Tubing (oxygen) per foot	Medicaid Expansion
A4630	Repl bat t.e.n.s. own by pt	Medicaid Expansion
A4640	Alternating pressure pad	Medicaid Expansion
A4927	Non-sterile gloves	Medicaid Expansion
A4928	Surgical mask	Medicaid Expansion
A4930	Sterile, gloves per pair	Medicaid Expansion
A4931	Reusable oral thermometer	Medicaid Expansion
A4932	Reusable rectal thermometer	Medicaid Expansion
A6410	Sterile eye pad	Medicaid Expansion
A6411	Non-sterile eye pad	Medicaid Expansion
A6412	Occlusive eye patch	Medicaid Expansion
A8000	Soft protect helmet prefab	Medicaid Expansion
A8001	Hard protect helmet prefab	Medicaid Expansion
A8002	Soft protect helmet custom	Medicaid Expansion
A8003	Hard protect helmet custom	Medicaid Expansion
A9273	Hot/cold bottle/cap/col/wrap	Medicaid Expansion
A9280	Alert device, noc	Medicaid Expansion
A9281	Reaching/grabbing device	Medicaid Expansion
A9286	Any hygienic item, device	Medicaid Expansion
A9300	Exercise equipment	Medicaid Expansion
A9999	Dme supply or accessory, nos	Medicaid Expansion
E0100	Cane adjust/fixed with tip	Medicaid Expansion
E0105	Cane adjust/fixed quad/3 pro	Medicaid Expansion

E0110	Crutch forearm pair	Medicaid Expansion
E0111	Crutch forearm each	Medicaid Expansion
E0112	Crutch underarm pair wood	Medicaid Expansion
E0113	Crutch underarm each wood	Medicaid Expansion
E0114	Crutch underarm pair no wood	Medicaid Expansion
E0116	Crutch underarm each no wood	Medicaid Expansion
E0117	Underarm springassist crutch	Medicaid Expansion
E0118	Crutch substitute	Medicaid Expansion
E0130	Walker rigid adjust/fixed ht	Medicaid Expansion
E0135	Walker folding adjust/fixed	Medicaid Expansion
E0140	Walker w trunk support	Medicaid Expansion
E0141	Rigid wheeled walker adj/fix	Medicaid Expansion
E0143	Walker folding wheeled w/o s	Medicaid Expansion
E0144	Enclosed walker w rear seat	Medicaid Expansion
E0147	Walker variable wheel resist	Medicaid Expansion
E0148	Heavyduty walker no wheels	Medicaid Expansion
E0149	Heavy duty wheeled walker	Medicaid Expansion
E0152	Walker, battery power wheels	Medicaid Expansion
E0160	Sitz type bath or equipment	Medicaid Expansion
E0161	Sitz bath/equipment w/faucet	Medicaid Expansion
E0162	Sitz bath chair	Medicaid Expansion
E0163	Commode chair with fixed arm	Medicaid Expansion
E0165	Commode chair with detacharm	Medicaid Expansion
E0168	Heavyduty/wide commode chair	Medicaid Expansion
E0170	Commode chair electric	Medicaid Expansion
E0171	Commode chair non-electric	Medicaid Expansion
E0172	Seat lift mechanism toilet	Medicaid Expansion
E0188	Synthetic sheepskin pad	Medicaid Expansion
E0189	Lambswool sheepskin pad	Medicaid Expansion
E0190	Positioning cushion	Medicaid Expansion

E0200	Heat lamp without stand	Medicaid Expansion
E0205	Heat lamp with stand	Medicaid Expansion
E0210	Electric heat pad standard	Medicaid Expansion
E0215	Electric heat pad moist	Medicaid Expansion
E0217	Water circ heat pad w pump	Medicaid Expansion
E0225	Hydrocollator unit	Medicaid Expansion
E0235	Paraffin bath unit portable	Medicaid Expansion
E0236	Pump for water circulating p	Medicaid Expansion
E0239	Hydrocollator unit portable	Medicaid Expansion
E0240	Bath/shower chair	Medicaid Expansion
E0241	Bath tub wall rail	Medicaid Expansion
E0242	Bath tub rail floor	Medicaid Expansion
E0243	Toilet rail	Medicaid Expansion
E0244	Toilet seat raised	Medicaid Expansion
E0245	Tub stool or bench	Medicaid Expansion
E0246	Transfer tub rail attachment	Medicaid Expansion
E0247	Trans bench w/wo comm open	Medicaid Expansion
E0248	Hdtrans bench w/wo comm open	Medicaid Expansion
E0249	Pad water circulating heat u	Medicaid Expansion
E0325	Urinal male jug-type	Medicaid Expansion
E0326	Urinal female jug-type	Medicaid Expansion
E0350	Control unit bowel system	Medicaid Expansion
E0352	Disposable pack w/bowel syst	Medicaid Expansion
E0480	Percussor elect/pneum home m	Medicaid Expansion
E0481	Intrpulmnry percuss vent sys	Medicaid Expansion
E0484	Non-elec oscillatory pep dvc	Medicaid Expansion
E0500	Ippb all types	Medicaid Expansion
E0600	Suction pump portab hom modl	Medicaid Expansion
E0605	Vaporizer room type	Medicaid Expansion
E0606	Drainage board postural	Medicaid Expansion

