

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	DURABLE MEDICAL EQUIPMENT (DME), PROSTHETICS AND MEDICAL SUPPLIES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses durable medical equipment (DME), prosthetics, corrective appliances/orthotics (non-foot orthotics), and medical supplies. Refer to Benefit Interpretation Policy titled <b><u>Shoes and Foot Orthotics</u></b> for more information on foot orthotics.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <p><b>Essential Health Benefits for Individual and Small Group (Utah is not EHB for Prosthetics)</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p>

[California Health and Safety Code-Section 1367.06](#)

[California Health and Safety Code-Section 1367.18](#)

[Health and Safety Code § 1367.61](#): Laryngectomy-assistive devices

[AB 3059](#): Human Milk

**FLORIDA:**

[Fla. Stat. § 641.31\(32\)](#): Health maintenance contracts

**ILLINOIS:**

[215 ILCS 5/356z.18](#): Prosthetic and customized orthotic devices

[P.A. 96-833 \(HB 2652\)](#): Prosthetic and Orthotic Devices

[SB 1527](#): Compression Sleeves Coverage

[SB 2195](#): Prosthetic and Customized Orthotic Devices Coverage

**KENTUCKY:**

[Ky. Rev. Stat. § 304.17A-131](#): Coverage of Cochlear Implants

**TEXAS:**

[TX §1371.001-1371.005 Coverage for prosthetic and orthotic devices \[\(HB 806; Effective for policies issued or renewed on or after January 1, 2010.](#)

**UTAH:**

[31A-22-638](#): Coverage for prosthetic devices

**WASHINGTON:**

[RCW 48.43.290](#): Coverage for prescribed durable medical equipment and mobility enhancing equipment—Sales and use taxes—Definitions.

[WAC 284-43-5642](#): Essential health benefit categories

**WISCONSIN:**

[632.895 \(16\)](#)

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## **DURABLE MEDICAL EQUIPMENT (DME)**

### **CALIFORNIA:**

**Durable Medical Equipment (DME):** Molina covers rental or purchase of certain DME. Molina also covers reasonable repairs, maintenance, delivery, and related supplies for DME. The DME must be provided through a vendor that is contracted with Molina. Prior Authorization is required.

**From Prescription section: Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Coverage includes inhaler spacers, nebulizers (including face masks and tubing), and peak flow meters, when Medically Necessary for the management and treatment of pediatric asthma. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to MolinaMarketplace.com or contact Member Services for more coverage information.

### **FLORIDA:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to MolinaMarketplace.com, or contact Customer Support for more coverage information.

**IDAHO:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered when the expected charges exceed five hundred dollars (\$500). Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to the MolinaMarketplace.com or contact Customer Support for more coverage information.

**ILLINOIS:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. DME coverage includes Medically Necessary compression sleeves to prevent or mitigate lymphedema. Please refer to [MolinaMarketplace.com] or contact Customer Support for more coverage information.

Molina covers cardiopulmonary monitors determined to be medically necessary for a person 18 years old or younger who has had a cardiopulmonary event.

Formulary also includes coverage for opioid Medical Assisted Treatment (MAT) products, intranasal opioid reversal agents, topical anti-inflammatory medications for acute and chronic pain, inhalants as required by State Law and epinephrine injectors.

**KENTUCKY:**

**Durable Medical Equipment (DME):** Passport will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Passport will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior

Authorization may be required for DME to be covered. Coverage will be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [www.PassportHealthPlan.com/Marketplace](http://www.PassportHealthPlan.com/Marketplace) or contact Customer Support for more coverage information.

**MICHIGAN:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered.

Coverage is limited to one piece of same-use equipment. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [\[MolinaMarketplace.com/MIFormulary2025\]](http://MolinaMarketplace.com/MIFormulary2025), or contact Customer Support for more coverage information.

**MISSISSIPPI:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com), or contact Customer Support for more coverage information.

**NEVADA:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase

or rental period. Purchases are limited to a single type of DME, including repair and replacement, every three (3) years. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com] or contact Customer Support for more coverage information.

**NEW MEXICO:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization is required for DME to be covered. In accordance with state law for Diabetes Care a member who has received prior authorization during the policy year shall not be subject to additional prior authorization requirements in the same policy year if prescribed as medically necessary by the covered person's health care practitioner.

Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com](https://MolinaMarketplace.com), or contact Member Services for more coverage information.

**ADDITIONAL:**

**NEW MEXICO:**

**Durable Medical Equipment:** This plan covers equipment that meets the following standards: Equipment that is medically necessary for the treatment of an illness or accidental injury or to prevent further deterioration. Equipment must be designed for repeated use, including oxygen equipment, functional wheelchairs, and crutches.

Equipment that is considered standard and/or basic as defined by nationally recognized guidelines.

Repair and replacement of durable medical equipment, prosthetics and orthotic devices must comport with state law. Repair and replacement are covered when medically necessary due to change in the members condition, wear or after the products normal life expectancy has been reached. One-month rental of a wheelchair is covered if the member owns the wheelchair that is being repaired.



**OHIO:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs including for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME.

Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit.

Please refer to the MolinaMarketplace.com or contact Customer Support for more coverage information.

**SOUTH CAROLINA:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to MolinaMarketplace.com, or contact Member Services for more coverage information.

**TEXAS:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to MolinaMarketplace.com, or contact Customer Support for more coverage information.

Eye Drops to treat chronic eye disease: Molina's pharmacy system will allow the Member to obtain refills for eye drops to treat chronic eye diseases and conditions at 21-day, 43-day and 63-day intervals.

**UTAH:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to the MolinaMarketplace.com or contact Customer Support for more coverage information.

**WASHINGTON:**

**Durable Medical Equipment (DME):** Coverage will be under the medical benefit or the pharmacy benefit, depending on the type of DME. Molina will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable, sales tax, repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please visit MolinaMarketplace.com or contact Customer Support for more coverage information.

**WISCONSIN:**

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered.

Benefits are for a single purchase of a type of DME (including repair/replacement) every three years. This limit does not apply to wound vacuums. Cochlear implants are included under the Durable Medical Equipment benefit as required by Wisconsin insurance law.



Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit.

**ADDITIONAL TO THE ABOVE:**

**WISCONSIN:** Cochlear Implants are included under the DME benefit.

Diabetes equipment and supplies are listed as a state required benefit

**PROSTHETICS, ORTHOTIC, INTERNAL IMPLANTED AND EXTERNAL DEVICES**

**CALIFORNIA, FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN EXCEPT IDAHO:**

Molina and Passport (for KY) cover the internal device listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants- with no age restriction
  - However, Hearing Aids may have an age restriction for under 21 (varies for each state depending on if they cover Hearing Aids for Adults. For ex/ IL and KY cover Hearing Aids for Adults); Refer to Benefit Interpretation Policy titled Hearing Services)

**We do cover Cochlear Implant Batteries for all MP states except ID (ID does not cover cochlear implants)**

**ALL STATES:**

Limb Prosthetics for Adults are covered if it results in improvement of clinical function (Clinical Perspective)

**CALIFORNIA:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the prosthetic and orthotic devices described in this section if all of the following requirements are met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the Provider or vendor that Molina selects.

Coverage includes fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse), and services to determine whether

the Member needs a prosthetic or orthotic device. If Molina covers a replacement device, then the Member pays the Cost Sharing that would apply for obtaining that device, as specified below.

***Internally implanted devices:*** Molina covers internally implanted devices, such as pacemakers, intraocular lenses, cochlear implants, Osseo integrated hearing devices, and hip joints if these devices are implanted during a surgery that is otherwise covered by Molina. Please refer to the “Inpatient Hospital Services” or “Outpatient Hospital/Facility Services” sections (as applicable) of the Schedule of Benefits to see the Cost Sharing applicable to internally implanted devices.

***External devices:*** Durable Medical Equipment Cost Sharing applies for the following external prosthetic and orthotic devices.

- Prosthetic devices and installation accessories to restore a method of speaking following the removal of all or part of the larynx (this coverage does not include electronic voice-producing machines, which are not prosthetic devices).
- Prostheses needed after a Medically Necessary mastectomy, including custom-made prostheses when Medically Necessary and up to three brassieres every 12 months when required to hold a prosthesis.
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist.
- Compression burn garments and lymphedema wraps and garments.
- Enteral formula for Members who require tube feeding in accord with Medicare guidelines.
- 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.

