



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. Workforce Safety & Insurance (WSI) requires a prescription or an order for DME by the treating provider.

Reimbursement is per the [WSI Fee Schedule](#), and WSI does not directly pay the injured employee.

## **Billing Information**

When submitting a bill for DME a provider should:

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

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**

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

To submit a prior authorization review request,

- Access the [Lookup Claim](#) application to obtain the claim status. WSI will only review a request for DME on an accepted claim.
- Review this guide to determine if prior authorization is required.
- Call the WSI claims adjuster at 701-328-3800 or 800-777-5033

**Final liability and payment decisions are the responsibility of the WSI Claims Adjustor managing the claim.**

## **Rental Equipment**

All DME rental items extending beyond 60 days require prior authorization. Total rental payments for DME covered by WSI **may not exceed** the purchase price.

## **Electro Medical Device Prior Authorization Request Device**

Submit the prior authorization request in [myWSI](#) or complete the [Electro Medical Device Request \(M5\) form](#) and include the prescription or order.

## 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>	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
<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>• Neuromuscular stimulator</li> <li>• TENS unit</li> </ul>	<ul style="list-style-type: none"> <li>• Submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Electro Medical Device Request (M5) form</a> and include the prescription or order.</li> <li>• Units must be supplied by CPR Medical</li> </ul>
<ul style="list-style-type: none"> <li>• Neurotech KneeHab unit</li> </ul>	Submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Electro Medical Device Request (M5) form</a> and include the prescription or order.
<b>External Bone Growth Stimulator</b>	Submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Prior Authorization Review Request (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 must request any add-ons along with the request for the eyewear
<b>Hearing Aids</b>	
<b>Home Traction Unit (Cervical or Lumbar)</b>	Injured employee 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>Orthopedic Footwear</b>	
<ul style="list-style-type: none"> <li>• Shoes/boots</li> <li>• Miscellaneous customized shoe additions</li> </ul>	Require order from treating provider Authorization must be approved prior to dispensing Authorization required for footwear; orthotic shoes; or orthotics (customized or molded)

<b>Durable Medical Equipment</b>	<b>Notes</b>
<b>Orthotics</b> <ul style="list-style-type: none"> <li>• Inserts (customized or molded)</li> </ul>	Off the shelf inserts fitted to the injured employee's foot are not considered customized or molded and do not require prior authorization
<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 are items WSI will cover if related to the work injury; however, this is not an all-inclusive list.

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

**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