

Durable Medical Equipment: A Streamlined Approach



Durable medical equipment helps patients live healthier, more independent lives. Here's how to minimize the hassles of getting it to them.

Patients depend on durable medical equipment (DME) to function independently in their homes and communities. But fulfilling DME requests for patients can be time-consuming and burdensome for physicians. Getting the equipment often requires collaboration between multiple parties: the primary care physician and staff, the patient and family, the insurance company, and the equipment supplier. Common hurdles in the DME process include the complexity of the equipment, lack of standardized workflows, and variable insurance coverage requirements. In many practices, there may also be a lack of clarity surrounding

ABOUT THE AUTHORS

Dr. Wang is faculty for the University of Pennsylvania Perelman School of Medicine in Philadelphia and cares for patients in clinic and in the inpatient hospital service and labor floor. Monica Loschiavo is a registered nurse at Penn Family Care, where she specializes in fulfilling patients' durable medical equipment needs. Dr. Teel is faculty for the University of Pennsylvania Perelman School of Medicine and vice chair of clinical operations for the Department of Family Medicine and Community Health. Author disclosures: no relevant financial affiliations disclosed.

the workflow. This can cause delays in patients receiving their DME and may even prevent some patients from ever receiving it. That increases risks to patient health, decreases patient satisfaction, and spurs staff frustrations.

But there are ways for practices to streamline the process, once they better understand it. This article includes a brief overview of DME regulations, tips for navigating them more efficiently, and several templates we have found useful in our practice.

RULES AND REGULATIONS

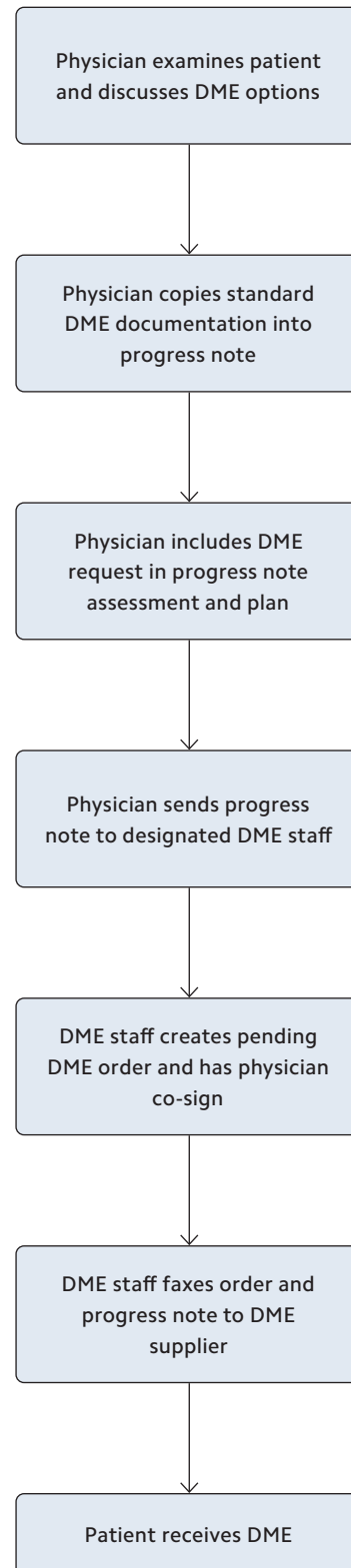
As with most aspects of medicine, the Centers for Medicare & Medicaid Services (CMS) has created rules and regulations for DME. First, the agency has guidelines for what qualifies as DME under Medicare. The equipment must be durable (can withstand repeated use and generally lasts at least three years), used for a medical reason, not typically useful to someone who is not sick or injured, and used in the home.¹

DME that meets this definition and is medically necessary is covered under Medicare Part B. Medicare sets an approved price for each type of equipment. Patients have to pay 20% of that amount, and their Part B deductible applies as well. Coverage varies somewhat based on the type of DME (for example, patients may be eligible to have some items replaced sooner than others). Although private insurers tend to use Medicare as a guide, they may have their own rules about what is covered and what isn't. All of this has implications for patients' upfront and ongoing costs.

KEY POINTS

- Patients often depend on durable medical equipment (DME) to function in their homes and communities.
- Getting DME ordered, authorized, and delivered can be challenging for physicians and staff, leading to delays in patients receiving their DME.
- DME delays can cause safety risks, decreased patient satisfaction, and increased staff frustrations.
- Designating a staff DME expert and developing templates for DME documentation and orders streamlines the process so patients can obtain their equipment quickly.

IDEAL DME WORKFLOW



STREAMLINING THE PROCESS

Given the complex nature of DME, it is not unusual for care teams to struggle with the approval process. Certain strategies, however, can make it easier.

