



# DeanHealthPlan<sup>®</sup>

A member of SSM Health

**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 policy 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:** None

**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 member's certificate or summary plan description. Including but not limited to:

<ul style="list-style-type: none"> <li>• Air cleaner/purifier</li> <li>• Air conditioners</li> <li>• Automobile modifications/lifts</li> <li>• Baskets for walkers</li> <li>• Bath benches/chairs</li> <li>• Car seats</li> <li>• Cervical pillow</li> <li>• Cold therapy units (e.g. Game Ready and Cryo Cuff)</li> <li>• Crutch substitute-lower limb platform</li> <li>• Dehumidifier</li> <li>• Dressing sticks/aids</li> <li>• Diapers</li> </ul>	<ul style="list-style-type: none"> <li>• Massagers/TheraCane</li> <li>• Neoprene or elastic sleeves/braces</li> <li>• Occipital release board</li> <li>• Oral hygiene products (toothbrushes, toothettes etc.)</li> <li>• Oral nutritional supplements and infant formula available over the counter</li> <li>• Physician's equipment (examples: stethoscopes, blood pressure cuffs, otoscopes, etc.) unless criteria of 2.0 are met</li> <li>• Portable car/travel nebulizer</li> <li>• Raised toilet seats</li> </ul>
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<ul style="list-style-type: none"><li>• Disposable gloves</li><li>• Disposable undergarments</li><li>• Duplicate items</li><li>• Eating Utensils</li><li>• Ergonomic chairs</li><li>• Exercise/physical fitness equipment (examples: treadmills, exercise bikes, bicycles, foam roller, etc.)</li><li>• Feeding aids</li><li>• Grab bars</li><li>• Grooming aids</li><li>• Heating pad</li><li>• High frequency TENS Stimulation (e.g. Quell Wearable Pain Relief)</li><li>• High intensity light units</li><li>• Home bathtub spas</li><li>• Home massage equipment</li><li>• Humidifiers</li><li>• Intense physical therapy suits</li><li>• Lambs wool sheepskin padding</li><li>• Lumbar roll/cushion</li></ul>	<ul style="list-style-type: none"><li>• Reachers</li><li>• Safety equipment such as gait belts, helmets, knee and elbow pads, safety glasses</li><li>• Scales</li><li>• Scalp cooling hair-loss prevention device (e.g. Paxman Scalp Cooling System)</li><li>• Seasonal Affective Disorder light units</li><li>• Shower chairs</li><li>• Spinal unloading or decompression devices</li><li>• Strollers</li><li>• Stroller canopy</li><li>• Tongue Depressors</li><li>• Vaporizers</li><li>• Whirlpool, non-portable (built in)</li></ul>
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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 member's certificate or Summary Plan Description for any applicable cost share or copay requirements.



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	Medical Policy Committee/Quality and Care Management Division	December 20, 2017
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