**FLORIDA:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the prosthetic and orthotic devices described in this section if all of the following requirements are met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member’s medical needs; and
- The Member receives the device from the provider or vendor that Molina selects.

Coverage includes fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse), and services to determine whether the Member needs a prosthetic or orthotic device. If Molina covers a replacement device, then the Member pays the Cost Sharing that would apply for obtaining that device, as specified below.

*Internally implanted devices:* Molina covers internally implanted devices, such as pacemakers, intraocular lenses, cochlear implants, osseointegrated hearing devices, and hip joints if these devices are implanted during a surgery that is otherwise covered by Molina. Please refer to the “Inpatient Services” or “Outpatient Services” sections (as applicable) of the Schedule of Benefits to see the Cost Sharing applicable to internally implanted devices.

*External devices:* Durable Medical Equipment Cost Sharing applies for the following external prosthetic and orthotic devices.

- Prosthetic devices and installation accessories to restore a method of speaking following the removal of all or part of the larynx (this coverage does not include electronic voice-producing machines, which are not prosthetic devices).
- Prostheses needed after a Medically Necessary mastectomy, including custom-made prostheses when Medically Necessary and up to three brassieres every 12 months when required to hold a prosthesis.
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist.
- Compression burn garments and lymphedema wraps and garments.
- Enteral formula for Members who require tube feeding in accord with Medicare guidelines.
- 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.

**IDAHO:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Hip joints
- Intraocular lenses
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury, or congenital defect.

- Custom made prosthesis after mastectomy and up to three brassieres required to hold a prosthesis every 12 months
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the Provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair, or replacement of the device (unless due to loss or misuse).

Following cataract Surgery or for the treatment of Keratoconus, benefits for a required contact lens or a pair of eyeglasses are limited to the first contact lens or pair of eyeglasses, which must be purchased within ninety (90) days. Prior Authorization required when the expected charges exceed five hundred dollars (\$500).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

#### **ILLINOIS:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices when Prior Authorized and under the following conditions:

Prior Authorized Prosthetics are covered when:

- Required to replace all or part of an organ or tissue of the human body, or
- Required to replace all or part of the function of a non-functioning or malfunctioning organ or tissue.

Prior Authorized Orthotic Devices are covered when:

- Provided for a supportive device for the body or a part of the body, head, neck or extremities, including but not limited to, leg, back, arm and neck braces.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Prosthetic and orthotic device coverage includes the most appropriate model that is medically necessary for Members to perform physical activities and to maximize whole body health and strengthen the lower and upper limb function, as determined by a Participating Provider. Covered Services are limited to a single purchase of each type of prosthetic device every 3 years.

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics defined as an in-shoe device, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

**KENTUCKY:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Passport covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseo integrated hearing devices

- Pacemakers
- Hearing aids (Refer to Hearing Services Benefit Policy)

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy and four (4) surgical bras per Benefit Year, as required by the Women's Health and Cancer Rights Act.
- Podiatric devices to prevent or treat diabetes-related complications
- Wigs (the first one following cancer treatment, not to exceed one (1) per Benefit Year)

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the Provider or vendor that Passport selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse). Covered Services are limited to a single purchase of each type of prosthetic device every 3 years.

**MICHIGAN:**

Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseo integrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:



- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair, or replacement of the device (unless due to loss or misuse).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered. For full coverage information, please contact Customer Support.

**MICHIGAN:** Mastectomy prosthetics are listed as a state required benefit.

**MISSISSIPPI:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required. Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all of the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

**NEVADA:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Covered Services are limited to a single purchase of each type of prosthetic device, including repair and replacement, every 3 years.

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

**NEW MEXICO:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect
- Custom made prosthesis after mastectomy
- Custom fabricated knee-ankle foot orthoses (KAFO) and ankle-foot orthoses (AFO) are Covered for members in accordance with nationally recognized guidelines.
- Braces and other external devices used to correct a body function including clubfoot deformity
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. Foot orthotics or shoe appliances are not covered, except for our members with diabetic neuropathy or other significant neuropathy. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered. One-month rental of a wheelchair is covered if the member owned the wheelchair that is being repaired.

Orthotic appliances may be limited to a calendar year maximum.

