



Durable Medical Equipment Clinical Coverage Criteria

Effective July 1, 2025, prior authorization requests for durable medical equipment for all plan members should be submitted to Integrated Home Care Services at FAX number: 844-215-4265, except for PACE members. Prior authorization requests for PACE members should continue to be submitted to the PACE members' interdisciplinary care team.

Overview

Durable medical equipment (DME) is defined as equipment which:

- Can withstand repeated use,
- Is primarily and customarily used to serve a medical purpose,
- Generally, is not useful to a person in the absence of an illness or injury, and
- Is appropriate for use in the home.

Although an item may meet the definition of DME above, it may not be covered in every instance. DME must also be medically necessary for the treatment of the plan member's illness or injury and the DME must be used in the plan member's home.

With respect to prior authorization requests for DME, the following hierarchy of criteria applies for dates of service on or after July 1, 2025:

- For Medicare members: Fallon Health will follow Medicare NCDs, and LCDs established by Noridian Healthcare Solutions, LLC, for Medicare members. In situations where there is no NCD or LCD for a particular DME item, Fallon Health will follow a written policy established by Fallon Health for that DME item. In the event that there is no NCD, LCD or Fallon Health policy, Fallon Health will apply MCG Care Guidelines or InterQual® criteria to establish medical necessity for the requested DME item.
- For MassHealth members: Fallon Health will first follow MassHealth Guidelines for Medical Necessity Determination. MassHealth Guidelines for Medical Necessity Determination are available at the following website: <https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination>. In situations where MassHealth has not established Guidelines for Medical Necessity Determination for a particular DME item, Fallon Health will follow a written policy established by Fallon Health for that DME item. In the event that there is no MassHealth Guideline or Fallon Health policy, Fallon Health will follow an LCD established by Noridian for that item. In the event that there is no MassHealth Guideline no Fallon Health policy, and no LCD, MCG Care Guidelines or InterQual® criteria will be used to establish medical necessity for the requested DME item.
- For Dual Eligible members: Fallon Health will first follow Medicare NCDs and LCDs established by Noridian Healthcare Solutions, LLC, to determine medical necessity for the requested DME item. In the event that there is no NCD or LCD for a particular DME item (or if the Dual Eligible member does not meet medical necessity criteria in the NCD or LCD), Fallon Health will follow the MassHealth Guidelines for Medical Necessity Determination for that item. In the event that there is no NCD, LCD or MassHealth Guideline, Fallon Health will follow a written policy established by Fallon Health for that DME item. In the event that there is no NCD, LCD, MassHealth Guideline or Fallon Health policy, MCG Care Guidelines or InterQual® criteria will be used to establish medical necessity for the requested service.
- For Community Care members: Fallon Health will follow a written policy established by Fallon Health for the requested DME item. In the event that there is no Fallon Health policy, Fallon

Health will follow an LCD established by Noridian Healthcare Solutions, LLC. In the event that there is no Fallon Health policy and no LCD for the requested DME item, MCG Care Guidelines or InterQual® criteria will be used to establish medical necessity for the requested DME item.

For the purposes of the purchase or rental of DME, a plan member's home may be his/her own home or apartment, a relative's home (if the plan member lives there), and furnishing custodial care, or a non-participating nursing home (i.e., neither Medicare or Medicaid) primarily engaged in providing custodial care, may be referred to as a 'rest home.'

An institution cannot be considered a plan member's home if it:

- Meets the basic definition of a hospital, i.e., it is primarily engaged in providing by or under the supervision of physicians to inpatients diagnostic and therapeutic services for the medical diagnosis, treatment, and care of injured, disabled, and sick persons or rehabilitation services for the rehabilitation of injured, disabled, or sick persons (Social Security Act, Section 1861(e)(1); or
- Meets at least the basic requirement in the definition of a skilled nursing facility (SNF), i.e., it is primarily engaged in providing to inpatients skilled nursing care and related services for patients who require medical or nursing care or rehabilitation services for the rehabilitation of injured, disabled, or sick persons (Social Security Act, Section 1819(a)(1). This applies not only to Medicare-participating SNFs, but also to institutions which, though not participating in Medicare, do provide the type of care described in Section 1819(a)(1) of the Act.

