



MassHealth
Durable Medical Equipment Bulletin 21
October 2018

TO: Durable Medical Equipment Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: Clarification of Definition of Durable Medical Equipment and Use of Medicare Local Coverage Determinations

Summary

This bulletin provides clarification regarding MassHealth's definition of durable medical equipment (DME) and the use of Medicare local coverage determinations (LCDs) in determining medical necessity for durable medical equipment.

Definition of Durable Medical Equipment

MassHealth regulations at 130 CMR 409.402 define DME as equipment that

- (1) is fabricated primarily and customarily to fulfill a medical purpose;
- (2) is generally not useful in the absence of illness or injury;
- (3) can withstand repeated use over an extended period; and
- (4) is appropriate for use in the member's home.

It is the agency's policy to interpret the above provision consistently with 42 CFR 440.70(b)(3). Specifically, MassHealth interprets the clause at 130 CMR 409.402(4) to include items that meet the definition of durable medical equipment that are appropriate for use in any setting where normal life activities take place, including, but not limited to, the member's home.

Use of Medicare Local Coverage Determinations in Medical Necessity Determinations

MassHealth regulations at 130 CMR 409.417 provide that the medical necessity of durable medical equipment is determined as summarized below.

All durable medical equipment covered by MassHealth must meet the medical necessity requirements set forth in 130 CMR 409.000 and 130 CMR 450.204, and in medical necessity guidelines for specific durable medical equipment published on the MassHealth website. If the MassHealth agency has not published product-specific medical necessity guidelines, DME providers must adhere to the current local coverage determination policy developed by the Centers for Medicare & Medicaid Services (CMS) when demonstrating medical necessity.

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**Medicare Local Coverage Determinations in Medical Necessity Determinations
(cont.)**

MassHealth clarifies the use of Medicare LCDs in medical necessity determinations as described below.

For items covered by MassHealth for which there is no MassHealth item-specific medical necessity guideline, and for which there is a Medicare local coverage determination indicating Medicare coverage of the item under at least some circumstances, the provider must demonstrate medical necessity of the item consistent with the Medicare LCD. However, if the provider believes the durable medical equipment is medically necessary even though it does not meet the criteria established by the local coverage determination, the provider must demonstrate medical necessity under 130 CMR 450.204.

For an item covered by MassHealth for which there is no MassHealth item-specific medical necessity guideline, and for which there is a Medicare LCD indicating that the item is not covered by Medicare under any circumstance, the provider must demonstrate medical necessity under 130 CMR 450.204.

MassHealth Website

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.