



North Dakota Workforce
Safety & Insurance

Durable Medical Equipment Guide

Customer Service

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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 employee. 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
- Bill each charge separately and not bundle the charges
- Submit a description for miscellaneous DME code, if billing the miscellaneous code

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 employee
- 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, under Medical Providers click on Claim Lookup.

All DME over \$500 requires prior authorization. Listed on pages 2-3 of this guide are additional DME items requiring prior authorization even though they may be under the \$ 500 threshold.

Rental Equipment

All DME rental items extending beyond 60 days 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

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
Adult Undergarments	
Ambulatory Aids: <ul style="list-style-type: none"> • Roller aid & non-motorized scooters • Walkers • Wheelchairs & wheelchair accessories 	WSI requires prior authorization for the purchase of one of these DME items. If renting, authorization is only required if the rental timeframe extends beyond 60 days
Catheters	If approved for the life of a claim, authorization is not required for each month's supply
Continuous Passive Motion Device (CPM)	Not covered for shoulder or uncomplicated total knee surgeries
CPAP Unit	
Electro Medical Device <ul style="list-style-type: none"> • Combination unit (All-Stim) • Neuromuscle stimulator • TENS unit 	Complete M5 form Units must be supplied by CPR Medical
<ul style="list-style-type: none"> • Neurotech KneeHab unit 	Complete M5 form
External Bone Growth Stimulator	Complete UR-C form
Eyewear <ul style="list-style-type: none"> • Frames • Lenses/contact lenses • Anti-reflective coating • Polarization • Progressive lenses • Scratch resistant or tinting coating 	Providers need to request add-ons along with the request for the eyewear
Hearing Aids	
Home Traction Unit (Cervical or Lumbar)	Injured employee must have had recent physical therapy
Nebulizer	If approved for the life of a claim, authorization is not required for each month's supply
Orthopedic Footwear	
<ul style="list-style-type: none"> • Shoes/boots • Miscellaneous customized shoe additions 	Require physician order Authorization required for footwear; orthotic shoes; or orthotics (customized or molded)
Orthotics <ul style="list-style-type: none"> • Inserts (customized or molded) 	Off the shelf* inserts fitted to the IW foot are not considered customized or molded and do not require prior authorization
Paraffin Bath Unit	
Prosthetics	
Wound VAC Unit	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.

Cam Boot	Over-the-door pulley system (post-shoulder surgery)
Cane/crutches	Physioball
Cervical collar	Postural restoration 4-6in ball (PRI ball)
Cervical pillow	Prosthetic sleeves
Compression garments/TED hose	Rib belt
Darco Shoe	Shower bench/Chair
Hand gripper	Splint/brace
Knee sleeves	Toilet riser/Commode
Lumbar/SI belt	Taping supplies
Miracle Ball	Theraband
Occipivot	Theracane
Off-the-shelf shoe inserts/wedges	Theraputty
	Yoga Blocks

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	Instrument Assisted Soft Tissue Mobilization Tools
Home gym exercise equipment e.g. weights, weight machine ; exercise ball	Wave Accelerated Recovery Performance (ARP) e.g. patented Bio-Electric Waveform Therapy
	Yoga Mats