Thus, if a plan member is a patient in an institution or distinct part of an institution which meets the definition of a hospital or SNF, the plan member is not entitled to coverage for the rental or purchase of DME. These institutions provide skilled care which includes the inherent responsibility to dispense DME when needed. Please note this may not be specific to all DME and the service might separately be reimbursed if stated in either the SNF's contract or Fallon Health Payment Policy.

Capped rental

For capped rental items for all products except MassHealth ACO,* Fallon Health will pay 10 monthly rental payments (equal to the allowed amount for the purchase of that item) to a DME supplier while the equipment is in continuous use by a plan member. A period of continuous use allows for temporary interruptions, such as when a plan member is admitted to a hospital or skilled nursing facility for inpatient care. Interruptions that exceed 60 consecutive days, plus the days remaining in the rental month in which the use ceases (not calendar month, but the 30-day rental period) will start a new capped rental period. The capped rental payment is inclusive of all costs for the effective use of the equipment by the plan member including maintenance and service, repairs or replacement, and supplies and accessories needed to use the equipment. At the end of the capped rental period the item is considered to have been purchased by the plan member and title for the equipment must be transferred to the plan member.

* Effective December 1, 2020, for capped rental items for MassHealth ACO plan members, the Plan will pay 13 monthly payments equal to the allowed amount for the purchase of the item, when the item is in continuous use by the plan member, unless otherwise specified in the supplier's contract. Capped rental items for MassHealth ACO plans must include the appropriate capped rental modifier: KH (for the 1st rental month), KI (for the 2nd and 3rd rental months) and KJ (for the 4th through 13th rental months).

Continuous monthly rental

Items requiring frequent and substantial servicing are covered on a continuous monthly rental basis until medical necessity ends. No coverage is provided for the purchase of continuous rental equipment, maintenance and servicing, or for repair or replacement of equipment in this category. The monthly rental payment is inclusive of all costs necessary for the effective use of the equipment by the plan member including supplies and accessories needed to use the equipment.

Policy

This Policy applies to the following Fallon Health products:

- ☒ Fallon Medicare Plus
- ☒ MassHealth ACO
- ☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- ☒ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
- ☒ Community Care

Durable medical equipment (DME) requires prior authorization.

Effective July 1, 2025, Fallon is partnering with Integrated Home Care Services to review prior authorization requests for DME.

Prior authorization is not a guarantee of payment and is subject to eligibility at the time of service.

For many members, coverage is subject to cost-sharing, including deductibles and coinsurance, and/or benefit maximums. Even though this policy may indicate that a particular item is covered (or is not covered), this conclusion is not based upon the terms of a particular benefit plan. Each benefit plan contains its own specific provisions for coverage and its own exclusions. If there is a discrepancy between this policy and a particular plan of benefits, the provisions of that benefit plan will apply.

Fallon Health Clinical Coverage Criteria

DME is covered when all of the following criteria are met:

1. The equipment meets the definition of DME.
2. The equipment is medically necessary for the treatment of the plan member's illness or injury or to improve the functioning of a malformed body part
3. The equipment is used primarily in the plan member's home.

The following provisions are required for coverage of DME:

1. To obtain DME for a plan member, the treating physician (who may be a nurse practitioner or physician assistant) should contact Integrated Home Care Services directly. DME requires a written order signed by the treating physician. Written orders may be an original "pen-and-ink" document, or a photocopy, a facsimile image, or an electronic copy. At a minimum, the written order must specify:
 - The start date of the order.
 - Duration of need.
 - Description of the item being requested, sufficiently detailed (brand names, model numbers, etc.), including all accessories and options that will be separately billed.
 - HCPCS code(s) for each item being requested.
 - Documentation of medical necessity, i.e., description of patient's condition, abilities, limitations, etc. (refer to individual medical policies for specific requirements).
 - Someone other than the treating physician may provide the details of the written order; however, the treating physician or primary care provider must review and personally sign and date the order to indicate agreement. The supplier must have a written order from the treating physician before dispensing any DME to a plan member.
2. The prescriber or health care provider for the member will obtain prior authorization from Integrated Home Care Services when prior authorization is required.
3. Integrated Home Care Services will authorize DME that is not more costly than an alternative service, sequence of services, device or equipment that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
4. An upgrade is a feature or component of a DME item which is beyond what is medically necessary as determined by Integrated Home Care Services. DME suppliers may furnish an upgraded DME item to a plan member as long as the cost to Fallon Health is the same as the cost for the non-upgraded item and the payment by Fallon Health to the supplier is payment

