

**Coverage of any medical intervention discussed in a Prevea360 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

**Prevea360 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>• Automatic external defibrillator (AED)</li> <li>• Baskets for wheelchairs and walkers</li> <li>• Bath benches/chairs</li> <li>• Bath systems/lifts</li> <li>• Car seats</li> <li>• Cervical pillow</li> <li>• Cold therapy units (e.g. Game Ready and Cryo Cuff)</li> <li>• CPM devices</li> <li>• Crutch substitute-lower limb platform</li> <li>• Dehumidifier</li> <li>• Dressing sticks/aids</li> <li>• Diapers</li> <li>• Disposable gloves</li> <li>• Disposable undergarments</li> <li>• Duplicate Items</li> <li>• Eating Utensils</li> <li>• Eggcrate mattress pad</li> <li>• Electric patient lift</li> <li>• Ergonomic chairs</li> <li>• Exercise/physical fitness equipment (examples: treadmills, exercise bikes,</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>• Orthotic socks</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>• Pillows</li> <li>• Portable car/travel nebulizer</li> <li>• Raised toilet seats</li> <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</li> </ul>
--	---

**Coverage of any medical intervention discussed in a Prevea360 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.**

<ul style="list-style-type: none"> <li>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 lumbar traction devices</li> <li>• Home massage equipment</li> <li>• Humidifiers</li> <li>• Intense physical therapy suits</li> <li>• Lambs wool sheepskin padding</li> <li>• Lap trays not used for trunk support</li> <li>• Lumbar roll/cushion</li> </ul>	<ul style="list-style-type: none"> <li>devices</li> <li>• Strollers</li> <li>• Stroller/wheelchair canopy</li> <li>• Toileting systems/lifts</li> <li>• Tongue Depressors</li> <li>• Vaporizers</li> <li>• Vehicle travel safety/tie down restraints (e.g. wheelchair transit system)</li> <li>• Wheelchair attendant controls</li> <li>• Wheelchair backpack/clips</li> <li>• Wheelchair lights</li> <li>• Wheelchair swingaway, retractable or removable hardware when not needed for slide transfers</li> <li>• Wheelchair work or cut out trays</li> <li>• Whirlpool, non-portable (built in)</li> </ul>
---	--

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.

**Coverage of any medical intervention discussed in a Prevea360 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.**

	<b>Committee/Source</b>	<b>Date(s)</b>
<b>Document</b>		
<b>Created:</b>	Utilization Management Committee/ Medical Affairs	September 13, 2006
<b>Revised:</b>	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	September 18, 2019
	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
<b>Reviewed:</b>	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
	Medical Policy Committee/Quality and Care Management Division	May 17, 2017

**Coverage of any medical intervention discussed in a Prevea360 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.**

---

<b>Committee/Source</b>	<b>Date(s)</b>
<b>Reviewed:</b> Medical Policy Committee/Quality and Care Management Division	July 19, 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	September 19, 2019
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

Published/Effective: 06/01/2022