Covered orthotic appliances including:

- Podiatric appliances for prevention of feet complications associated with diabetes.
- Braces and other external devices used to correct a body function including clubfoot deformity.

**Limitations on orthotic appliances:** Foot orthotics or shoe appliances are only cover the most appropriate prosthetic or custom orthotic device determined to be medically necessary by the member's treating physician and associated medical providers to restore or maintain the ability to complete activities of daily living or essential job-related activities and that is not solely for the comfort or convenience of the member, which includes our members with diabetic neuropathy or other significant neuropathy. Custom fabricated knee-ankle foot orthoses (KAFO) and ankle-foot orthoses (AFO) are Covered for members in accordance with nationally recognized guidelines.

**Covered prosthetic devices:** Prosthetic devices are artificial devices that replace or augment a missing or impaired part of the body. The purchase, fitting, and necessary adjustments of prosthetic devices and supplies that replace all or part of the function of a permanently inoperative or malfunctioning body part are covered when they replace a limb or other part of the body, after accidental or surgical removal and/or when the body's growth necessitates replacement.

Examples of prosthetic devices include, but are not limited to:

- breast prostheses when required because of mastectomy and prophylactic mastectomy
- prosthetics related to other medically necessary services related to gender affirming care and the treatment for gender dysphoria
- artificial limbs
- prosthetic eye
- prosthodontic appliances
- penile prosthesis
- joint replacements
- heart pacemakers
- tracheostomy tubes and cochlear implants

Repair and replacement of durable medical equipment, prosthetics and orthotic devices must comport with state law. Repair and replacement are covered when medically necessary due to change in the members condition, wear or after the products normal life expectancy has been reached. One-month rental of a wheelchair is covered if the member owns the wheelchair that is being repaired.

**Medical Necessity and Nondiscrimination Standards for Coverage of Prosthetics and Orthotics:**

Molina provides coverage for initial and secondary prosthetic devices and custom orthotics in a non-discriminatory manner, and without restriction based on predetermined utilization limits, at the same level and cost-sharing as the coverage provided for medical and surgical benefits. Prosthetic and custom orthotic devices are considered habilitative and rehabilitative essential health benefits and are not subject to separate financial requirements or utilization restrictions. Coverage includes:

- Clinical care
- All supplies, materials, and devices determined by the physician to be medically necessary and most appropriate to maximize upper and lower limb function, maintain activities of daily living or essential job-related activities, and meet the medical needs for physical activities such but not limited to running, biking, swimming, strength training.
- All services, including design, fabrication, and repair
- Replacement, without regard to reasonable useful lifetime restrictions, including replacement necessary due to a change in the patient's condition or the condition of the device if replacement the device requires repairs costing more than 60 percent of replacement cost.
- Access to prosthetic and custom orthotic devices from at least two distinct device providers in-network.

Utilization management decisions related to coverage for prosthetic or custom orthotic devices will be applied in a non-discriminatory manner using the most recent version of evidence-based treatment and fit criteria as recognized by relevant clinical specialists or their organizations. Prosthetic and custom orthotic benefits will not be denied for an individual with limb loss or absence that would otherwise be covered for a non-disabled person seeking medical or surgical intervention to restore or maintain the ability to perform the same daily functions and physical activity. However, coverage for prosthetic devices and custom orthotics will not be provided when required solely for comfort or convenience.

**Surgical Dressing:** Surgical dressings that require a practitioner's/provider's prescription and cannot be purchased over the counter are covered when medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure.

**Gradient compression stockings** are covered for:

- Severe and persistent swollen and painful varicosities, or lymphedema/edema or venous insufficiency not responsive to simple elevation

- Venous stasis ulcers that have been treated by a practitioner/provider or other health care professional requiring medically necessary debridement (wound cleaning).  
Lymphedema wraps and garments prescribed under the direction of a lymphedema therapist are covered.

**OHIO:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses (including contact lenses or glasses following implantation and the first pair of contact lenses or glasses which replace the function of the human lens for conditions caused by cataract surgery or injury. A donor lens is not the first lens)
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the Provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered. For full coverage information, please contact Customer Support.