- in full. DME suppliers may not bill Fallon Health plan members for non-covered features or components of a covered item even if the plan member agrees to pay extra for the upgrade.
5. The reasonable useful lifetime of DME is 5 years. Computation of useful lifetime is based on when the equipment is delivered to the plan member, not the age of the equipment at the time of delivery to the plan member.
 6. DME can be replaced in less than 5 years under certain situations, such as when the item is irreparably damaged, lost or stolen, or because of a change in the patient's condition. Fallon Health will cover replacement an item as long as the item continues to be medically necessary for the plan member. Proof of loss or damage through documentation such as a police report, picture, or corroborating statement will be required. In situations where misuse, malicious damage, culpable neglect, or wrongful disposition of equipment has occurred or is suspected, Fallon Health will not cover replacement of the item.
 7. DME items carry a manufacturer's warranty. Manufacturer warranties range in duration from one year to lifetime, depending on the item and the manufacturer's policy. The cost of the manufacturer's warranty is included in the cost of the item and is not separately reimbursable. Extended warranties are not covered or reimbursed. Repair or replacement of DME that is covered under a manufacturer's warranty is not covered by Fallon Health.
 8. DME will be purchased or rented from a contracted supplier. Fallon Health, at its discretion, will determine whether an item is purchased or rented.
 9. When a DME item is rented (including capped rental), the supplier retains title for the item and is responsible for repair, maintenance and servicing during the capped rental period. Fallon Health will not cover repair, maintenance and servicing for capped rental items. At the end of a capped rental period, the supplier must transfer title of the equipment to the plan member.
 10. Fallon Health will cover the reasonable and necessary repair, performed by authorized technicians, of DME owned by a plan member and not covered by manufacturer's warranty. Travel time or equipment pick-up and delivery charges are not separately reimbursable. Use HCPCS code K0739 (Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes) to report repair of DME.
 11. Replacement parts must be billed with the appropriate HCPCS code that represents the item or part being replaced, along with a pricing modifier (NU, UE, RR) and replacement modifier (RP). If the part that is being replaced has not been assigned a specific HCPCS code, use a miscellaneous HCPCS code (E1399 or K0108 for wheelchair parts) to bill each part. Itemization must accompany each claim that contains miscellaneous codes for replacement parts. These codes require prior authorization.
 12. Fallon Health will cover temporary replacement for equipment that is being repaired that is owned by a member for up to one month (HCPCS code K0462 (Temporary replacement for patient-owned equipment being repaired, any type) is used when a supplier provides a replacement item to a plan member on a temporary basis when his/her equipment requires major repair (i.e., taking more than one day). Reimbursement for replacement equipment is based on the rental rate for the equipment being repaired.
 13. Sales tax is included in the reimbursement for the purchase of all items.
 14. Delivery, set-up and installation of equipment are included in the cost of the equipment and are not separately reimbursable.
 15. Some items are designated in policy as requiring a trial period. The purpose of a trial period is to assess effectiveness and compliance. In some instances, at the discretion of Fallon Health, the trial period may be waived. Any monthly rental payment made by Fallon Health during a trial period will apply toward the 10-month capped rental or reimbursement for the purchase of the item.
 16. This policy does not apply to surgically implanted items, such as implantable infusion pumps used for long-term drug therapy.
 17. In regard to portable oxygen concentrators the Plan will follow Noridian's LCD. For MassHealth members, the plan will follow MassHealth Regulations. For Dual-eligible members, consideration will be given under both sets of regulations depending on the intent of the member's use. The member will not be approved for more than one portable device.

