

Medical Supplies

Benefit Coverage

Ostomy and medical supplies to support and maintain gastrointestinal, bladder, or respiratory function, continuous glucose monitors, insulin pumps, and medical supplies needed to operate home medical equipment, prostheses, and orthoses are covered when appropriately authorized.

Note: Disposable insulin needles and syringes, pen delivery systems, diabetic testing supplies including lancets, lancet puncture devices, blood and urine testing strips, and test tablets are covered by the Outpatient Prescription Drug benefit. No prescription is required by law for pen delivery systems (prior authorization required) or diabetic supplies; however, in order to be covered by the Outpatient Prescription Drug benefit, the member's physician must order them. For plans without an Outpatient Prescription Drug benefit, diabetic supplies and equipment are covered as basic plan benefits.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and coverage* for member copayments for:

Home Health Care

Other Services

Durable Medical Equipment (DME)

Medical Supplies

Orthoses, Prostheses (external)

Benefit Exclusion

Non-prescription (over-the-counter) medical equipment or supplies that can be purchased without a licensed provider's prescription order, even if a licensed provider writes a prescription order for a non-prescription item, except as specifically provided under Home Health Care Services, Hospice Program Services, Diabetes Care, Durable Medical Equipment, and Prostheses.

Medical Supplies

Examples of Non-Covered Services

The following over-the-counter (OTC) medical supplies are not covered:

- Adhesive remover
- Alcohol and Peroxide solution
- Alcohol wipes/towelettes
- Band-Aids
- Betadine and Iodine wipes/ towelettes
- Composite dressings
- Hydrocolloid dressings
- Hydrogel dressing
- Iodine/Betadine solutions
- Paraffin
- Rib belts
- Skin sealants, protectants, moisturizers, ointments
- Slings
- Conductive paste/gel
- Deodorant
- Elastic bandage/Ace wraps
- Face masks (not including CPAP)
- Gauze dressings (sterile/non-sterile)
- Gloves
- Splints
- Standard 4V, 6V, 9V batteries
- Sterile saline
- Tape
- Thermometers
- Transparent film dressings (covered if used with an insulin pump)
- Under pads/Chux/Diapers (such as Depends)

Examples of Non-Covered Dental Services

The following are non-covered dental services and supplies:

- Athletic mouth guards
- Dental Floss
- Denture adhesives
- Denture cleaning supplies
- Fluoride rinses
- Lip balm
- Oral rinses (mouth wash)
- Orthodontic waxes
- OTC antiviral medicaments
- OTC bruxing-clenching appliances
- OTC dental cements/filling materials
- OTC denture relining kits
- OTC denture repair kits
- OTC orthodontic appliances
- Teeth bleaching supplies
- Teething analgesics
- Toothbrushes
- Toothpaste

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for: Diabetes Care, Durable Medical Equipment, Home Health Care, Hospice Care, Orthoses and Prostheses.