**SOUTH CAROLINA:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the prosthetic and orthotic devices described in this section if all of the following requirements are met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Coverage includes fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse), and services to determine whether the Member needs a prosthetic or orthotic device. If Molina covers a replacement device, then the Member pays the Cost Sharing that would apply for obtaining that device, as specified below.

*Internally implanted devices:* Molina covers internally implanted devices, such as pacemakers, intraocular lenses, cochlear implants, osseointegrated hearing devices, and hip joints if these devices are implanted during a surgery that is otherwise covered by Molina. Please refer to the "Inpatient Services" or "Outpatient Services" sections (as applicable) of the Schedule of Benefits to see the Cost Sharing applicable to internally implanted devices.

*External devices:* Durable Medical Equipment Cost Sharing applies for the following external prosthetic and orthotic devices.

- Prosthetic devices and installation accessories to restore a method of speaking following the removal of all or part of the larynx (this coverage does not include electronic voice-producing machines, which are not prosthetic devices).
- Prostheses needed after a Medically Necessary mastectomy, including custom-made prostheses when Medically Necessary and up to three brassieres every 12 months when required to hold a prosthesis.
- Podiatric devices (including footwear) to prevent or treat diabetes-related complications when prescribed by a Participating Provider who is a podiatrist.
- Compression burn garments and lymphedema wraps and garments.
- Enteral formula for Members who require tube feeding in accord with Medicare guidelines.
- Artificial replacement body parts needed to ease or correct a condition caused by an illness, injury or birth defect, disease or anomaly.

**TEXAS:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseo integrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse), and services to determine whether the Member needs a prosthetic or orthotic device.

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

#### **UTAH:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect.
- Custom made prosthesis after mastectomy and up to three brassieres required to hold a prosthesis every 12 months
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.
- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the Provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

**WASHINGTON:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers FDA approved prosthetic, orthotic, internally implanted and external devices. Prior Authorization is required. Some devices that are covered, but not limited to:

- Cochlear implants
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury, or congenital defect.
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all of the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes.

- The device is the standard device that adequately meets the Member's medical needs.
- The Member receives the device from the provider or vendor that Molina selects.

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair, or replacement of the device (unless due to loss or misuse).

Molina does not cover foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

#### **WISCONSIN:**

**Prosthetic, Orthotic, Internal Implanted and External Devices:** Molina covers the internal and external devices listed below. Prior Authorization is required.

Internally implanted devices:

- Cochlear implants, including treatment related to and procedures for implants for children under 18 years of age
- Hip joints
- Intraocular lenses
- Osseointegrated hearing devices
- Pacemakers

External devices:

- Artificial limbs needed due to loss resulting from disease, injury or congenital defect
- Custom made prosthesis after mastectomy
- Podiatric devices to prevent or treat diabetes-related complications

Coverage is dependent on all the following requirements being met:

- The device is in general use, intended for repeated use, and primarily and customarily used for medical purposes
- The device is the standard device that adequately meets the Member's medical needs
- The Member receives the device from the provider or vendor that Molina selects

Prosthetic and orthotic device coverage includes services to determine whether the Member needs a prosthetic or orthotic device, fitting and adjustment of the device, repair or replacement of the device (unless due to loss or misuse).

Covered Services are limited a single purchase of each type of prosthetic device every 3 years. Once this limit is reached, Benefits continue to be available for items required by the Women’s Health and Cancer Rights Act of 1998.

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

**Please refer to the “Exclusions” section of the EOC for a description of benefit limitations and applicable exceptions.**

### **LIMITATIONS:**

**Illinois:** Prosthetic and Orthotic Devices (Limit for 1 of each type of Prosthetic device per 3 years)

**Kentucky:** Prosthetic and Orthotic Devices (Limit for 1 of each type of Prosthetic device per 3 years)

**New Mexico:** Prosthetic and Orthotic Devices (Limit for 1 item per year)

**Wisconsin:** DME & Prosthetic and Orthotic Devices; Limit for 1 of each type of Prosthetic device per 3 years- Once this limit is reached, Benefits continue to be available for items required by the Women’s Health and Cancer Rights Act of 1998. This limit does not apply to wound vacuums. (Benchmark)

### **MEDICAL SUPPLIES**

#### **ALL STATES:**

Medical Supplies is covered under home health care services when Medically Necessary and referred by Your PCP, and approved by Molina Healthcare

- You must have Prior Authorization for all home health services before obtaining services.