Medicare Variation

Section 280 of the Medicare National Coverage Determinations lists all of the Medicare NCDs related to DME (Medicare National Coverage Determinations Manual, Chapter 1, Part 4 (Sections 200-310.1). Noridian Healthcare Solutions, LLC is the DMEPOS with jurisdiction in the Plan's service area.

For a list of active LCDs in DME Jurisdiction A, go to:

<https://med.noridianmedicare.com/web/jadme/policies/lcd/active> or search the Medicare Coverage Database.

MassHealth Variation

Unless otherwise stated, MassHealth Guidelines for Medical Necessity Determination supersede Fallon Health's written policies for MassHealth members. MassHealth Guidelines for Medical Necessity Determination are available at the following website:

<https://www.mass.gov/lists/masshealth-guidelines-for-medical-necessity-determination>.

Additionally, coverage guidance for durable medical equipment (DME) is described in the MassHealth Durable Medical Equipment Providers Regulations (130 CMR 409.000), available at: <https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers>.

All DME covered by Fallon Health for a MassHealth member must meet the medical necessity requirements in 130 CMR 409.000 and be medically necessary as defined in 130 CMR 450.204.

DME that is determined by the Plan not to be medically necessary includes but is not limited to items that:

(1) cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness, disability, or injury; (2) are more costly than medically appropriate and feasible alternative pieces of equipment; or (3) serve the same purpose as DME already in use by the member with the exception of the devices described in 130 CMR 409.413(D).

For items covered by MassHealth for which there is no MassHealth item-specific medical necessity guideline, and for which there is a Medicare Local Coverage Determination (LCD) indicating Medicare coverage of the item under at least some circumstances, the provider must demonstrate medical necessity of the item consistent with the Medicare LCD. However, if the provider believes the durable medical equipment is medically necessary even though it does not meet the criteria established by the local coverage determination, the provider must demonstrate medical necessity under 130 CMR 450.204.

Medically necessary DME for EPSDT-eligible members is covered in accordance with 130 CMR 450.144: *EPSDT Services: Diagnosis and Treatment*, with prior authorization.

Per MassHealth regulations at 130 CMR 409.402, Durable Medical Equipment (DME) is defined as equipment that:

(1) is used primarily and customarily to serve a medical purpose;
(2) is generally not useful in the absence of disability, illness or injury;
(3) can withstand repeated use over an extended period; and
(4) is appropriate for use in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facilities for individuals with intellectual disabilities (ICF/IID), or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except as allowed pursuant to 130 CMR 409.415 and 409.419(C). The Plan covers the repair of DME, including repairs to medically necessary back-up mobility systems, subject to the requirements of 130 CMR 409.420: *Repairs to Durable Medical Equipment*.

The Plan will not cover the repair of any equipment where the cost of the repair is equal to or more than the cost of purchasing a replacement (130 CMR 409.414(D)).

The Plan will cover a manual wheelchair, including any necessary repairs, as a backup to a power mobility system if the member is not residing in a nursing facility, or the member is residing

in a nursing facility and has a written discharge plan, and one of the following conditions applies: (1) the level of customization of the member's primary power mobility system would preclude the use of substitute rental equipment if the primary power mobility system were removed for repair; (2) the member requires frequent outings to a destination that is not accessible to a power mobility system (for example, stairs without an elevator); or (3) it is not possible to fit the primary mobility system in any of the vehicles available to the member for transportation (130 CMR 409.413(D)).

The Plan will cover replacement of a member's primary mobility system only when the DME provider has obtained prior authorization and (1) the existing primary mobility system exceeds five years of age or is no longer reliable as a primary mobility system in all settings in which normal life activities take place; (2) the cost of repairing or modifying the existing primary mobility system would exceed the value of that system; or (3) the member's physical condition has changed enough to render the existing mobility system ineffective (130 CMR 409.413(E)).

Refer to 130 CMR 409.414: *Non-covered Services*, for a list of non-covered DME items.

Exclusions

Please note some of the below items may be covered for specific products, please consult the plan benefits for the product for coverage and authorization requirements. This is not an all-inclusive list and is subject to changes based on regulatory guidance and a member's Evidence of Coverage.

