

Policy Number: CP-IFP21-006A

Effective Date: January 1, 2025

Durable Medical Equipment (DME)

This policy contains general guidance on coverage and exclusions related to DME. Refer to the member's plan documents or related coverage policies for information on a specific DME supply or equipment.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect (SNBC)	
UCare Connect + Medicare (HMO D-SNP)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Durable Medical Equipment

Definitions or summary

Durable Medical Equipment (DME) is medical equipment that meets all the following requirements and may be covered if:

- Prescribed by a health care provider for a defined medical purpose, for everyday or extended use
- Can withstand repeated use, such as could be rented and used by successive members
- Is primarily used to serve a medical purpose and not generally useful to a person in the absence of an illness or injury

Provider

A DME provider/vendor, health care professional or facility licensed, certified, or otherwise qualified under state law to provide health services or supplies/equipment.

**Equipment purchased from internet-based retailers without a prescription from a licensed health care provider will not be covered.*

Reasonable Use

Reasonable use is determined and prescribed by the—licensed health care provider or as determined by UCare.

Rental/Purchase

- DME can be rented or purchased. Certain DME items, especially those of low cost or requiring customization can only be purchased.
- Depending on the device for a rented item, UCare has determined a set timeframe when the rental payments are “capped, and no further payments will be made.
- In the event UCare elects to purchase equipment currently being rented for a member, DME provider will apply all rental payments already made toward the cost of the purchase of the equipment.

Coverage policy

UCare covers the purchase or rental of durable medical equipment and services described below and per member’s plan documents. Check plan documents for limits that may apply.

Durable Medical Equipment

- Durable medical equipment and supplies must be obtained from or repaired by approved vendors.
- UCare may cover the total cost up to the acceptable standard model and/or devices beyond the standard model.
- Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary.
- Hearing aids (including osseointegrated or bone anchored hearing aids) for members with a hearing loss not correctable by other procedures.
 - Prescribed by audiologist or physician specializing in hearing disorders
 - Hearing aids are limited to one hearing aid for each ear every three years.
- Cochlear implants
- Medical supplies, including splints, surgical stockings, 180 catheters per month including insertion supplies, casts, and dressings
- For all durable medical equipment used to treat diabetes, asthma and allergies requiring the use of epinephrine auto-injectors (EpiPens), member will pay no more than \$50 per month (HSA and catastrophic plans will pay no more than \$50 per month once deductible is met).

Orthotic and Prosthetic

Payment will not exceed the cost of an alternate piece of equipment or service that is effective and medically necessary.

Prosthetics includes coverage of, but is not limited to:

- Orthosis, orthotics, prosthesis, and prosthetics devices, supplies, and services, custom fit devices, evaluation, analysis, treatment, periodic evaluation, etc.
- Devices that meet the medical needs for performing physical activities for the best quality of life and mobility
 - Needs such as swimming, biking, running and/or
 - Devices for showering or bathing.
- Artificial eye (eye prosthesis). Coverage includes polishing and adjustments.
- Hair prosthesis (i.e., wig) for hair loss resulting from:
 - Alopecia areata, alopecia totalis, alopecia universalis, hair loss for those undergoing cancer treatment
 - \$1000 reimbursement limit
 - Coverage for equipment and accessories necessary for the regular use of scalp hair prosthesis (i.e., wig glue, glue remover, wig stand).
 - Included in the \$1,000 reimbursement limit per calendar year.
- Oral appliances for cleft lip and cleft palate

Repairs and Replacement

Repair, replacement or revision of DME due to normal wear and use

- 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.
 - Requests for replacement DME when existing DME is not broken requires a physician statement documenting a change in covered member's physical condition, and the rationale for the replacement DME.
- Repairs (instead of replacement) of equipment/prosthetics may be covered at the discretion of UCare.

Rental

UCare reserves the right to determine if an item will be approved for rental vs. purchase.

- Rental of medically necessary equipment, while the member's owned equipment is being repaired, is covered for 1 month. Prior authorization of the rental item will be required only for those items that currently require prior authorization.

Services that are not covered include, but are not limited to:

- Communication aids or devices: equipment to create, replace or augment communication abilities including, but not limited to speech processors, receivers, iPads or tablets, communication boards, or computer or electronic-assisted communication.
- Duplicate or similar items
- Durable medical equipment (DME) and supplies covered under a facility's per diem are not eligible for separate reimbursement.
- Enteral nutrition products given orally and related supplies; including food thickeners, baby food, formula and grocery items that can be blended and used with enteral products.
- Hearing aid batteries.
- Household equipment such as, but not limited to, exercise cycles, air purifiers, central or unit air conditioners, water purifiers, non-allergenic pillows, mattresses, or waterbeds.

