

DME Item	Criteria Used	Clinical Info Required	Frequency	Notes
Ankle foot orthotics (AFOs)	Medi-Cal (DHCS 08-003) guidelines	Rx and clinical documentation	Refer to Medi-Cal O&P frequency limits	May also refer to: MediCal/DHCS Orthotics & Prosthetic Guidelines
Back braces	Medi-Cal (DHCS 08-003) guidelines	Rx and clinical documentation	Refer to Medi-Cal O&P frequency limits	
Bathroom equipment	Medi-Cal Bathroom Equipment guidelines	Rx and clinical documentation	Refer to Medi-Cal DME frequency limits	Heavy duty equipment requires height & weight. Specialized equipment may require a home DME evaluation.
Beds	MediCal Adult Hospital Beds and Accessories guidelines	Rx and clinical documentation	Refer to Medi-Cal DME frequency limits	Alliance may send for DME Consulting Group evaluation
BIPAP/CPAP	Alliance policy 404-1612 BiPAP and CPAP Authorization Process	Rx and clinical documentation. Sleep study required for rental/ compliance report for purchase.	4 month trial rental prior required to purchase.	Rent to purchase if indicated. May also refer to MCG guidelines.
Blood pressure monitor	MediCal Blood Pressure Equipment guidelines	Rx with diagnosis	1 in 5 years. Refer to Medi-Cal DME frequency limits	
Bone growth/osteogenesis stimulator	MediCal Non-invasive Osteogenesis guidelines	Rx and clinical documentation	Once in a lifetime. Refer to Medi-Cal DME frequency limits. May also refer to MCG guidelines.	Authorized as purchase only. These items may not be rented.
Breast pump (hospital grade) beyond 60 days	Alliance policy 405-2214 Breastfeeding Support Benefits, Standards and Promotion Program	Rx and clinical documentation		Authorization is not required for personal use breast pump. Members are eligible for 1 personal use breast pump every 3 years. If an additional pump is required during the 3 year period, and authorization request must be submitted with documentation stating the reason the original pump cannot be used. Hospital grade pumps are rented on a daily basis. Pre-authorization is required for rentals continued beyond 60 days.
Cardiac Defibrillator, wearable (K0606)	MediCal Wearable Cardiac Defibrillator guidelines	Rx and clinical documentation	Rental only	. Initial requests are typically approved for a 1-3 month rental. The second request may be approved for an additional 2 months (for a total of 3 months) if warranted. The average use of a WCD is 3 months.
Commode chair	MCG Care Guidelines A-0874 Commode Chair	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	

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Compression garments	Alliance policy 404-1618 , and MCG guidelines	Rx and clinical documentation	variable by type	
Cranial orthotic device	Medi-Cal Cranial Remolding Orthosis . May also refer to MCG guidelines A-0407 Cranial Orthotic Devices	Rx and clinical documentation	2 in 12 months	
Foot Orthotics and shoes	Alliance policy 404-1617 Foot Orthotic and Prosthetics.	Rx and clinical documentation	Refer to Medi-Cal O&P frequency limits	
Gait trainer	MediCal Gait Trainer guidelines	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	Alliance may send for DME Consulting Group evaluation
Hearing Aids	MediCal Hearing Aid guidelines , and Title 22, section 51319	Rx, Audiology report/evaluation		The hearing aid fitting and dispensing fee includes the cost of one standard battery package. Replacement batteries are not covered. CCS Replacement Batteries: CCS uses HCPCS code Z5822 with modifier NU to authorize requests for replacement hearing aid batteries for children who are CCS or Medi-Cal recipients.
Incontinence supplies	Alliance policy 404-1603 Medical Supplies & Medi-Cal guidelines	Rx and clinical documentation	1 year	
Infusion equipment	Medi-Cal guidelines . May also refer to MCG	Rx and clinical documentation	variable by type	
Insulin infusion pump	Medi-Cal guidelines	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	
Knee braces	Medi-Cal (DHCS 08-003)	Rx and clinical documentation	Refer to Medi-Cal O&P frequency limits	
Medical supplies	Alliance policy 404-1603 Medical Supplies & Medi-Cal	Rx and clinical documentation	Refer to Medi-Cal frequency limits	
Nebulizers	Alliance policy 404-1615	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	
Oxygen	MediCal Oxygen and Respiratory Equipment guidelines and MCG	Rx and clinical documentation	up to 1 year rental	Vendor must provide primary dx & any secondary diagnosis related to O2 need
Pneumatic compression device	Alliance policy 404-1618	Clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	
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Positioning seat	MediCal Positioning Seat guidelines	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	Alliance may send for DME Consulting Group evaluation

Pressure reducing support surface Beds, mattresses, gel overlay accessories	Medi-Cal Mattresses and Bed Products guidelines	Rx and Clinical documentation	Variable	DME evaluation if indicated
Prosthetics (breast)	Medi-Cal (DHCS 08-003) guidelines	Rx and clinical documentation	Refer to Medi-Cal O&P frequency limits	
Prosthetics (lower limb)	Medi-Cal (DHCS 08-003) guidelines	Rx, clinical documentation & functional level	Refer to Medi-Cal O&P frequency limits	
Prosthetic eyes	Medi-Cal Prosthetic Eyes guidelines	Clinical documentation	Refer to Medi-Cal O&P frequency limits	Rx must be from physician or optometrist
Ramp (portable)	Medi-Cal Portable Ramp guidelines	Rx and DME evaluation (medical justification and supporting documentation).		
Seat Lift Chairs	Alliance policy 404-1613	Rx and DME evaluation		May refer to MCG criteria.
Speech generating device	Medi-Cal SGD guidelines. May also refer to MCG A-0516	Rx and SLP evaluation	1 in 5 years. Refer to Medi-Cal DME frequency limits	
Spinal cord neuro stimulator	Medi-Cal guidelines. May also refer to MCG	Clinical documentation		
Standing frames	Medi-Cal Patient Lifts and Standing Frames guidelines	DME evaluation	1 in 5 years. Refer to Medi-Cal DME frequency limits	
Suction machine	Medi-Cal suction equipment guidelines	Rx and clinical documentation	1 in 5 years. Refer to Medi-Cal DME frequency limits	Rental up to 6 months or purchase
TENS unit	Alliance policy 404-1611	Rx and clinical documentation	1 month trial rental for initial requests	RTP if indicated
Ventilator	Medi-Cal Ventilator guidelines	Rx and clinical documentation	up to 1 year rental	
Vest, The (High frequency chest wall oscillation)	Alliance Vest policy 404-1614 . May also refer to Medi-Cal criteria	Rx and clinical documentation. Compliance report required for reauthorization.	30 day trial rental for initial requests	Refer to CCS NL 02-0197 as applicable.
Wheelchair power	Alliance policy 404-1605, Medi-Cal, Title 22	Rx, physiatry evaluation and/or PT evaluation.	Refer to Medi-Cal DME frequency limits	May required DME home evaluation.
Wheelchair manual	Alliance policy 404-1605, Medi-Cal guidelines, Title 22	Rx and clinical documentation	rental or purchase	PT seating evaluation before RTP considered
Wound Vacuum	Alliance policy 404-1609 and Medi-Cal guidelines	Rx and clinical documentation	15 day trial rental	Extended rental requires treatment plan & changes in wound dimension