- Custom DME (DME that has been uniquely constructed or substantially modified for a specific person) is not covered.
- Convenience items are not covered.
- Back-up equipment is not covered, with the exception of a manual wheelchair, including any necessary repairs, as a backup to a power mobility system for a MassHealth member who meets criteria in 130 CMR 409.413(D).
- Disposable equipment is not covered.
- Personal comfort items are not covered.
- Equipment that is not primarily medical in nature such as air conditioners, dehumidifiers, white noise machines, ear plugs, exercise equipment etc., is not covered.
- Safety equipment, such as harnesses, restraints, protective helmets, mouth guards, car seats, safety glasses, telephone alert systems, etc., are not covered.
- Adaptive aids, such as toilet seat lift mechanisms (HCPCS code E0172) bath/shower chairs (HCPCS code E0240), bathtub/toilet rails (HCPCS codes E0241, E0242, and E0243) raised toilet seats (HCPCS code E0244), over-bed tables (HCPCS code E0274), patient lifts (HCPCS code E0621-E0642), standing frames (HCPCS codes E0637, E0638, E0641, and E0642), stair lifts or elevators, etc. are not covered, unless covered by regulation or by specific plan benefits.
- Wheelchair ramps, including portable ramps are not covered.
- Modifications to a plan member's home that may be necessary to accommodate DME (including but limited to enlarging doorways, electricity or plumbing) are not covered, unless covered by regulation or by specific plan benefits.
- Incontinent garments, any type (e.g., brief, diaper) are statutorily noncovered for Fallon Medicare Plus members (LCD L36267; LCD L33803) and Not Covered for Community Care members.
- HCPCS code A4520 - Incontinent garment, any type (e.g., brief, diaper) is Not Covered for Fallon Medicare Plus, NaviCare, FHW PACE, SEC PACE and Community Care members. HCPCS code A4520 is nonpayable by MassHealth. Claims for MassHealth ACO members will deny vendor liable.
- Nondisposable underpads, all sizes (HCPCS code A4553) are statutorily noncovered by Medicare (LCD L36267; LCD L33803). Nondisposable underpads, all sizes (HCPCS code A4553) are not covered for Fallon Medicare Plus, NaviCare, Summit ElderCare PACE and Community Care members. Nondisposable underpads, all sizes (HCPCS code A4553) are nonpayable by MassHealth, Claims for MassHealth ACO members will deny vendor liable.

