

Coverage of any medical intervention discussed in a WellFirst Health 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

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