Apply Lean principles. A group at Cincinnati Children’s Hospital Medical Center used Lean methodologies (a set of principles for achieving efficiency commonly used in the corporate world) to standardize and streamline its DME ordering process.² By using value stream mapping, a time study, and flow diagrams, the team identified the parts of the process that needed improvement, including initial processing, obtaining signatures, returning forms, and uploading completed documents. After the implementation of standard practices, the group’s median lead time for DME requests (the time between receiving and completing them) decreased from 50 days to three days. The median processing time (the time staff worked on each request) decreased from 14 minutes to nine minutes, leading to a cost savings of \$11,000 a year.

Develop a staff expert. Some tasks within a medical practice need to be spread across a large number of staff or geographic regions. But ordering DME is one task that may be accomplished more efficiently when it’s funneled through one or a few staff members who already have

Someone who knows all the rules can expedite the DME process and keep everyone from going down a path that leads nowhere.

experience and expertise, or can quickly gain it. Given the complexity of regulations and variation between orders, having one or more people well-versed in DME will quickly pay dividends. Someone who knows all the rules can expedite the DME process and keep everyone from going

DME DOCUMENTATION TEMPLATES

Wheelchair	Hospital bed	Gel overlay	Oxygen
<ul style="list-style-type: none"> • Patient has mobility limitation that significantly impairs ability to participate in ADLs (activities of daily living). • Patient is unable to use cane or walker. • Patient has sufficient upper extremities function and mental capabilities needed to safely self-propel manual wheelchair. 	<ul style="list-style-type: none"> • Due to [diagnosis] patient requires a semi-electric hospital bed to position the body in ways not feasible with an ordinary bed. <p>AND MORE THAN ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Patient requires positioning of body to relieve pain. • Patient requires traction equipment, which can only be attached to a hospital bed. • Patient requires frequent changes in body position. • Patient has an immediate need for a change in body position. • Patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. 	<ul style="list-style-type: none"> • Gel overlay is required due to limited mobility. <p>AND MORE THAN ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Patient has pressure ulcer on trunk or pelvis. • Patient has impaired nutrition status. • Patient has incontinence. • Patient has altered sensory perception. • Patient has compromised circulatory status. 	<ul style="list-style-type: none"> • Patient is at 88% or below oxygen saturation (O2 sat) on room air at rest. <p>OR:</p> <ul style="list-style-type: none"> • Patient has impaired O2 sat with ambulation (six-minute walk test). (Add “on [amount] liters per minute” to document need for increased flow if patient is already on oxygen.)



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by University of Pennsylvania Perelman School of Medicine. Copyright © 2021 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2021/0300/p15.html>.

down a path that leads nowhere. In our large academic family medicine practice, we designated management of our DME processes to a full-time registered nurse, with some support from medical assistants working under her guidance.

Reverse the process. Once you have your DME expert in place, consider reversing the typical ordering process. Instead of the physician (or qualified health care professional) readying the order and passing it off to staff for fulfillment, have staff

POWER MOBILITY DEVICES

Guidance	Order template	History/physical exam template	Assessment/plan template
<p>For Medicare to reimburse for a power wheelchair (PWC) or power operated vehicle (POV) such as a scooter, several requirements must be met:</p> <ol style="list-style-type: none"> 1. In-person visit with physician to address mobility needs. 2. History and physical exam by physician or other medical professional (recommend consulting physical therapist) focused on assessment of mobility limitations and needs. Exam results must be recorded in medical record. 3. Order (prescription) may be written <i>after</i> in-person visit and mobility exam. (Required elements at right.) 4. Order and documentation of visit and exam must be sent to supplier within 45 days of exam. 	<p>– Order specifics – EQUIPMENT DESCRIPTION: Power mobility device. Dispense: 1 with 0 refills. Anticipated length of need: 99 DIAGNOSIS (and ICD-10 code): Height: Weight: – Demographics – Patient name: DOB: Home address: Insurance info: Member ID:</p>	<p>HISTORY:</p> <ul style="list-style-type: none"> • Patient requires a power mobility device due to diagnosis of: [diagnosis] • Patient requires power mobility device now due to change in: [condition]. • Patient has history of falls/poor balance. • Patient has decreased upper extremity strength and/or grip strength. • Patient is currently unable to get to the bathroom to toilet/bathe at home. • Patient is currently unable to get to the kitchen to prepare meals at home. • Patient is currently unable to get to the bedroom to groom/dress at home. • Patient is willing to use power mobility device in the home. <p>EXAM:</p> <p>Diagnosis of medical condition requiring power mobility device: [condition]</p> <ul style="list-style-type: none"> • Patient has received the following treatment: [treatment] • Patient is currently using the following medications: [medications]. • General: no apparent distress, well-kempt. • Neuro: gait, balance to be evaluated by physical therapist. • Musculoskeletal: sitting in wheelchair. <p>[Insert rest of exam.]</p>	<p>Ambulatory dysfunction due to: [diagnosis].</p> <ul style="list-style-type: none"> • See history/exam for diagnosis that requires patient to have power mobility device. • Patient is being evaluated for power mobility device. • Patient cannot use a cane/walker due to history of falls and [lower extremities % function]. • Patient cannot use a cane/walker due to poor balance. • Patient cannot use a manual wheelchair due to [upper extremities % function and/or grip strength]. • Patient cannot use a manual wheelchair due to contracture of hands and pain level of [x/10]. • Power mobility device is necessary in the home to get to the bathroom to bathe/toilet. • Power mobility device is necessary in the home to get to the kitchen to prepare meals. • Power mobility device is necessary in the home to get to the bedroom to groom/dress. • Patient cannot use a POV due to lack of postural stability. • Patient cannot operate POV tiller. • Patient requires special seating due to pressure sore. • Power mobility device will improve patient's ability to get from bed to bath. • Patient can safely operate power mobility device. • Patient is willing and motivated to use device in home. • Referring patient to PT/OT clinic for face-to-face exam. • After evaluation by PT/OT will order power mobility device.

