**Issue**: With the implementation of the new Manage Care Support Contractors (MCSCs), Health Net Federal Services (HNFS) and Humana Government Business (HGB), on January 1, 2018, the Defense Health Agency (DHA) has become aware of inappropriate approvals of durable equipment (DE) under the previous MCSCs. This information paper details the guidelines and procedures for appropriate DE requests and criteria for approval, including a brief review of the literature for DE/DME for TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD).

**Main Points**:

* Guidelines for DE under the TRICARE Basic Program are defined in TRICARE Policy Manual (TPM) [Chapter 8, Section 2.1](http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=35&Type=AsOf&Filename=C8S2_1.PDF) *Durable Equipment: Basic Program*. Additional coverage of DE for eligible beneficiaries is defined in TPM [Chapter 9, Section 14.2](http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=TP15&Change=35&Type=AsOf&Filename=C9S14_2.PDF) *Durable Equipment and Assistive Technology Devices on or After January 30, 2015: Extended Care Health Option (ECHO) Program*.
* DE is defined as: a medically necessary item that
	+ Can withstand repeated use;
	+ Is primarily and customarily to serve a medical purpose; and
	+ Is generally not useful to an individual in the absence of an illness or injury.
* Durable Medical Equipment is medically appropriate DE the meets the following additional coverage criteria:
	+ Improve, restore, or maintain the function of a malformed, diseased, or injured body part, or can otherwise minimize or prevent the deterioration of the beneficiary’s function or condition; or
	+ Maximize the beneficiary’s function consistent with the beneficiary’s physiological or medical needs.
* A TRICARE authorized individual professional provider who may order or prescribe DE is a physician, a dentist, or any TRICARE authorized allied health care professional as described in [32 CFR 199.6(c)(3)(ii) and (c)(3)(iii),](http://manuals.tricare.osd.mil/pages/DisplayManualFile.aspx?Manual=FR16&Change=2&Type=AsOf&Filename=C6.PDF) when acting within the scope of their license or certification.
* HNFS and HGB have received guidance from DHA to continue to deny DE/DME that is unproven or non-evidence based, not prescribed for the qualifying condition and subsequent treatment plan, or not a covered benefit.
* Example of three common categories of DE/DME that will continue to be denied are:
	+ Requests for material used for sensory integration training (SIT). TRICARE policy excludes SIT as well as all services and supplies associated with these non-covered services. Additionally, under the ECHO program, DE/DME must be proven to reduce the effects of the disabling condition. Available literature has concluded that there is no evidence that supports SIT as effective to reduce the effects of the disabling condition. Therefore, conditions for coverage under the ECHO benefit are not met and requests for materials used for SIT will be denied.
	+ Requests for items not related to the diagnosis of ASD. TRICARE policy excludes exercise, relaxation, comfort, sporting items, or sporting devices. Therefore, conditions for coverage under both the TRICARE basic and ECHO programs are not met and these requests will be denied.
	+ Request for items not included in the treatment plan for a beneficiary. TRICARE policy excludes coverage of DE/DME that is not identified and developed as part of the treatment plan for a beneficiary. Therefore, conditions for coverage under the TRICARE basic program are not met. Additionally, ECHO excludes DE that is recreational in nature, for exercise, has luxury/deluxe features, or is not essential to the arrest/reduction of the ECHO qualifying condition, in this case, ASD. When information is absent regarding its use in a treatment plan, the assumption is that the DE/DME is for exercise or recreational in nature. Thus, conditions for coverage are not met under the ECHO and DE/DME will be denied.
	+ A beneficiary may have conditions other than ASD and have DME/DE prescribed to treat the other condition. In this case, the determination on DME/DE prescribed for the other condition would be based on that other condition. For example, a wheelchair would not be appropriate for ASD, but may be approved if medically necessary for a child with both paraplegia and ASD, based on the paraplegia, not the ASD.

**Recommendation:**

* Eligible TRICARE authorized providers should continue to submit referrals for medically necessary DE/DME for the diagnosis of ASD. This information paper serves as a reference for medically appropriate DE/DME and rationale for denials of non-evidence based DE/DME. Beneficiaries may follow appropriate procedures for appeals processes.