### **MORE INFORMATION**

Refer to Benefit Interpretation Policy titled **Hearing Services.**

#### **D. NOT COVERED**

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## DIGITAL HEALTH

### ALL STATES:

**Digital Health and Digital Therapeutics:** Mobile applications, software, or hardware devices marketed as digital therapeutics to prevent, manage, or treat medical disorders or behavioral conditions are not covered. This does not apply to formulary continuous glucose monitors or covered insulin pump devices, which are considered Durable Medical Equipment, and are subject to Prior Authorization.

### WISCONSIN:

**Digital Health and Digital Therapeutics:** Mobile applications, software, or hardware devices marketed as digital therapeutics to prevent, manage, or treat medical disorders or behavioral conditions are not covered. This does not apply to formulary continuous glucose monitors or covered insulin pump devices (insulin pumps are limited to one pump per year), which are considered durable medical equipment, and are subject to Prior Authorization.

## DISPOSABLE SUPPLIES

### ALL STATES:

**Disposable Supplies:** Disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, diapers, underpads, and other incontinence supplies are not covered.

## DME

**MISSISSIPPI:** It is not covered if out-of-network services are used (RPM confirmed)

### FLORIDA:

**We do not cover the following Durable Medical Equipment:** Durable Medical Equipment that is primarily for convenience and/or comfort, Modifications to motor vehicles and/or homes, including but not limited to, wheelchair lifts or ramps, Water therapy devices such as Jacuzzis, hot tubs, swimming pools or whirlpools, Exercise and massage equipment, Hearing aids (other than internally implanted devices as described in the "Prosthetic and Orthotic Devices" section), Air conditions and purifiers, humidifiers, water softeners and/or purifiers, Pillows, mattresses or waterbeds, Escalators, elevators, stair glides, Emergency alert equipment, Handrails and grab bars, Heat appliances, Dehumidifiers, and Replacement of Durable Medical Equipment solely because it is old or used

### NEW MEXICO:



Routine foot care items and services are not covered, except for Members with diabetes unless medically necessary due to diabetes or other significant peripheral neuropathies.

**UTAH:**

The following are excluded from the Durable Medical Equipment benefit:

- Adaptive devices or aids to daily living
- Air cleaner, purifier
- Air Conditioners
- Alarm systems
- Allergy free blanket, pillow case, or mattress cover
- Ankle foot orthotic (AFO)
- Arch supports, insoles, heel cushions, etc.
- Auto-tilt chair
- Bandages
- Bar bell set, dumb bells
- Barrel crawl
- Bathtub lifts
- Bathtub seat/bench/chair
- Bathtub/toilet rails
- Batteries, replacement batteries,(with the exception of batteries or battery replacements for use with insulin pumps and insulin infusion pumps)
- Battery charger
- Bed, air fluidized
- Bed baths (home type)
- Bed board
- Bed Cradle
- Bed pans
- Bed side rails
- Bed wedges, foam slants
- Bed, Hospital, standard semi-electric
- Bed, Hospital, total electric
- Bed, non-Hospital, adjustable
- Bed, oscillating
- Bed, pressure therapy
- Beeper
- Biofeedback device
- BiPAP (including eligible attachments and supplies)
- Blood pressure cuff and/or kit
- Bone growth stimulator (osteogenesis) – purchase
- Bone growth stimulator
- Booster chair, pediatric
- Braille teaching texts

- Cane
- Car seat, adult or pediatric
- Car/van lift, car modifications
- Carafe
- Cervical pillow
- Chair, adjustable (for dialysis only)
- Chest compression vest,
- System generator and hoses
- Circle balance discs
- Cleaning solutions
- Coagulation protime self-testing device (CoaguChek)
- Commode and accessories
- Communicative device, equipment or repair
- Computer systems or components
- Computerized assistive devices
- Continuous hypothermia machine
- Contour chair
- Cranial electro stimulation (CES)
- Crawler, height adjustable
- Crawler, prone
- Crawling coordination training unit
- Crutches—purchase
- Crutches—rental
- Crutches, underarm pad
- Replacement
- Cuff weights
- Dehumidifiers (room or central heating system)
- Deionizer, water purification system
- Dialysis equipment, home
- Diapers
- Drionic machine
- Dynasplint
- Electrodes and accessories for stimulators
- Electronic controlled thermal therapy devices
- Electrostatic machine
- Elevators
- Emesis basins
- EMG machine (biofeedback)
- Enuresis alarm unit
- Environmental control systems
- Erectile Aid System (vacuum system)
- Exercise equipment
- Eyeglasses
- Face masks

