

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Medical Supplies/Durable Medical Equipment

MP9347

Covered Service: Automatic home blood pressure cuffs are covered when the criteria are met in 2.0. All other items listed are not covered.

Prior Authorization Required: No

Additional Information: Refer to the Member Certificate or Summary Plan Description (SPD) for coverage.

Medicare Policy: Prior authorization is dependent on the member’s Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement products.

BadgerCare Plus Policy: Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health:
<https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

Dean Health Plan Medical Policy:

1.0 Items which are available over the counter, and/or considered to be for comfort, convenience and/or personal hygiene are not medically necessary unless specifically stated in the Member Certificate or Summary Plan Description. Including but not limited to:

<ul style="list-style-type: none"> • Air cleaner/purifier • Air conditioners • Automobile modifications/lifts • Baskets for walkers • Bath benches/chairs • Car seats • Cervical pillow • Cold therapy units (e.g. Game Ready and Cryo Cuff) • Crutch substitute-lower limb platform • Dehumidifier • Dressing sticks/aids • Diapers • Disposable gloves 	<ul style="list-style-type: none"> • Massagers/TheraCane • Neoprene or elastic sleeves/braces • Occipital release board • Oral hygiene products (toothbrushes, toothettes etc.) • Oral nutritional supplements and infant formula available over the counter • Physician’s equipment (examples: stethoscopes, blood pressure cuffs, otoscopes, etc.) unless criteria of 2.0 are met • Portable car/travel nebulizer • Raised toilet seats • Reachers
---	---

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

<ul style="list-style-type: none"> • Disposable undergarments • Duplicate items • Eating Utensils • Ergonomic chairs • Exercise/physical fitness equipment (examples: treadmills, exercise bikes, bicycles, foam roller, etc.) • Feeding aids • Grab bars • Grooming aids • Heating pad • High frequency TENS Stimulation (e.g. Quell Wearable Pain Relief) • High intensity light units • Home bathtub spas • Home massage equipment • Humidifiers • Intense physical therapy suits • Lambs wool sheepskin padding • Lumbar roll/cushion 	<ul style="list-style-type: none"> • Safety equipment such as gait belts, helmets, knee and elbow pads, safety glasses • Scales • Scalp cooling hair-loss prevention device (e.g. Paxman Scalp Cooling System) • Seasonal Affective Disorder light units • Shower chairs • Spinal unloading or decompression devices • Strollers • Stroller canopy • Tongue Depressors • Vaporizers • Whirlpool, non-portable (built in)
--	---

2.0 Automated home blood pressure cuffs (HSPCS A4670) may be covered for those over age 18 at a frequency of one every 5 years, and self-measured blood pressure (CPT 99473, 99474) may be covered up to 3 months in a 12 month period, if obtained from a durable medical equipment or health care provider. Prior authorization is **not** required.

2.1 If needed to confirm hypertension per USPSTF guidelines, this may be covered as a preventative benefit.

2.2 For all other diagnosis see the Member Certificate or Summary Plan Description for any applicable cost share or copay requirements.

Committee/Source

Date(s)

Document

Created: Utilization Management Committee/ Medical Affairs September 13, 2006

Revised: Utilization Management Committee/ Medical Affairs June 13, 2007
Utilization Management Committee/ Medical Affairs September 12, 2007

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Committee/Source	Date(s)
Utilization Management Committee/ Medical Affairs	March 12, 2008
Medical Director Committee/Medical Affairs	December 16, 2010
Medical Director Committee/Medical Affairs	March 24, 2011
Medical Director Committee/Medical Affairs	August 25, 2011
Medical Director Committee/Medical Affairs	February 21, 2012
Medical Director Committee/Medical Affairs	May 16, 2012
Medical Director Committee/Medical Affairs	July 16, 2014
Medical Director Committee/Quality and Care Management Division	March 16, 2016
Medical Policy Committee/Quality and Care Management Division	May 17, 2017
Medical Policy Committee/Quality and Care Management Division	November 15, 2017
Medical Policy Committee/Quality and Care Management Division	December 20, 2017
Medical Policy Committee/Quality and Care Management Division	May 16, 2018
Medical Policy Committee/Health Services Division	October 17, 2018
Medical Policy Committee/Health Services Division	October 16, 2019
Medical Policy Committee/Health Services Division	June 16, 2021
Medical Policy Committee/Health Services Division	July 21, 2021
Medical Policy Committee/Health Services Division	April 20, 2022
Medical Policy Committee/Health Services Division	July 20, 2022
Medical Policy Committee/Health Services Division	July 19, 2023
Reviewed: UM Committee (UMC)/Director UM/UMC Chair	March 14, 2007
UM Committee (UMC)/Director UM/UMC Chair	March 12, 2008
UM Committee (UMC)/Director UM/UMC Chair	April 8, 2009
Medical Director Committee/Medical Affairs	August 25, 2011
Medical Director Committee/Medical Affairs	August 15, 2012
Medical Director Committee/Medical Affairs	July 17, 2013
Medical Director Committee/Medical Affairs	July 16, 2014
Medical Director Committee/Medical Affairs	July 15, 2015
Medical Director Committee/Quality and Care Management Division	March 16, 2016
Medical Policy Committee/Quality and Care Management Division	July 20, 2016
Reviewed: Medical Policy Committee/Quality and Care Management Division	May 17, 2017
Medical Policy Committee/Quality and Care Management Division	July 19, 2017
Medical Policy Committee/Quality and Care Management Division	November 15, 2017

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Committee/Source	Date(s)
Medical Policy Committee/Quality and Care Management Division	December 20, 2017
Medical Policy Committee/Quality and Care Management Division	May 16, 2018
Medical Policy Committee/Health Services Division	October 17, 2018
Medical Policy Committee/Health Services Division	October 16, 2019
Medical Policy Committee/Health Services Division	October 21, 2020
Medical Policy Committee/Health Services Division	June 16, 2021
Medical Policy Committee/Health Services Division	July 21, 2021
Medical Policy Committee/Health Services Division	April 20, 2022
Medical Policy Committee/Health Services Division	July 20, 2022
Medical Policy Committee/Health Services Division	July 19, 2023
Medical Policy Committee/Health Services Division	

Published: 08/01/2023

Effective: 08/01/2023