E0610	Pacemaker monitr audible/vis	Medicaid Expansion
E0615	Pacemaker monitr digital/vis	Medicaid Expansion
E0625	Patient lift bathroom or toi	Medicaid Expansion
E0637	Combination sit to stand sys	Medicaid Expansion
E0638	Standing frame sys	Medicaid Expansion
E0641	Multi-position stnd fram sys	Medicaid Expansion
E0642	Dynamic standing frame	Medicaid Expansion
E0673	Pressure pneum appl half leg	Medicaid Expansion
E0705	Transfer device	Medicaid Expansion
E0761	Nontherm electromgntc device	Medicaid Expansion
E0870	Tract frame attach footboard	Medicaid Expansion
E0880	Trac stand free stand extrem	Medicaid Expansion
E0890	Traction frame attach pelvic	Medicaid Expansion
E0900	Trac stand free stand pelvic	Medicaid Expansion
E0910	Trapeze bar attached to bed	Medicaid Expansion
E0911	Hd trapeze bar attach to bed	Medicaid Expansion
E0912	Hd trapeze bar free standing	Medicaid Expansion
E0920	Fracture frame attached to b	Medicaid Expansion
E0930	Fracture frame free standing	Medicaid Expansion
E0935	Cont pas motion exercise dev	Medicaid Expansion
E0936	Cpm device, other than knee	Medicaid Expansion
E0940	Trapeze bar free standing	Medicaid Expansion
E0941	Gravity assisted traction de	Medicaid Expansion
E0942	Cervical head harness/halter	Medicaid Expansion
E0944	Pelvic belt/harness/boot	Medicaid Expansion
E0945	Belt/harness extremity	Medicaid Expansion
E0946	Fracture frame dual w cross	Medicaid Expansion
E0947	Fracture frame attachmnts pe	Medicaid Expansion
E0948	Fracture frame attachmnts ce	Medicaid Expansion
E1031	Rollabout chair with casters	Medicaid Expansion

E1035	Patient transfer system <300	Medicaid Expansion
E1036	Patient transfer system >300	Medicaid Expansion
E1037	Transport chair, ped size	Medicaid Expansion
E1038	Transport chair pt wt<=300lb	Medicaid Expansion
E1039	Transport chair pt wt >300lb	Medicaid Expansion
E1300	Whirlpool portable	Medicaid Expansion
E1301	Whirlpool tub walkin portabl	Medicaid Expansion
E1310	Whirlpool non-portable	Medicaid Expansion
E1399	Durable medical equipment mi	Medicaid Expansion
E1700	Jaw motion rehab system	Medicaid Expansion
E1701	Repl cushions for jaw motion	Medicaid Expansion
E1702	Repl measr scales jaw motion	Medicaid Expansion
E1902	Aac non-electronic board	Medicaid Expansion
E2000	Gastric suction pump hme mdl	Medicaid Expansion
E8000	Posterior gait trainer	Medicaid Expansion
E8001	Upright gait trainer	Medicaid Expansion
E8002	Anterior gait trainer	Medicaid Expansion
K1004	Lo freq us diathermy device	Medicaid Expansion
K1036	Supplies for ultra diatherm	Medicaid Expansion
S8185	Flutter device	Medicaid Expansion
S8265	Haberman feeder	Medicaid Expansion
S8270	Enuresis alarm	Medicaid Expansion
S8430	Padding for comprssn bdg	Medicaid Expansion
S8431	Compression bandage	Medicaid Expansion
T5001	Position seat spec orth need	Medicaid Expansion
A4210	Nonneedle injection device	Commercial
A4211	Supp for self-adm injections	Commercial
A4265	Paraffin	Commercial
A4457	Enema tube any type repl	Commercial
A4458	Reusable enema bag	Commercial

