

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.

Durable Medical Equipment (DME)

MP9347

Covered Service: The Health Plan covers a limited selection and, in some cases, quantities of DME and certain related supplies that meet criteria.

Prior Authorization Required: Prior authorization may be required.

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

Refer to the following DME policies for medical necessity criteria and prior authorization requirements (not an all-inclusive list):

- [Bone Growth \(Osteogenesis\) Stimulators \(BGS\) MP9076](#)
- [Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeleton Hip Joint System MP9638](#)
- [High Frequency Chest Compression Devices \(Vest System\) MP9235](#)
- [Wheelchairs: Manual and Accessories MP9639](#)
- [Wheelchair: Powered and Accessories MP9640](#)
- [Scooters and Accessories MP9641](#)

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 DME is medical equipment prescribed by a medical provider that meets **ALL** of the following requirements:

- 1.1 Is prescribed for a defined medical purpose; **AND**
- 1.2 Is determined by THE HEALTH PLAN to be reasonable and necessary; **AND**
- 1.3 Is not generally useful in the absence of illness or injury; **AND**

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- 1.4 Has the ability to withstand repeated use; **AND**
 - 1.5 Is appropriate for use in the home setting; **AND**
 - 1.6 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).
- 2.0 In general, the following devices and/or services are **COVERED** as determined by The Health Plan according to the terms of the Member Certificate or Summary Plan Description (SPD) (not an all-inclusive list):
- 2.1 Rental charges for equipment that can be rented for a cost less than the purchase price of the equipment.
 - 2.2 Purchase of equipment when purchase price is less expensive than the rental fees for the expected duration of use or when rental of equipment is unavailable.
 - 2.3 Medical and certain other related supplies necessary to make the primary device medically effective or operational provided the DME device is a covered item.
 - 2.4 Maintenance and repairs of purchased DME equipment, unless a manufacturer's warranty/purchase agreement is in effect. This is appropriate when the repair and/or maintenance is more cost-effective than replacement.
 - 2.5 Rental of medically necessary equipment while the member's owned equipment is being repaired. Note: If the item is being rented, the provider will provide a replacement during the repair without cost for additional rental. The Health Plan will cover the repair costs per the provider agreement.
 - 2.6 Replacement of a DME device due to normal wear and use or when a written physician's statement documents a change in the member's medical condition warranting a different type of covered DME device.
- 3.0 A provider must have proof of a written prescription and receipt of pertinent parts of the member's medical record. This documentation must be made available upon request.
- 4.0 In general, the following devices and/or services are **NOT COVERED** (refer to the Member Certificate or Summary Plan Description (SPD) for coverage; not an all-inclusive list):
- 4.1 Replacement or repair of any covered item that is damaged and/or destroyed by member carelessness, misuse, abuse, loss or theft.
 - 4.2 Duplicate or similar durable medical equipment, prosthetics and hearing aids, including repair, replacement or revision of duplicate items.
 - 4.3 Items which are primarily educational in nature, such as books and laptops.
 - 4.4 Items which are primarily recreational in nature, such as swimming pools or saunas.
 - 4.5 Items which are primarily used for comfort and convenience, such as air conditioners, humidifiers, remodeling or modifications to home or vehicle.

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- 4.6 Disposable supplies unless specifically listed as covered in the Member Certificate or Summary Plan Document (SPD).
- 4.7 Communication aids or devices.
- 4.8 Professional fees, delivery charges, taxes, and other associated costs directly related to dispensing or customizing the device. These are considered part of the total eligible expense and not reimbursable in addition to the device expense.
- 4.9 If the DME or prosthetic device is covered by The Health Plan, but the model selected is not considered a standard model, the member will be responsible for the cost difference.
- 4.10 DME purchases from online retailers.
- 5.0 Prior authorization is **required** through the Health Services Division for the following DME (not an all-inclusive list):
 - 5.1 [Bone Growth \(Osteogenesis\) Stimulators \(BGS\) MP9076](#)
 - 5.2 [Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional Endoskeleton Hip Joint System MP9638](#)
 - 5.3 [High Frequency Chest Compression Devices \(Vest System\) MP9235](#)
 - 5.4 [Wheelchairs: Manual and Accessories MP9639](#)
 - 5.5 [Wheelchair: Powered and Accessories MP9640](#)
 - 5.6 [Scooters and Accessories MP9641](#)
- 6.0 Prior authorization is **not required** for the following DME (not an all-inclusive list):
 - 6.1 [Electric Tumor Treatment Fields \(Optune\) MP9474](#)
 - 6.2 [Functional Electrical Stimulation \(FES\) Therapy, Functional Neuromuscular Electrical Stimulation \(NMES\) Rehabilitation Therapy, and Lower Lim Activity-Based Locomotor-Based Exercise \(ABLE\) Training MP9566](#)
 - 6.3 [Home Use of Bilevel Positive Airway Pressure \(BiPAP\) for Conditions Other than Sleep Apnea \(OSA\) MP9658](#)
 - 6.4 [Home Use of Continuous Positive Airway Pressure \(CPAP\) and Bilevel Positive Airway Pressure \(BiPAP\) for Sleep Apnea MP9239](#)
- 7.0 Noncovered DME (not an all-inclusive list):
 - 7.1 [Non-covered Medical Procedures and Services MP9415](#)
 - 7.1.1 CLEAR Institute Scoliosis Treatment Protocols
 - 7.1.2 Interferential current stimulation
 - 7.1.3 Meniett™ portable pulse generator for treatment of Meniere's Disease
 - 7.1.4 Orthotrac pneumatic vest (spinal unloading device for low back pain)
 - 7.1.5 Transcutaneous electrical joint stimulation devices

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7.1.6 [Powered Robotic Lower-Limb Exoskeleton Devices MP9645](#)

	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
	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
	Medical Policy Committee/Health Services Division	September 20, 2023
	Medical Policy Committee/Health Services Division	January 17, 2024
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

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Reviewed: Medical Policy Committee/Quality and Care Management Division	May 17, 2017
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Published: 02/01/2024

Effective: 02/01/2024