Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies

Policy Number: BIP048.M
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➲ Instructions for Use

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Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

California Health and Safety Code-Section 1367.06

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.06.&lawCode=HSC

a) A health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2005, that covers outpatient prescription drug benefits shall include coverage for inhaler spacers when medically necessary for the management and treatment of pediatric asthma.

b) If a subscriber has coverage for outpatient prescription drugs, a health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after January 1, 2005, shall include coverage for the following equipment and supplies when medically necessary for the management and treatment of pediatric asthma:
   1. Nebulizers, including face masks and tubing
   2. Peak flow meters.

c) The quantity of the equipment and supplies required to be covered pursuant to subdivisions (a) and (b) may be limited by the health care service plan if the limitations do not inhibit appropriate compliance with treatment as prescribed by the enrollee's physician and surgeon. A health care service plan shall provide for an expeditious process for approving additional or replacement inhaler spacers, nebulizers, and peak flow meters when medically necessary for an enrollee to maintain compliance with his or her treatment regimen. The process required by Section 1367.24 may be used to satisfy the requirements of this section for an inhaler spacer.

d) Education for pediatric asthma, including education to enable an enrollee to properly use the device identified in subdivisions (a) and (b), shall be consistent with current professional medical practice.

e) The coverage required by this section shall be provided under the same general terms and conditions, including copayments and deductibles, applicable to all other benefits provided by the plan.

f) A health care service plan shall disclose the benefits under this section in its evidence of coverage and disclosure forms.

g) A health care service plan may not reduce or eliminate coverage as a result of the requirements of this section.
h) Nothing in this section shall be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter, if a plan provides coverage for prescription drugs.

California Health and Safety Code-Section 1367.18

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1367.18.&lawCode=HSC

(a) Every health care service plan, except a specialized health care service plan, that covers hospital, medical, or surgical expenses on a group basis shall offer coverage for orthotic and prosthetic devices and services under the terms and conditions that may be agreed upon between the group subscriber and the plan. Every plan shall communicate the availability of that coverage to all group contract holders and to all prospective group contract holders with whom they are negotiating. Any coverage for prosthetic devices shall include original and replacement devices, as prescribed by a physician and surgeon or doctor of podiatric medicine acting within the scope of his or her license. Any coverage for orthotic devices shall provide for coverage when the device, including original and replacement devices, is prescribed by a physician and surgeon or doctor of podiatric medicine acting within the scope of his or her license, or is ordered by a licensed health care provider acting within the scope of his or her license. Every plan shall have the right to conduct a utilization review to determine medical necessity prior to authorizing these services.

(b) Notwithstanding subdivision (a), on and after July 1, 2007, the amount of the benefit for orthotic and prosthetic devices and services shall be no less than the annual and lifetime benefit maximums applicable to the basic health care services required to be provided under Section 1367. If the contract does not include any annual or lifetime benefit maximums applicable to basic health care services, the amount of the benefit for orthotic and prosthetic devices and services shall not be subject to an annual or lifetime maximum benefit level. Any copayment, coinsurance, deductible, and maximum out-of-pocket amount applied to the benefit for orthotic and prosthetic devices and services shall be no more than the most common amounts applied to the basic health care services required to be provided under Section 1367.

California Health and Safety Code-Section 1367.61

Law section (ca.gov)1367.61. Every health care service plan contract which provides for the surgical procedure known as a laryngectomy and which is issued, amended, delivered, or renewed in this state on or after January 1, 1993, shall include coverage for prosthetic devices to restore a method of speaking for the patient incident to the laryngectomy.(4878)

Coverage for prosthetic devices shall be subject to the deductible and coinsurance conditions applied to the laryngectomy and all other terms and conditions applicable to other benefits. As used in this section, "laryngectomy" means the removal of all or part of the larynx for medically necessary reasons, as determined by a licensed physician and surgeon.(4879)

Any provision in any contract issued, amended, delivered, or renewed in this state on or after January 1, 1993, which is in conflict with this section shall be of no force or effect.(4880)

As used in this section, "prosthetic devices" means and includes the provision of initial and subsequent prosthetic devices, including installation accessories, pursuant to an order of the patient's physician and surgeon. "Prosthetic devices" does not include electronic voice producing machines.(4881)

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine coverage eligibility.

- Refer to the Benefit Interpretation Policy titled Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics and Medical Supplies Grid for the list of covered items and specific coverage criteria.
- DME items, Prosthetic Devices and Corrective Appliances/Orthotics (Non-Foot Orthotics) and medical supplies:
  - DME items may be rented, purchased or repaired and must meet all of the following criteria:
    - The equipment meets the definition of DME.
    - The equipment is designed to help in the treatment of an injury or illness of the member.
    - The equipment is mainly for use in the member's home or another location used as the member's home. (Home is wherever the Member makes his or her home but does not include acute care, rehabilitation or Skilled Nursing Facilities).
  - Prosthetic Devices and Corrective Appliances/Orthotics (Non-Foot orthotics) including custom made or custom fitted must meet all of the following criteria:
    - The item meets the definition of Prosthetic and Corrective Appliances/Orthotics (Non-Foot Orthotics) and is Medically Necessary as determined by the Member's Network Medical Group or UnitedHealthcare