DME ORDERING TEMPLATES

Here are some templates for ordering common durable medical equipment. Bracketed information, as well as patient’s height, weight, and demographic information must be filled in each time.

Cane	Rolling walker	Nebulizer	Incontinence items
<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Cane</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Rolling walker</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Nebulizer machine with neb kits, tubing, and filters</p> <p>Dispense: 1 machine and appropriate supplies</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>FOR USE WITH: [medication type and dosage]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Incontinence supplies</p> <p>Dispense: [amount] with [number] refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Mixed incontinence (N39.46)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>
Commode	Wheelchair	Hospital bed	Miscellaneous
<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Commode</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Gait and mobility abnormalities (R26.9)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: 1 wheelchair and supporting equipment (light/standard weight wheelchair with anti-tippers, seatbelt, cushion, and elevating leg rests)</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Hospital bed</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: [description]</p> <p>Dispense: [amount] with [number] refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

Developed by University of Pennsylvania Perelman School of Medicine. Copyright © 2021 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2021/0300/p15.html>.

ready the order based on the physician's documentation and then route it to the physician to co-sign before sending. (See "Ideal DME workflow," page 16.)

Standardize documentation. A key aspect of DME billing and approval is physician documentation of the medical need for the equipment. For some items, documenting that need is straightforward

Getting patients the DME they need can be an arduous process, but these items are often life-changing.

(such as a patient who needs a prosthetic limb due to a recent amputation). In other cases, it may not be. We've found that the DME items with the most complicated requirements are wheelchairs, hospital beds, gel overlays, and oxygen. So, for these items, we've developed templates of the information required in progress notes for face-to-face encounters (see page 17). Power mobility devices like scooters can also be difficult to get approved because of the many regulations that govern them. Therefore, we've created a separate table with a brief summary of the Medicare

TEN COMMONLY REQUIRED ELEMENTS FOR DME ORDERS

1. Equipment description
2. Dispense quantity and number of refills
3. Anticipated length of need (estimated in months, enter "99" if indefinite)
4. Diagnosis and ICD-10 code
5. Most recent height
6. Most recent weight (if > 300lbs, include "bariatric size" in equipment description)
7. Patient name and date of birth
8. Home address
9. Insurance company
10. Member ID

requirements that guide patient eligibility, plus templates to aid in ordering mobility devices and documenting the need for them (see "Power mobility devices," page 18).

Standardize ordering. Given the amount of information required in many DME orders, it is helpful to have templates that prompt you to enter required elements for a given piece of equipment (we have included some of our own in this article). Some orders may need to include a patient's height and weight, for example, while others need to have the date of last office visit. Many EHRs can be set to alert you when a required piece of information is missing.

Based on CMS guidelines, discussions with DME companies, and expertise from DME clinical staff, we have compiled a list of 10 commonly required elements for Medicare coverage of DME (see bottom left).

The five DME items most commonly ordered in our practice are rolling walkers, canes, incontinence supplies, nebulizers, and commodes. We've created templates for these orders that include many of the required elements. (See "DME ordering templates," page 19.) We've also included templates for ordering wheelchairs and hospital beds — items that aren't as common for our practice but may be useful for practices with more elderly or frail patients — and a generic template for "other DME."

IN SUMMARY

Getting patients the DME they need can be an arduous process, but these items are often life-changing. Developing standard templates for common DME orders and designating a staff expert to shepherd those orders to quick fulfillment can increase your practice's efficiency in this area, cutting costs and improving quality of care. **FPM**

1. Medicare coverage of durable medical equipment and other devices. Centers for Medicare & Medicaid Services. Accessed Feb. 12, 2021. <https://www.medicare.gov/Pubs/pdf/11045-Medicare-Coverage-of-DME.pdf>
2. Fields E, Neogi S, Schoettker PJ, Lail J. Using Lean methodologies to streamline processing of requests for durable medical equipment and supplies for children with complex conditions. *Healthc.* 2018;6(4):245-252.

Send comments to fpm@afp.org, or add your comments to the article online.