

To:  
Federally Qualified  
Health Centers  
Home Health  
Agencies  
Individual Medical  
Supply Providers  
Medical Equipment  
Vendors  
Nursing Homes  
Occupational  
Therapists  
Pharmacies  
Physical  
Therapists  
Rehabilitation  
Agencies  
Speech and  
Hearing Clinics  
Speech-Language  
Pathologists  
Therapy Groups  
HMOs and Other  
Managed Care  
Programs

## Revised List of Noncovered Durable Medical Equipment and Services

This *Wisconsin Medicaid and BadgerCare Update* includes a revised list of frequently requested durable medical equipment and services that are not covered by Wisconsin Medicaid. This *Update* will reduce the submission of unnecessary prior authorization requests and facilitate coordination with other funding sources.

### Revised List of Noncovered Durable Medical Equipment and Services

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a revised list of frequently requested durable medical equipment and services that are not covered by Wisconsin Medicaid. This means that prior authorization (PA) requests for these items and services will be denied. This *Update* will reduce the submission of unnecessary PA requests and facilitate coordination with other funding sources.

### Policy for Covered and Noncovered Durable Medical Equipment and Services

Wisconsin Medicaid covers only services that are medically necessary as defined under HFS 101.03(96m), Wis. Admin. Code. Medicaid coverage is limited to equipment that serves a medical purpose and is generally not useful to a person without an illness or injury. Chapter HFS 107, Wis. Admin. Code, contains information on

Medicaid covered and noncovered services for all providers.

Refer to the Durable Medical Equipment Index at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) for a complete list of covered services, coverage limitations, and PA requirements.

### Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Noncovered Durable Medical Equipment and Services

Wisconsin Medicaid does not cover the following durable medical equipment and/or services. This list is not all-inclusive and may be revised periodically:

- **Foot orthoses or orthopedic or corrective shoes for the following conditions:**
  - ✓ Flattened arches, regardless of the underlying pathology.
  - ✓ Incomplete dislocation or subluxation metatarsalgia with no associated deformities.
  - ✓ Arthritis with no associated deformities.
  - ✓ Hypoallergenic conditions.
- **Services denied by *Medicare* for lack of medical necessity.**
- **Items which are not primarily medical in nature, including:**
  - ✓ Air conditioners and air purifiers.
  - ✓ Auditory/listening music programs.
  - ✓ Baby/infant exercise saucers.
  - ✓ Ceiling lifts.
  - ✓ Cleaning and disinfectant supplies.
  - ✓ Cold air humidifiers.
  - ✓ Computers.
  - ✓ Copy machines.
  - ✓ Dehumidifiers.
  - ✓ Educational learning computer programs.
  - ✓ Electric page turners.
  - ✓ Emergency alert contact systems/services.
  - ✓ Exercise and fitness equipment (stationary bicycles, treadmills, pulleys, weights, exercise therapy mats, rowing machines, physioballs, therapy putty, or therapy bands).
  - ✓ Extended warranty.
  - ✓ Fax machine.
  - ✓ Home and environmental modifications (electronic or mechanical devices to control lighting, appliances, etc.).
  - ✓ Homemaking equipment (microwaves, food carts, cutting boards, or other adaptive equipment for cooking, cleaning, etc.).
  - ✓ Hydrocollator equipment or other devices for heat or cold.
  - ✓ Hypoallergenic items including bedding.
  - ✓ Intercom monitors.
  - ✓ Laptop computers.
  - ✓ Lights, horns, flags, or signs for mobility bases.
  - ✓ Masks other than those allowable with Medicaid covered respiratory equipment.
  - ✓ Pacemaker monitors.
  - ✓ Playground and recreation equipment (swings, jungle gyms, tunnels, parachutes, obstacle courses, tricycles, or other adapted or specialized toys).
  - ✓ Power door openers.
  - ✓ Reading machines.
  - ✓ Restraints.
  - ✓ Ring walkers.
  - ✓ Safety equipment (gait belts, harnesses, vests, alarm systems, wanderguard, medical alert bracelets or other types of monitoring equipment, or fences).
  - ✓ Service animals.
  - ✓ Telephone modems.
  - ✓ Telephones, cell phones, and speaker phones.
  - ✓ Van or vehicle modifications.
  - ✓ Video games.
- **Items which are not appropriate for home usage, including:**
  - ✓ Oscillating beds.
  - ✓ Paraffin baths.
- **Items which are not generally accepted by the medical profession as being therapeutically effective.**  
These items include heat and massage foam cushion pads.

