

## Durable Medical Equipment (DME)

Policy Number: CP-IFP21-006A

Effective Date: May 1, 2021

*This policy contains general guidance and limitations related to DME. Please refer to the member's plan documents or related coverage policies for information on a specific DME supply or equipment.*

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCARE PRODUCT	APPLIES TO
Individual and Family Plans (IFP), IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview and North Memorial, UCare Advocate (I-SNP), EssentiaCare	
Minnesota Senior Health Options (MSHO)	
UCare Prepaid Medical Assistance (PMAP), MNCare	
Connect	
Connect +Medicare	
MSC +	

### BENEFIT CATEGORY

DURABLE MEDICAL EQUIPMENT

## DEFINITIONS

Durable Medical Equipment (DME) is medical equipment that meets all the following requirements and may be covered if:

- Prescribed by a health care provider for a defined medical purpose
- Can withstand repeated use, such as could be rented and used by successive members
- Is primarily used to serve a medical purpose and not generally useful to a person in the absence of an illness or injury
- Is determined by UCare to be reasonable and necessary
- Represents the most cost-effective care alternative (e.g., assists in preventing a higher level of care, as in-home care versus skilled nursing facility or inpatient admission)

### Provider

A DME provider/vendor, health care professional or facility licensed, certified, or otherwise qualified under state law to provide health services or supplies/equipment.

*\*Equipment purchased from internet-based retailers without a prescription from a licensed health care provider will not be covered by the health plan.*

### Standard Model

DME that meets the minimum specifications for member needs. This limitation is intended to exclude coverage for deluxe or additional components of a DME item, not necessary to meet the member's minimal specification to treat an injury or illness.

### Reasonable Use

Reasonable use is determined and prescribed by the-licensed health care provider or as determined by UCare.

### Rental/Purchase

- DME can be rented or purchased. Certain DME items, especially those of low cost or requiring customization can only be purchased.
- Depending on the device for a rented item, UCare has determined a set timeframe when the rental payments are "capped", and no further payments will be made.
- In the event UCare elects to purchase equipment currently being rented for a member, DME provider will apply all rental payments already made toward the cost of the purchase of the equipment.

## Coverage Policy

Durable medical equipment (DME) and prosthetics are generally covered subject to the terms listed below and per member's plan documents. Check plan documents for limits that may apply.

### **Durable Medical Equipment**

- DME and supplies must be obtained from, or repaired by UCare approved vendors.
- All covered DME items should be the acceptable and standard model, considering the member's condition. If a member requests an alternative item/part, which is safe and effective, UCare may cover the cost up to the cost of the acceptable standard model.
- Total payment for DME equipment to address a need will not exceed the cost of the standard equipment or service.
- Covered services and supplies are subject to periodic review and modification by the Medical Directors.
- Professional fees directly related to dispensing or customizing the item should be paid as part of the total eligible expense.

### **Prosthetics**

Payment will not exceed the cost of an alternate piece of equipment or service that is effective and enables the member to conduct standard activities of daily living. Prosthetics is limited to one prosthetic item per affected body part.

Prosthetics includes coverage of, but is not limited to:

- Artificial Eye (eye prosthesis). Coverage Includes polishing and adjustments.
- Hair prostheses (i.e., wigs) for hair loss resulting from alopecia areata
- Oral appliances for cleft lip and cleft palate

### **Repairs and Replacement**

- Replacement of eligible equipment/prosthetics may be covered if the estimate for repairs is not cost effective and the item has exceeded manufacturer life expectancy. Repairs (instead of replacement) of equipment/prosthetics may be covered at the discretion of UCare.
- Requests for replacement DME when existing DME is not broken requires a physician statement documenting a change in covered member's physical condition, and the rationale for the replacement DME.

### **Rental**

- UCare reserves the right to determine if an item will be approved for rental vs. purchase.
- Rental of medically necessary equipment, while the member's owned equipment is being repaired, is covered for 1 month. Prior authorization of the rental item will be required only for those items that currently require prior authorization.

**Services that are not covered include, but are not limited to:**

- Communication aids or devices: equipment to create, replace or augment communication abilities including, but not limited to:
  - hearing aids, fitting of hearing aids, and batteries, except as specified in the members' contract for children under age 19 ***\*This exclusion does not apply to cochlear implants.***
  - speech processors, receivers, iPads or tablets, communication boards, or computer or electronic assisted communication.
- Duplicate or similar items.
- Durable medical equipment (DME) and supplies covered under a facility's per diem are not eligible for separate reimbursement.
- Enteral nutrition products given orally and related supplies; including food thickeners, baby food, formula and grocery items that can be blended and used with enteral products.
- Household equipment such as, but not limited to, exercise cycles, air purifiers, central or unit air conditioners, water purifiers, non-allergenic pillows, mattresses or waterbeds.
- Household fixtures including, but not limited to, escalators or elevators, ramps, swimming pools and saunas.
- Items which are primarily educational in nature, or for hygiene, vocation, comfort, convenience or recreation.
- Labor and related charges for repair estimates of any covered items which are more than the cost of replacement by a UCare approved vendor.
- Modifications to the structure of the home including, but not limited to, it's wiring, plumbing or charges for installation of equipment.
- Other equipment and supplies, including but not limited to assistive devices, that we determine are not eligible for coverage.
- Over-the-counter orthotics, braces, appliances and supplies.
- Prostheses are not covered when requested for appearance alone. The need for a prosthesis requires that there be a functional issue for coverage to be approved.
- Rental equipment while member's owned equipment is being repaired, beyond one-month rental of medically necessary equipment.
- Replacement or repair of any covered items, if the items are (i) damaged or destroyed by member misuse, abuse or carelessness, (ii) lost; or (iii) stolen.
- Sales tax, mailing, delivery charges, service call charges.
- Vehicle, car or van modifications including, but not limited to, hand brakes, hydraulic lifts and car carrier.

**Prior Authorization**

**Prior authorization is required for select items for rental or purchase.**

**Consult the 2021 Authorization and Notification Requirements – Medical Services grid for UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview for further details.**

**References and Source Documents**

2021 Individual and Family Plan Member Contract

<https://home.ucare.org/en-us/member-documents/#!/#tab-924202>

[https://www.revisor.mn.gov/statutes/2020/cite/62A.28?keyword\\_type=all&keyword=alopecia](https://www.revisor.mn.gov/statutes/2020/cite/62A.28?keyword_type=all&keyword=alopecia)

2021 Authorization and Notification Requirements-Medical Services Grid

<https://home.ucare.org/en-us/providers/eligibility-authorization/>

2021 DME/Supply Authorization Request Form

[https://docs.ucare.org/filer\\_public/files/paform-dme\\_u8546.pdf](https://docs.ucare.org/filer_public/files/paform-dme_u8546.pdf)

**Coverage Policy Development and Revision History**

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V1	05/01/2021	New policy