- Fracture frame
- Gel flotation pads and mattresses
- Grab bars
- Gym Mat
- Hand controls for motor vehicle
- Handgrip replacement (cane, crutch, walker, wheelchair, etc.)
- Head float
- Health Spa
- Hearing aids, hearing devices (other than internally-implanted devices as described in “Prosthetic and Orthotic Devices”)
- Heat lamps
- Heating pads, hot water bottle
- Home modifications
- Home physical therapy kits
- Hot tub
- Humidifier
- Humidifier, room or central heating
- Humidifier, only with IPPB or other respiratory equipment
- H-Wave electronic device, including supplies
- Hydraulic patient lifts
- Hydrocollater unit
- Hydrotherapy tanks
- Ice Packs
- Incontinence treatment system
- Interferential nerve stimulator
- IPPB machine
- Lift platform, wheelchair, van or home
- Lift, chair (seat)
- Light box (seasonal)
- Lymphedema pump (pneumatic compressor)
- Lymphedema sleeves/supplies
- Maclaren buggy, stroller
- Maintenance, warranty or service contracts
- Massage devices
- Mattress, Hospital bed
- Mattress, inner spring or foam rubber
- Mattress, pressure-reducing, including overlay
- Motor vehicle
- Motor vehicle alterations, conversions
- Motor vehicle devices, hand controls, lifts, etc.
- Mouth guard
- Muscle stimulator, including supplies
- Myoelectric prosthetics
- Neo-control chair

- Neuromuscular stimulator (NMES)
- Oral appliance to treat obstructive sleep apnea
- Orthopedic brace for sports activities
- Orthotics, shoe inserts (any type)
- Overbed tables
- Oxygen systems, concentrators and accessories—purchase
- Pager
- Paraffin bath units (therabath)
- Parallel bars
- Pelvic floor stimulator
- Percussor, chest (with generator)
- Polarcare (cold compression device)
- Portable room heaters
- Postural drainage board
- Posture chair
- Pressure pads, cushions and mattresses (with or without pumps)
- Prosthetic socks (stump socks), and supplies
- Protonics knee orthosis
- Pulsed galvanic stimulator, including supplies
- Quad-cane
- Raised toilet seats
- Reflux board, infant
- Repairs, non-routine performed by a skilled technician
- Rocking bed
- Roho air flotation system
- Rollabout chair
- Rowing machine
- Safety grab bar, rail, bathroom, toilet, bed
- Safety rollers, with walkers
- Sauna baths
- Scales
- Scooter board
- Seat lift mechanism
- Shoes, orthopedic or corrective, modifications, lifts, heels, wedges, inserts, etc.
- Shower bench
- Sitz bath
- Spa membership
- Speech augmentation communication device
- Speech generating device
- Speech teaching machines, language master
- Sphygmomanometer with cuff (blood pressure cuff)
- Spinal pelvic stabilizers
- Stairglide (stairway elevator lift)

- Stander
- Standing table
- Stethoscope
- Sun glasses
- Support hose (elastic stockings, surgical stockings)
- Support Pillow
- Swimming Pool
- Sympathetic therapy
- Stimulator (STS), including supplies
- Telephone
- Telephone alert systems
- Telephone arms
- TENS units
- Theraband
- Therapy ball, roll, putty
- Thermometer
- Tips, replacement (wheelchair, walker, crutches, etc.)
- Toddler Walkabout
- Toileting Aids
- Tool Kits
- Tracheostomy Speaking Valve
- Traction, Cervical, Extremity, Pelvic
- Traction, Overdoor
- Transcutaneous Electrical Nerve Stimulator (TENS) Unit, including supplies
- Transfer Board
- Trapeze Bars
- Tray, Desk, Drafting Table, Easel, Caddy Tray, Cup Holder, etc. (wheelchair)
- Tricycle, Hip Extensor
- Ultraviolet Cabinet
- Ultraviolet Lamp, handheld
- Upholstery, Reinforcement or Replacement
- Urinals
- Used Equipment
- Uterine Activity Monitor, with pregnancy
- Van, Van Conversion
- Vaporizer, room type
- Ventilator—purchase
- Vibrating Chair
- Vibrators
- Vision Aid or Device
- Walkers and attachments, Basic—purchase
- Walkers and attachments, Basic—rental