- **Items which do not contribute to the improvement of the recipient's medical condition, including:**
  - ✓ Alcohol swabs.
  - ✓ Alcohol wipes.
  - ✓ Assistive listening devices, as follows:
    - Telephone amplifier, any type.
    - Alerting, any type.
    - Television amplifier, any type.
    - Television caption decoder.
    - Telecommunications Device for the Deaf (TDD).
  - ✓ Baskets or backpacks for use with walkers, wheelchairs, or scooters.
  - ✓ Bolsters and wedges (pillows, such as cervical and/or lumbar supports).
  - ✓ Canopies, umbrellas, or sun shades (free standing or for attachment to a mobility base).
  - ✓ Cushion lift power seats.
  - ✓ Disposable washcloths.
  - ✓ Disposable wipes or diaper wipes.
  - ✓ Elevators, stair glides, or stair lifts.
  - ✓ Equipment, supplies, or products designed to change the calming or stimulating factors in any environment.
  - ✓ Hibiclens.
  - ✓ Iodine solution.
  - ✓ Iodine swabs.
  - ✓ Moisturizing skin cream or lotion.
  - ✓ Over-the-bed or bedside tables.
  - ✓ Periwash.
  - ✓ Ramps (home, wheelchair, van/vehicle lifts or carriers).
  - ✓ Seat lift chairs.
  - ✓ Standers with hydraulic/automated lift mechanisms.
  - ✓ Standers with mobility bases.
  - ✓ Sunscreens.
  - ✓ Trays for walkers, standers, and gait trainers.
  - ✓ Weighted blankets and/or vests.
  - ✓ Wheelchair lifts.
  - ✓ Wheelchair gloves.
  - ✓ Whirlpools or hot tubs.
  - ✓ Wigs.
- **Repair, maintenance, or modification of rented durable medical equipment.**
- **Delivery or set-up charges for equipment as a separate service, including:**
  - ✓ Installation of equipment or labor charges to mount equipment in a home.
  - ✓ Shipping and handling as a separate charge.
  - ✓ Travel to and from the recipient's residence.
- **Fitting, adapting, adjusting, or modifying a prosthetic or orthotic device or corrective or orthopedic shoes as a separate service.**
- **All repairs of a hearing aid or other assistive listening device performed by a dealer within 12 months after the purchase of the hearing aid or other assistive listening device.**  
These are included in the purchase payment and are not separately reimbursable.
- **Hearing aid or other assistive listening device batteries which are provided in excess of the guidelines enumerated in the Wisconsin Medicaid Hearing Services Handbook.**
- **Items that are provided for the purpose of enhancing the prospects of fertility in males or females.**
- **Impotence devices, including, but not limited to, penile prostheses.**
- **Testicular prosthesis.**
- **Food.**
- **Infant formula and enteral nutritional products except as allowed under s. HFS 107.10(2)(c), Wis. Admin. Code.**  
As stated in s. HFS 107.10(2)(c), Wis. Admin. Code, exceptions include: Medically necessary, specially formulated nutritional supplements and replacement products, including enteral and parenteral products used for the treatment of severe health conditions, such as pathologies of the gastrointestinal tract or metabolic disorders, as described in the Wisconsin Medicaid provider handbooks and bulletins.