- Disposable underpads, all sizes (HCPCS code A4554) are statutorily noncovered by Medicare (LCD L36267; LCD L33803). Disposable underpads, all sizes (HCPCS code A4554) are not covered for Fallon Medicare Plus and Community Care members. Disposable underpads, all sizes (HCPCS code A4554) are nonpayable by MassHealth. Claims for MassHealth ACO members will deny vendor liable. Disposable underpads, all sizes (HCPCS code A4554), are covered for NaviCare and Summit ElderCare members only.
- Gauze, impregnated, water or normal saline (HCPCS codes A6228-A6230) is considered not reasonable and necessary by Medicare (LCD L33831). Gauze, impregnated, water or normal saline (HCPCS codes A6228-A6230) is not covered for Fallon Medicare Plus, Community Care and Fallon Health Weinberg members. Gauze, impregnated, water or normal saline (HCPCS codes A6228-A6230) is payable by MassHealth. HCPCS codes A6228-A6230 are covered for MassHealth ACO, NaviCare and Summit ElderCare PACE members in accordance with regulatory requirements.
- Skin sealants, protectants, moisturizers, ointments, any type, any size (HCPCS code A6250) are statutorily noncovered by Medicare (LCD L33831, LCD L33803). HCPCS code A6250 is not covered for Fallon Medicare Plus and Community Care members. Skin sealants, protectants, moisturizers, ointments, any type, any size (HCPCS code A6250) are covered by MassHealth. HCPCS code A6250 is covered for MassHealth ACO, NaviCare, and Summit ElderCare PACE members.
- Wound cleansers, any type, any size (HCPCS code A6260) are statutorily noncovered for Fallon Medicare Plus and Fallon Medicare Plus Central members. Wound cleansers, any type, any size (HCPCS code A6260) are not covered for Community Care and Fallon Health Weinberg members. HCPCS code A6260 is covered by MassHealth. HCPCS code A6260 is covered for MassHealth ACO, NaviCare and Summit ElderCare PACE members.
- A battery powered walker (HCPCS code E0152) is not covered as it does not meet the definition of DME (LCD L33791). A combination wheeled walker with seat and transport chair (E0150) is not covered as it does not meet the definition of DME (LCD L33791). HCPCS codes E0150 and E0152 are nonpayable by MassHealth (MassHealth Durable Medical Equipment Manual Subchapter 6 DME-51). HCPCS codes E0150 and E0152 are not covered/nonpayable for all plan members.
- A face down positioning device (E0190) is statutorily noncovered by Medicare because it does not fall within a Medicare benefit category. The denial is a coverage denial, not a medical necessity denial. E0190 is not covered for Fallon Medicare Plus and Community Care. Face down positioning devices (E0190) are covered for MassHealth. HCPCS code E1090 is covered for MassHealth ACO, NaviCare and Summit ElderCare PACE members in accordance with regulatory requirements.
- Code E0218 describes a device which has an electric pump that circulates cold fluid through a pad. A fluid circulating cold pad with pump (E0218) will be denied as not reasonable and necessary for Fallon Medicare Plus (LCD L33735). A fluid circulating cold pad with pump (E0218) will be denied as not medically necessary for Community Care members. A fluid circulating cold pad with pump (E0218) is nonpayable by MassHealth. Claims for MassHealth ACO members will deny vendor liable.
- Total electric hospital beds (HCPCS codes E0265, E0266, E0296, and E0297) are not covered for Fallon Medicare Plus and Community Care members in accordance with LCD L33820; the height adjustment feature is a convenience feature. Total electric hospital beds (E0265, E0266, E0296, and E0297) are covered by MassHealth, therefore HCPCS codes E0265, E0266, E0296, and E0297 are covered for MassHealth ACO, NaviCare and Summit ElderCare PACE members in accordance with regulatory requirements.
- HCPCS code E0350 describes a colorectal irrigation system that consists of an irrigation fluid holding chamber, a rectal catheter with an inflatable balloon and an electric pump. Irrigation fluid is administered in a pulsatile manner to hydrate stool to a semi-liquid form and allow the liquefied stool to evacuate. HCPCS code E0352 describes all disposable supplies and accessories used with code E0350 including, but not limited to, a water reservoir, speculum, valve mechanism and collection bag or box. Pulsed irrigation and evacuation systems (E0350, E0352) are statutorily non-covered (no benefit) by Medicare (LCD L36267). HCPCS

codes E0350 and E0352 are nonpayable by MassHealth (MassHealth Durable Medical Equipment Manual Subchapter 6 DME-51). Pulsed irrigation and evacuation systems (E0350, E0352) are not covered for all plan members.

- HCPCS code A7523 (tracheostomy shower protector each) is considered a convenience item and therefore is not covered for Fallon Medicare Plus and Community Care members (Tracheostomy Care Supplies L33832).

Policy history

Origination date: 11/20/2013
Review Approval(s): Benefit Oversight Committee: 09/14/2011
Technology Assessment Committee: 10/20/2003, 08/23/2011, 12/03/2014 (updated template, policy language) 12/15/2015 (annual review no changes), 12/07/2016 (updated new local DME MAC) 07/26/2017 (clarified exclusions that do not apply to certain products), 06/27/2018 (annual review, no updates), 05/22/2018 (added information regarding portable oxygen), 06/15/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section), 07/28/2026 (annual review, no changes to coverage criteria, updated hierarchies in Policy section to include InterQual® criteria, updated Exclusions section).
Utilization Management Committee: 04/15/2025 (annual review; approved), 05/20/2025 (updated to include information about Fallon Health's partnership with Integrated Health Care Services effective 7/1/2025), 07/15/2025 (clarified hierarchies in Policy section), 08/18/2026 (annual review, approved with no changes to coverage criteria, the addition of InterQual® criteria in the hierarchies in Policy section, and updates to the Exclusion section).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed

care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.