- Walkers and attachments, Specialty—purchase
- Walkers and attachments, Specialty—rental
- Waterbed
- Wheelchair Ramp
- Wheelchair, auto carrier
- Wheelchair, backpacks, caddy, carrier, baskets, etc.
- Wheelchair, heel, toe Loops replacement
- Wheelchair, Spoke Protectors
- Wheelchair, Stand-Up
- Wheelchair, Tune-up
- Wheelchair, Utility Tray
- Wheel mobile
- Whirlpool Bath Equipment
- Whirlpool Pumps
- White Cane
- Wig, Hair Piece
- Work Table
- Wrist Alarm

## **PROSTHETICS, OTHOTICS, INTERNAL IMPLANTED AND EXTERNAL DEVICES**

### **ALL STATES:**

Molina and Passport (KY) do not cover inflatable penile prosthesis.

INSJ MULTI- CPT 54405: COMPONENT INFLATABLE PENILE PROSTH

### **IDAHO:**

**Hearing Aids:** The following are not covered: hearing aids, auditory osseo integrated (bone conduction) devices, cochlear implants and examination for or fitting of them, except for congenital or acquired hearing loss that without intervention may result in cognitive or speech development deficits of a covered dependent child, covering not less than one (1) device every thirty-six (36) months per ear with loss and not less than forty-five (45) language/speech therapy visits during the first twelve (12) months after delivery of the covered device

### **IDAHO, ILLINOIS, MICHIGAN, MISSISSPPI, NEVADA, OHIO, TEXAS, UTAH, WISCONSIN:**

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

### **NEW MEXICO:**

Molina does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. Foot orthotics or shoe appliances are not covered, except for our members with diabetic neuropathy or other significant neuropathy. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered. One-month rental of a wheelchair is covered if the member owned the wheelchair that is being repaired.

#### **KENTUCKY:**

Passport does not cover orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

#### **WASHINGTON:**

Molina does not cover foot orthotics, cranial banding, and some types of braces, including over-the-counter orthotic braces. However, braces that stabilize an injured body part and braces to treat curvature of the spine are covered.

#### **WIGS**

**CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN EXCEPT KENTUCKY:**

Molina does not cover wigs. Passport (KY) does cover wigs with limit. Please refer to covered section.

#### **BATH/SHOWER CHAIR**

Bath/shower chair, with or without wheels, any size- This would not be covered as it is a convenience item for MP. The Evidence of Coverage (EOC) for each MP state does not mention bath/shower chairs are covered.

#### **E. DEFINITIONS**

[See Glossary](#)

#### **F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>



	5/14/2021	<ul style="list-style-type: none"><li>Added IL 2022 EOC Language</li></ul>		
	6/28/2021	<ul style="list-style-type: none"><li>Added ID 2022 EOC Language</li></ul>		
	5/12/2023	Removed: <ul style="list-style-type: none"><li><b>Mississippi:</b> Prosthetic and Orthotic Devices (\$5,000 lifetime limit for benefits related to the temporomandibular/craniomandibular joint (includes prosthetic appliances)</li></ul>		
	7/1/2023	<ul style="list-style-type: none"><li>Added NV 2024 EOC Language</li></ul>		
Codification	<a href="#">Marketplace Benefit Interpretation Policies Codification</a>			
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"><li>a. Covered and No PA Required</li><li>b. Not Covered</li></ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>			
Approval	Departments	Product	CIM	Clinical Management
	Date	12/22/2020	1/11/2021	3/24/2021
	Revised (for 1/1/2022)	10/26/2021	3/10/2022	10/26/2021
	Revised (for 1/1/2023)	11/15/2022	4/6/2023	11/15/2022
	Revised (for 1/1/2024)	12/15/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/5/2024	-	10/31/2024