



North Dakota Workforce  
Safety & Insurance

# Durable Medical Equipment Guide

## **Customer Service**

### **Phone:**

701-328-3800  
800-777-5033

### **Fax:**

701-328-3820  
888-786-8695

## **Address**

1600 E Century Ave Ste 1  
Bismarck ND 58503

## **Mailing Address**

PO Box 5585  
Bismarck, ND 58506

## **Website**

[www.workforcesafety.com](http://www.workforcesafety.com)

## **General Information**

Durable medical equipment (DME) including supplies, equipment, prosthetics, orthotics, and braces, may be reimbursable if related to the work injury. A prescription or order for DME by the treating provider is required.

Workforce Safety & Insurance (WSI) reimburses per the [WSI Fee Schedule](#) and does not directly pay the injured worker. WSI reimburses electro medical devices and related supplies according to a preferred provider agreement with CPR Medical.

## **Billing Information**

When submitting a bill for DME a provider must:

- Bill with the appropriate HCPC code
- Submit a description for miscellaneous DME code
- Bill each charge separately and not bundle the charges

The use of a miscellaneous code is appropriate as indicated below:

- If no specific listed code is available for equipment that is new or unique
- If equipment is customized or substantially modified to meet the specific needs of the injured worker
- For labor charges related to the service(s)

## **Prior Authorization**

WSI reviews prior authorization requests for DME only on accepted claims. To verify the status of a claim visit [mywsi.workforcesafety.com](http://mywsi.workforcesafety.com), under Medical Providers click on Claim Lookup. All DME over \$500, or the DME listed on pages 2-3 under \$500, require prior authorization.

## **Submitting a Prior Authorization Request for DME**

- Review this guide to determine if prior authorization is required
- Call WSI claims adjuster at 701-328-3800 or 800-777-5033

## **Submitting a Prior Authorization for Electro Medical Device**

- Complete the [Electro Medical Device Certification Request \(M5\) form](#)
- Fax M5 form and prescription or order to 701-328-3820 or 888-786-8695

## **Rental Equipment**

- DME rental listed on page 2 requires authorization
  - If the rental extends beyond 60 days, a new authorization is required, unless the duration was outlined in the initial authorization
- DME rental not listed on page 2 does not require authorization until the duration extends beyond 60 days

## Durable Medical Equipment - Prior Authorization Required

The following is a list of DME requiring prior authorization including:  
rental items, purchased items, or items priced under \$500.

Durable Medical Equipment	Notes
<b>Adult Undergarments</b>	
<b>Ambulatory Aids:</b> <ul style="list-style-type: none"> <li>• Roller aid &amp; non-motorized scooters</li> <li>• Walkers</li> <li>• Wheelchairs &amp; wheelchair accessories</li> </ul>	
<b>Catheters</b>	If approved for the life of a claim, authorization is not required for each month's supply
<b>Continuous Passive Motion Device (CPM)</b>	Not covered for shoulder or uncomplicated total knee surgeries
<b>CPAP Unit</b>	
<b>Electro Medical Device</b> <ul style="list-style-type: none"> <li>• Combination unit (All-Stim)</li> <li>• Neuromuscle stimulator</li> <li>• TENS unit</li> </ul>	Complete <a href="#">M5 form</a> Units must be supplied by CPR Medical
<ul style="list-style-type: none"> <li>• Neurotech KneeHab unit</li> </ul>	Complete <a href="#">M5 form</a>
<b>External Bone Growth Stimulator</b>	Complete <a href="#">UR-C form</a>
<b>Eyewear</b> <ul style="list-style-type: none"> <li>• Frames</li> <li>• Lenses/contact lenses</li> <li>• Anti-reflective coating</li> <li>• Polarization</li> <li>• Progressive lenses</li> <li>• Scratch resistant or tinting coating</li> </ul>	Providers need to request add-ons along with the request for the eyewear
<b>Hearing Aids</b>	
<b>Home Traction Unit</b>	Injured worker must have had recent physical therapy
<b>Nebulizer</b>	If approved for the life of a claim, authorization is not required for each month's supply
<b>Orthotics Footwear</b> <ul style="list-style-type: none"> <li>• Inserts (customized or molded)</li> <li>• Shoes/boots</li> <li>• Miscellaneous customized shoe additions</li> </ul>	
<b>Paraffin Bath Unit</b>	
<b>Prosthetics</b>	
<b>Wound VAC Unit</b>	Approval for rental of the unit only

**Prior Authorization Not Required - Unless over \$500**

The following outlines items WSI will cover if related to the work injury; however, this is not an all-inclusive list.

Cane/crutches	Off-the-shelf shoe inserts/wedges
Cervical collar	Over-the-door pulley system (post-shoulder surgery)
Cervical pillow	Physioball
Compression garments/TED hose	Postural restoration 4-6in ball (PRI ball)
Hand gripper	Prosthetic sleeves
Knee sleeves	Rib belt
Lumbar/SI belt	Splint/brace
Miracle Ball	Taping supplies
Occipivot	Theraband, Theracane or Theraputty

**Packaged Services – Not separately reimbursed**

Intermittent compression socks (post-surgical)	Surgical trays
Pneumatic compression devices	

**Durable Medical Equipment – Non-covered**

Compression devices for intermittent compression with various wraps for arms or legs e.g . VascuTherm or any hot or cold compression device (purchase or rental)	Hot or cold packs
Continuous-flow cryotherapy unit e.g Game-ready unit or any water/ice circulation unit	H-Wave electrical stimulation units
Electric heating pad	Wave Accelerated Recovery Performance (ARP) e.g. patented Bio-Electric Waveform Therapy
Home gym exercise equipment e.g. weights, weight machine	