A4465	Non-elastic extremity binder	Commercial
A4490	Above knee surgical stocking	Commercial
A4495	Thigh length surg stocking	Commercial
A4500	Below knee surgical stocking	Commercial
A4510	Full length surg stocking	Commercial
A4615	Cannula nasal	Commercial
A4616	Tubing (oxygen) per foot	Commercial
A4630	Repl bat t.e.n.s. own by pt	Commercial
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A4927	Non-sterile gloves	Commercial
A4928	Surgical mask	Commercial
A4930	Sterile, gloves per pair	Commercial
A4931	Reusable oral thermometer	Commercial
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A6410	Sterile eye pad	Commercial
A6411	Non-sterile eye pad	Commercial
A6412	Occlusive eye patch	Commercial
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A8001	Hard protect helmet prefab	Commercial
A8002	Soft protect helmet custom	Commercial
A8003	Hard protect helmet custom	Commercial
A9273	Hot/cold bottle/cap/col/wrap	Commercial
A9280	Alert device, noc	Commercial
A9281	Reaching/grabbing device	Commercial
A9286	Any hygienic item, device	Commercial
A9300	Exercise equipment	Commercial
A9999	Dme supply or accessory, nos	Commercial
E0100	Cane adjust/fixed with tip	Commercial
E0105	Cane adjust/fixed quad/3 pro	Commercial
E0110	Crutch forearm pair	Commercial

E0111	Crutch forearm each	Commercial
E0112	Crutch underarm pair wood	Commercial
E0113	Crutch underarm each wood	Commercial
E0114	Crutch underarm pair no wood	Commercial
E0116	Crutch underarm each no wood	Commercial
E0117	Underarm springassist crutch	Commercial
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E0140	Walker w trunk support	Commercial
E0141	Rigid wheeled walker adj/fix	Commercial
E0143	Walker folding wheeled w/o s	Commercial
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E0147	Walker variable wheel resist	Commercial
E0148	Heavyduty walker no wheels	Commercial
E0149	Heavy duty wheeled walker	Commercial
E0152	Walker, battery power wheels	Commercial
E0160	Sitz type bath or equipment	Commercial
E0161	Sitz bath/equipment w/faucet	Commercial
E0162	Sitz bath chair	Commercial
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E0165	Commode chair with detacharm	Commercial
E0168	Heavyduty/wide commode chair	Commercial
E0170	Commode chair electric	Commercial
E0171	Commode chair non-electric	Commercial
E0172	Seat lift mechanism toilet	Commercial
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E0189	Lambswool sheepskin pad	Commercial
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E0200	Heat lamp without stand	Commercial

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E0245	Tub stool or bench	Commercial
E0246	Transfer tub rail attachment	Commercial
E0247	Trans bench w/wo comm open	Commercial
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E0249	Pad water circulating heat u	Commercial
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E0484	Non-elec oscillatory pep dvc	Commercial
E0500	Ippb all types	Commercial
E0600	Suction pump portab hom modl	Commercial
E0605	Vaporizer room type	Commercial
E0606	Drainage board postural	Commercial
E0610	Pacemaker monitr audible/vis	Commercial

E0615	Pacemaker monitr digital/vis	Commercial
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E0638	Standing frame sys	Commercial
E0641	Multi-position stdn fram sys	Commercial
E0642	Dynamic standing frame	Commercial
E0673	Pressure pneum appl half leg	Commercial
E0705	Transfer device	Commercial
E0761	Nontherm electromgntc device	Commercial
E0870	Tract frame attach footboard	Commercial
E0880	Trac stand free stand extrem	Commercial
E0890	Traction frame attach pelvic	Commercial
E0900	Trac stand free stand pelvic	Commercial
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E0912	Hd trapeze bar free standing	Commercial
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E0947	Fracture frame attachmnts pe	Commercial
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E1031	Rollabout chair with casters	Commercial
E1035	Patient transfer system <300	Commercial

E1036	Patient transfer system >300	Commercial
E1037	Transport chair, ped size	Commercial
E1038	Transport chair pt wt<=300lb	Commercial
E1039	Transport chair pt wt >300lb	Commercial
E1300	Whirlpool portable	Commercial
E1301	Whirlpool tub walkin portabl	Commercial
E1310	Whirlpool non-portable	Commercial
E1399	Durable medical equipment mi	Commercial
E1700	Jaw motion rehab system	Commercial
E1701	Repl cushions for jaw motion	Commercial
E1702	Repl measr scales jaw motion	Commercial
E1902	Aac non-electronic board	Commercial
E2000	Gastric suction pump hme mdl	Commercial
E8000	Posterior gait trainer	Commercial
E8001	Upright gait trainer	Commercial
E8002	Anterior gait trainer	Commercial
K1004	Lo freq us diathermy device	Commercial
K1036	Supplies for ultra diatherm	Commercial
S8185	Flutter device	Commercial
S8265	Haberman feeder	Commercial
S8270	Enuresis alarm	Commercial
S8430	Padding for comprssn bdg	Commercial
S8431	Compression bandage	Commercial
T5001	Position seat spec orth need	Commercial

References

1. NCD 280.1 for Durable Medical Equipment Reference List.
2. Hayes, Inc., Comparative Effective Review. *Comparative Effectiveness Review of Cold Compression Therapy For Patients Undergoing Total Knee Arthroplasty*. Lansdale, PA: Hayes Inc,; Published 3/28/2019. Reviewed on 7/13, 2020.
3. Eymir M, Erduran M, Unver Bayram. Active heel-slide exercise therapy facilitates the functional and proprioceptive enhancement following total knee arthroplasty compared to continuous passive motion. *Knee Surg, Sports Trauma, Arthroscopy*. 2021;29:3352-3360.

