

Policy Number: CP-IFP21-006A

Effective Date: January 1, 2024

## Durable Medical Equipment (DME)

This policy contains general guidance on coverage and exclusions related to DME. 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
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect (SNBC)	
UCare Connect + Medicare (HMO D-SNP)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

**Durable Medical Equipment**

## Definitions or summary

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, for everyday or extended use
- 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
- 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.*

### 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 providers/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.
- Professional fees directly related to dispensing or customizing the item should be paid as part of the total eligible expense.
- Hearing aids (including osseointegrated or bone anchored hearing aids) for members with a hearing loss not correctable by other procedures.
  - Prescribed by audiologist or physician specializing in hearing disorders

- Hearing aids are limited to one hearing aid for each ear every three years.
- Cochlear implants

**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 prosthesis (i.e., wig) for hair loss resulting from:
  - alopecia areata
    - No dollar or hair length coverage limits
  - alopecia totalis, alopecia universalis, hair loss due to chemo and/or radiation of the head or neck
    - \$600 reimbursement limit, and 22" hair length limit
  - one hair prosthesis per member per calendar year
- 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 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.
- Hearing aid batteries.
- 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 provider.

- 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, 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.

<b>Non-covered Items and Services:</b>	
Adaptive eating equipment	Hygiene supplies and equipment, including hand-held shower units and shower trays, and dental care supplies and equipment
Air conditioners	Incontinence supplies (for example, diapers, underpants and under pads, such as the product Attends)
Air filters	Instructional materials (for example, pamphlets and books)
Anti-nausea wristband (over the counter)	Isolation gowns, surgical gowns, and masks
Back hugger	Lifeline medical alert
Balls for therapy	Magnifying glasses
Bathroom scales	Massage devices
Bathtub wall rails	Maternity belts
Beds - oscillating and lounge beds, bed baths and lifters, bed boards, tables, and other bed accessories	Medical alert bracelets and response systems
Blood pressure cuffs and accessories	Medication boxes or medication dispensing equipment
Car seats	Menses products (for example, sanitary pads)
Cervical roll or pillow	Motorized lifts for a vehicle
Clothing	Orthopedic mattresses
Computer software & hardware	Overbed tables
Control units and battery device adapters	Personal computers and printers, tape recorders or video recorders
Copes scoliosis brace total recovery program	Positioning aids (for example, bolsters, wedges)

Non-covered Items and Services:	
Croup tent	Pulse tachometers
Cryocuff (icing device)	Ramps that are affixed to the home
Dehumidifiers - room or central	Reachers and grabbers
Diathermy machines	Reading glasses
Disposable ice packs and disposable heat wraps	Roman chairs
Disposable wipes - including Attends wash cloths	Saline or other solutions for the care of contact lenses
Drionic devices (sweating devices)	Scales
Elevators and stair lifts that are affixed to the home	Table foods
Enuresis or bed-wetting alarms	Telephones, telephone alert systems, telephone arms or answering machines
Environmental products (for example, air filters, purifiers, conditioners, hypoallergenic bedding, and linens)	Tennis or gym shoes
Exercise equipment (for example, bicycles, tricycles, treadmills, and ski machines)	Thera cane
Feeding chairs	Thermometer covers
Floor sitters	Toothbrushes and toothettes
Food blenders	Toys
Disposable ice packs and disposable heat wraps	Tub stool or bench
Grab bars that are affixed to the home	Vehicle modifications (hand controls, lifts, and car seats)
Heat and massage foam cushion pads	Vitrectomy seated support system (special chair for eye surgery patients)
Heating pads	Washable or reusable incontinence undergarments
Home monitors	Waterbeds
Home security systems	Wheelchair vehicle lift/ramps
Household equipment and supplies such as ramps, switches, tableware and feeding instruments	Whirlpools/ Jacuzzi/hot tubs
Humidifiers - room type or central	Telephones, telephone alert systems, telephone arms or answering machines

Prior authorization
Not required.

Related policies and documentation	
<i>References to other policies or documentation that may be relevant to this policy</i>	
Policy number	Policy description
None	

References and source documents
<i>Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>
<a href="#">Individual and Family Plan Member Contract</a>

Coverage policy development and revision history		
Version	Date	Note(s)
V1	May 01. 2021	New policy
V2	Oct. 27, 2023	Included hearing aid coverage ordering provider information, expanded coverage of scalp prosthesis, Included list of excluded items, updated references.