- Household fixtures including, but not limited to, escalators or elevators, ramps, swimming pools and saunas.
- Items which are primarily educational in nature, or for hygiene, vocation, comfort, convenience, or recreation.
- Labor and related charges for repair estimates of any covered items which are more than the cost of replacement by a UCare approved provider.
- Modifications to the structure of the home including, but not limited to, its wiring, plumbing or charges for installation of equipment.
- Other equipment and supplies, including but not limited to assistive devices, not eligible for coverage.
- Over-the-counter orthotics, braces, appliances, and supplies.
- Rental equipment while member's owned equipment is being repaired, beyond one-month rental of medically necessary equipment.
- 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.
- Sales tax, mailing, delivery charges, service call charges.
- Vehicle, car, or van modifications including, but not limited to, hand brakes, hydraulic lifts, and car carrier.

Non-covered Items and Services:	
Adaptive eating equipment	Incontinence supplies (for example, diapers, underpants and under pads, such as the product Attends)
Air conditioners	Instructional materials (for example, pamphlets and books)
Air filters	Isolation gowns, surgical gowns, and masks
Anti-nausea wristband (over the counter)	Lifeline medical alert
Back hugger	Magnifying glasses
Balls for therapy	Massage devices
Bathroom scales	Maternity belts
Bathtub wall rails	Medical alert bracelets and response systems
Beds - oscillating and lounge beds, bed baths and lifters, bed boards, tables, and other bed accessories	Medication boxes or medication dispensing equipment
Blood pressure cuffs and accessories	Menses' products (for example, sanitary pads)
Car seats	Motorized lifts for a vehicle
Cervical roll or pillow	Orthopedic mattresses
Clothing	Overbed tables
Computer software & hardware	Personal computers and printers, tape recorders or video recorders
Control units and battery device adapters	Positioning aids (for example, bolsters, wedges)

Non-covered Items and Services:	
Copes scoliosis brace total recovery program	Pulse tachometers
Croup tent	Ramps that are affixed to the home
Cryocuff (icing device)	Reachers and grabbers
Dehumidifiers - room or central	Reading glasses
Diathermy machines	Roman chairs
Disposable ice packs and disposable heat wraps	Saline or other solutions for the care of contact lenses
Disposable wipes - including Attends wash cloths	Scales
Drionic devices (sweating devices)	Table foods
Elevators and stair lifts that are affixed to the home	Telephones, telephone alert systems, telephone arms or answering machines
Enuresis or bed-wetting alarms	Tennis or gym shoes
Environmental products (for example, air filters, purifiers, conditioners, hypoallergenic bedding, and linens)	Thera cane
Exercise equipment (for example, bicycles, tricycles, treadmills, and ski machines)	Thermometer covers
Feeding chairs	Toothbrushes and toothettes
Floor sitters	Toys
Food blenders	Tub stool or bench
Disposable ice packs and disposable heat wraps	Vehicle modifications (hand controls, lifts, and car seats)
Grab bars that are affixed to the home	Vitrectomy seated support system (special chair for eye surgery patients)
Heat and massage foam cushion pads	Washable or reusable incontinence undergarments
Heating pads	Waterbeds
Home monitors	Wheelchair vehicle lift/ramps
Home security systems	Whirlpools/ Jacuzzi/hot tubs
Household equipment and supplies such as ramps, switches, tableware and feeding instruments	Telephones, telephone alert systems, telephone arms or answering machines
Humidifiers - room type or central	

Prior authorization

Prior authorization may be required for some items. Check IFP Prior Authorization list.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy number	Policy description
None	

References and source documents

Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual and Family Plan Member Contract](#)

[Minnesota Statute 62Q.665; 62Q.6551](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	May 01. 2021	New policy
V2	Oct. 27, 2023	Included hearing aid coverage ordering provider information, expanded coverage of scalp prosthesis, Included list of excluded items, updated references.
V3	Aug. 8, 2024	Revised with new mandate changes
V4	Oct 17, 2024	Added mandate language related to supplies \$50
	April 16, 2025	March 2025, DHS guideline requirement