

Durable medical equipment (DME) and prosthetics

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for some durable medical equipment (DME) items. Please refer to the specific policy for coverage criteria for the requested item.

Prior authorization is not required for DME and supplies that are included in a facility's per diem.

Coverage

Some covered services and supplies are based on additional established coverage criteria policies.

Durable medical equipment (DME) and prosthetics are generally covered subject to the indications listed below and per your plan documents.

Equipment and services are covered as described below and in your member contract:

1. Durable medical equipment (DME), prosthetics, orthotics, enteral feedings and medical supplies.
2. DME and supplies must be obtained from, or repaired by, HealthPartners approved vendors.
3. DME and orthotics are limited by the following:
 - A. Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary.
 - B. We reserve the right to determine if an item will be approved for rental vs. purchase.
4. For prosthetic benefits, other than hair prostheses (i.e., wigs) for hair loss resulting from alopecia areata and oral appliances for cleft lip and cleft palate, payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary. Check your plan documents for limits that may apply.
5. Artificial eye (ocular prosthesis) is covered. Coverage includes polishing and adjustments.
6. Coverage is limited to one prosthetic item unless bilateral prostheses are recommended and meet medical necessity for both sides. DME items will not be approved which are primarily educational in nature, or for hygiene, vocation, comfort, convenience, recreation, or safety.
7. Labor and related charges for repair of any covered items which are more than the cost of replacement by an approved vendor.
8. Replacement or repair of DME/ orthotics is eligible for coverage to accommodate growth requirements, or if needed due to a change in a medical condition which affects the fit/ function of the item or if the member is dependent on the item for constant/ continuous support in order to carry out all activities of daily living.

Indications that are covered

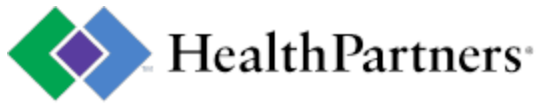
Items which are eligible for coverage include, but are not limited to:

1. 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 HealthPartners.
2. Rental of medically necessary equipment, while the member's owned equipment is being repaired, is covered for one month. Prior authorization of the rental item will be required only for those items that currently require prior authorization.
3. Requests for replacement DME when existing DME is not broken requires a physician statement documenting a change in covered person's physical condition, and the rationale for the replacement DME.

Indications that are not covered

Items which are not eligible for coverage include, but are not limited to:

1. Equipment, devices, technologies and supplies purchased or available over-the-counter, including those recommended or managed by a Health Care Provider.
2. Items which do not meet the definition of durable medical equipment (DME) (see below).
3. 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.

4. Duplicate or similar items.
5. Replacement or repair of duplicate or similar items.
6. Repair charges of covered items which exceed the replacement cost of the item from a HealthPartners approved vendor.
7. Charges for repair estimates.
8. Sales tax, mailing, delivery charges, service call charges.
9. Items which are primarily educational in nature, or for hygiene, vocation, comfort, convenience, recreation or safety.
10. Prostheses are not covered when requested for appearance alone. Medical necessity requires that there be a functionality issue for coverage to be approved.
11. Communication aids or devices: equipment to create, replace or augment communication abilities including, but not limited to speech processors, receivers, communication boards, computer or electronic assisted communication and synthesized speech devices with dynamic display. Please see related content at right for "Augmentative communication device" coverage policy.
12. Household equipment which primarily has customary uses other than medical, such as, but not limited to, exercise cycles, air purifiers, central or unit air conditioners, water purifiers, non-allergenic pillows, mattresses or waterbeds.
13. Household fixtures including, but not limited to, escalators or elevators, ramps, swimming pools and saunas.
14. Modifications to the structure of the home including, but not limited to, its wiring, plumbing or charges for installation of equipment.
15. Vehicle, car or van modifications including, but not limited to, hand brakes, hydraulic lifts and car carrier.
16. Rental equipment while member's owned equipment is being repaired by non-contracted vendors, beyond one month rental of medically necessary equipment.
17. Other equipment and supplies, including but not limited to assistive devices, that we determine are not eligible for coverage.
18. Durable medical equipment (DME) and supplies covered under a facility's per diem are not eligible for separate reimbursement.
19. We cover services that are appropriate in terms of type, frequency, level, setting and duration to your diagnosis or condition. Services that are outside of the generally accepted practice guidelines are not covered. This includes but is not limited to any service or item not used for a medical need or purpose. This includes items and services for comfort, convenience, or appearance.

Definitions

An item is considered Durable Medical Equipment (DME) and may be covered if all of the following apply:

1. Can withstand repeated use, such as it could be rented or purchased and used by successive members.
2. Is primarily and customarily used to serve a medical purpose.
3. Generally is not useful to a person in the absence of an illness or injury.

Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy contact Member Services at 952-883-7979 or 1-800-233-9645.

Vendor

- Items must be received from a contracted vendor for in-network benefits to apply.
- Full line vendors provide a wide range of equipment and supplies, such as hospital beds, aids for ambulating and toileting, phototherapy lights, wheelchairs, custom seating devices, monitors, pumps, oxygen and etc.

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