  Note: Coverage includes fitting and adjustment of these devices, their repair or replacement (unless due to loss, misuse, malicious breakage or gross neglect), and services to determine whether the member needs a prosthetic or orthotic device

  - Supplies for DME items or Prosthetic Devices (e.g., oxygen, batteries for an artificial larynx, stump sock or shrinker) only when they are necessary for the effective use of the item/device
  - Repairs, replacement and adjustments of DME items, Prosthetic Devices and Corrective Appliances/Orthotics (Non-Foot Orthotics) for owned, purchased or rented equipment. (Note: Repairs, replacement and adjustments for rented items/devices are the contractual responsibility of the item/device provider).
    - May require pre-certification to be covered (Note: The Market pre-certification process varies)
    - Repairs, including the replacement of essential accessories, such as hoses, tubes, mouth pieces, etc. The Member's Network Medical Group or UnitedHealthcare has the option to repair or replace Durable Medical Equipment items.
      - Extensive adjustment is covered as repair when, based on the manufacturer's recommendations, the maintenance (e.g., breaking down sealed components, performing tests that require specialized testing equipment not available to the member) is to be performed by an authorized technician
    - Adjustment of Prosthetic Devices or Corrective Appliances/Orthotics (Non-Foot Orthotics), when required by normal wear and tear or a significant change in the member's physical condition and ordered by a physician
    - Replacements are covered for damage beyond repair with normal wear and tear, when repair costs exceed new purchase price, or when a significant change in the member's physical condition occurs. The Member's Network Medical Group or UnitedHealthcare has the option to repair or replace Durable Medical Equipment items.

- Medical supplies and materials needed to treat an illness or injury are covered when used or provided while the Member is treated in the Network Provider's office, during the course of an illness or injury, or stabilization of an injury or illness, under the direct supervision of the Network Provider. Examples of items commonly provided in the Network Provider's office to treat the Member's illness or injury are gauzes, ointments, bandages, slings and casts. Disposable supplies when necessary for the effective use of Durable Medical Equipment are also covered.

Not Covered

- Refer to the Benefit Interpretation Policy titled Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics and Medical Supplies Grid for the list of non-covered items.
- Routine periodic adjustment (e.g., testing, cleaning, regulating and checking equipment) for which the owner is generally responsible.
- Replacement or repair of items due to malicious breakage, damage, neglect or abuse.
- Replacement or repair of lost or stolen equipment.
- Non Medically-Necessary optional modifications or attachments to DME, Corrective Appliances/Orthotics (Non-Foot Orthotic) or Prosthetics for the comfort or convenience of the member.
- Accessories for portability or travel.
- Home and/or car modifications to fit the member's condition.

- Bionic, myoelectric, microprocessor-controlled or computerized prosthetics unless member has the benefit. Refer to the EOC/SOB.
- Medical supplies that are disposable or can be consumed other than defined above or are part of the Home Health benefit. (Refer to the Benefit Interpretation Policy titled Home Health Care).
- Deluxe upgrades that are not Medically Necessary.
- If more than one piece of Durable Medical Equipment meets the functional needs, Benefits are available only for the equipment that meets the minimum specifications for the needs of the member.
- A second piece of DME equipment with or without additional accessories that is for the same or similar medical purpose as existing DME equipment. When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for the member's needs. For example, both a wheelchair and a walker (and/or cane, crutches, etc.) are used to facilitate mobility. As such, they serve the "same or similar medical purpose(s)". We may cover one or the other but not more than one. This limitation is intended to exclude coverage for deluxe or additional components of a DME item which are not necessary to meet the member's minimal specifications to treat an injury or sickness.
- Communication Devices: Computers, personal digital assistants and any speech-generating devices (except artificial larynxes.)

Definitions

Corrective Appliance/Orthosis (Non-Foot Orthotics): Devices that are designed to support a weakened body part. These Appliances/Orthosis are manufactured or custom-fitted to an individual member.
This definition does not include foot orthotics or specialized footwear which may be covered for members with diabetic foot disease.

Durable Medical Equipment: Medical equipment that is all of the following:
- Can withstand repeated use
- Is not disposable
- Can exist for a reasonable period of time without significant deterioration
- Is designed to help in the treatment of an injury or illness of the member
- Is generally not useful to a person in the absence of a sickness, Injury or their symptoms
- Is appropriate for use, and is mainly used, within the home, or another location used as the member's home.
- Is not implantable within the body

Prosthetic Devices: Durable, custom-made devices designed to replace all or part of a permanently inoperative or malfunctioning body part or organ. Examples of covered Prosthetics include initial contact lens in an eye following a surgical cataract extraction and removable, non-dental Prosthetic devices such as a limb that does not require surgical connection to nerves, muscles or other tissue, prostheses to replace all or part of an external facial body part that has been removed or impaired as a result of disease, injury, or congenital defect.

Policy History/Revision Information

Date	Summary of Changes
05/01/2023	Federal/State Mandated Regulations • Added language pertaining to *California Health and Safety Code Section 1367.61* Supporting Information • Archived previous policy version BIP048.L

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage,

limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.