OVERVIEW:
CCA will, from time to time, choose a specific preferred brand of durable medical equipment (hereafter “DME” or “equipment”) for all of its members who require such equipment. In general, it is our expectation that the brand or vendor we select can provide the maximal benefit to our members at a reasonable cost, and that the type of equipment available will meet the needs of the vast majority of our members.

DECISION GUIDELINES:
Clinical Coverage Criteria:
Occasionally, a member will not achieve an acceptable result with the preferred item or equipment. CCA can authorize coverage of non-preferred medical equipment after review by a medical director in the following circumstances:

1) The member has tried to use the preferred item but has been unable to obtain an appropriate therapeutic result (EXAMPLE: The member receives incorrect glucose readings from the preferred blood glucose meter).
   Documentation is required, usually in the form of a letter of medical necessity from your PCP or the physician, NP or PA (hereafter "provider") who is treating the problem for which the item, supply, or equipment is needed. The documentation must clearly (1) state that the member has tried the preferred item, equipment or supply, (2) describe why the preferred item did not meet the member’s needs, AND (3) indicate that the requested item has been tried and shown to meet the member’s needs.

2) There is a clear reason to believe the member will not be able to use the preferred item, equipment or supply, because the member requires a feature not available on the preferred device for medical reasons (EXAMPLE: The member is blind and requires a device that can provide verbal prompts or information, such as a glucometer with voice output). Documentation is required, in the form of a letter of medical necessity from your PCP or the provider who is treating the problem for which the item, equipment, or supply is requested. The letter should clearly indicate (1) why the preferred item will not meet the member’s needs AND (2) why the requested item will meet the member’s needs.
KEY CARE PLANNING CONSIDERATIONS:
List of current DME items with preferred vendors/brands:

Abbott Diabetes Care
For supplies to monitor your blood glucose, including the following:
  • A blood glucose monitor (Freestyle, Precision Xtra glucometers)
  • Blood glucose test strips
  • Lancet devices and lancets
  • Glucose-control solutions for checking the accuracy of test strips and monitors

AUTHORIZATION:
Prior authorization is not required for these items when a preferred brand is requested. Prior authorization is required for any DME items and/or supplies received from other manufacturers.

REGULATORY NOTES:
N/A

RELATED REFERENCES:
N/A

ATTACHMENTS:
EXHIBIT A:  
EXHIBIT B:  

REVISION LOG:

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Medical Necessity Guideline

APPROVALS:

Wayne S. Saltsman, MD, PhD
CCA Senior Clinical Lead [Print]
Signature
Date 2/27/2020

Sr Medical Director, SCO
Title [Print]

Lori Tishler, MD
CCA CMO or Designee [Print]
Signature

Senior Vice President, Medical Services
Title [Print]
Date 5/1/2019

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