4. Jia Z, Zhang Y, Zhang W, Xu C, Liu W. Efficacy and safety of continuous passive motion and physical therapy in recovery from knee arthroplasty: A systematic review and meta-analysis. *J Orthop Surg Res.* 2024;19(1):68.
5. van der Geer SJ, Reintsema H, Kamstra JI, et. al. The use of stretching devices for treatment of trismus in head and neck cancer patients: A randomized controlled trial. *Supportive Care in Cancer.* 2020;28(1):9-11.

September ND Committee Review

Internal Medical Policy Committee 1-22-2020 *Effective March 2, 2020*

- **Added** new Procedure Codes E1300; K1003 and K1004 as non-covered.

Internal Medical Policy Committee 7-22-2020 Annual Review *Effective September 7, 2020*

Internal Medical Policy Committee 11-19-2020 Coding update-*Effective January 4, 2021*

- **Removed** Diagnosis Code N18.3; and
- **Added** Diagnosis Codes N18.30; N18.31; and N18.32

Internal Medical Policy Committee 3-17-2021 Coding update: *Effective May 3, 2021*

- **Added** Procedure Code K1013

Internal Medical Policy Committee 5-20-2021 Coding update: *Effective July 5, 2021*

- **Removed** Procedure Codes A4520; A4554; T4521; T4522; T4523; T4524; T4525; T4526; T4527; T4528; T4529; T4530; T4531; T4532; T4533; T4534; T4535; T4536; T4537; T4538; T4539; T4540; T4541; T4542; T4543; T4544 these appear on policy O-27.

Internal Medical Policy Committee 9-21-2021 Coding update: *Effective November 1, 2021*

- **Added** Procedure Code A4453; and
- **Added** Manual Enema System and covered Procedure Code A4459; and
- **Added** non-covered Procedure Codes E0350 and E0352.

Internal Medical Policy Committee 3-23-2022 Revision with coding update; *Effective May 2, 2022*

- **Updated** with clarifying language; and
- **Added** Alert Systems and Procedure Code A9280 to the list of Non-covered Items.

Internal Medical Policy Committee 5-24-2022 Revision *Effective July 4, 2022*

- **Added** RomTech Portable Connect Rehab Adaptive Device and Procedure Code E1399 to Non-covered Items table

Internal Medical Policy Committee 7-21-2022 Coding update *Effective September 5, 2022*

- **Added** Procedure Code E0673 to table: Kinex ThermoComp Compression

Internal Medical Policy Committee 3-23-2023 Annual Review, no changes in criteria *Effective May 1, 2023*

Internal Medical Policy Committee 5-23-2023 Annual Review, no changes in criteria *Effective July 3, 2023*

Internal Medical Policy Committee 11-15-2023 Coding update: *Effective 10/1/2023*

- **Added** Procedure Code K1036; and

- **Added** Diagnosis Codes H50.621; H50.622; H50.629; H50.631; H50.632; H50.639; H50.641; H50.642; H50.649; H50.651; H50.652; H50.659; H50.661; H50.662; H50.669; H50.671; H50.672; H50.679; H50.681; H50.682; and H50.689.

Internal Medical Policy Committee 1-16-2024 - Coding update - **Effective January 1, 2024**

- **Removed** Procedure Codes K1003; K1013; and
- **Added** Procedure Codes A4457; and E1301.

Internal Medical Policy Committee 3-19-2024 Coding update - **Effective April 1, 2024**

- **Added** Procedure Code E0152; and
- **Added** Policy Application

Internal Medical Policy Committee 5-14-2024 Coding update - **Effective July 1, 2024**

- **Removed** Manual enema section with Procedure Codes A4459 and A4453; and
- **Updated** Policy Application

Internal Medical Policy Committee 9-17-2024 Coding update - **Effective November 04, 2024**

- **Removed** Diagnosis Codes for Procedure Codes A6410; A6411; and A6412: H49.00; H49.10; H49.20; H49.30; H49.40; H49.889; H50.629; H50.639; H50.659; H50.669; H50.679; and H50.689; and
- **Updated** Policy Applications.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.