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2/8/24, 2/20/25

# **Hospital Beds & Accessories**

# **Policy**

VCHCP considers hospital beds and accessories to be medically necessary durable medical equipment (DME) according to the criteria set forth below.

**Note**: A hospital bed is one with manual head and leg elevation adjustments

### **Hospital Beds:**

VCHCP considers hospital beds medically necessary DME for members who have a physician's prescription and meet the following criteria:

- 1. Medical records establish the medical necessity for a hospital bed and
- 2. The member's condition requires positioning of the body, e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed, or-
- 3. The member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration\*., or-
- 4. The member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed

\*Note: Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed. Pillows and wedges must first be tried.

#### **Mattresses:**

Mattresses are considered medically necessary DME only if the hospital bed is medically necessary.

# Variable Height Feature:

VCHCP considers hospital beds with a manual or electric variable height feature medically necessary DME for members who meet the criteria for hospital beds set forth above and who have any of the following conditions:

- Severe arthritis and other injuries to lower extremities, e.g., fractured hip, in which
  the variable height feature is necessary to assist the member to ambulate by
  enabling the member to place his or her feet on the floor while sitting on the edge of
  the bed; or
- 2. Severe cardiac conditions, in which the member can leave the bed, but must avoid the strain of "jumping" up and down; or



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2/8/24, 2/20/25

- 3. Spinal cord injuries (including quadriplegic and paraplegic members), multiple limb amputees, and stroke members, in which the member can transfer from a bed to a wheelchair, with or without help; or
- 4. Other severely debilitating diseases and conditions, if the member requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position.

### **Powered Chair Conversion Feature:**

Electric chair positioning features are not considered medically necessary since they are considered convenience features. For example, the TotalCare Bariatric Bed is of a bed with an electric chair positioning feature.

### **Electric Powered Hospital Bed Adjustments:**

VCHCP considers electric powered adjustments to lower and raise head and feet medically necessary DME for members who meet the criteria for hospital beds set forth who have a condition that requires frequent changes in body position and/or where there may be an immediate need for a change in body position (i.e., no delay can be tolerated). An example of brand name of electric hospital bed includes the Deluxe Franklin Bed.

### Side Rails:

Side rails for beds may be considered medically necessary DME when the member's condition requires them. Examples of conditions where bedside rails may be considered medically necessary include members with seizures, vertigo, disorientation, and neurological disorders.

Note: Side rails for beds are considered safety features and are excluded from coverage unless they are an integral part of a medically necessary bed.

# **Ordinary (Non-Hospital) Beds:**

**Note:** Ordinary beds do not meet VCHCP's definition of covered durable medical equipment, since beds are not primarily medical in nature, are not primarily used in the treatment of disease or injury and are normally of use in the absence of illness or injury. An ordinary bed is one that is typically sold as furniture. It consists of a frame, box spring, and mattress. It is a fixed height and has no head or leg elevation adjustments. An ordinary bed will accommodate most transfers to a chair, wheelchair, or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height would rarely by itself justify the need for a hospital bed.

VCHCP considers power or manual lounge beds not medically necessary, because they are a comfort or convenience item. In addition, they do not meet VCHCP's definition of covered durable



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2/8/24, 2/20/25

medical equipment, in that they are not primarily medical in nature, are not primarily used in the treatment of disease or injury and are normally of use in the absence of illness or injury. These beds, like other ordinary beds, are typically sold as furniture. The following are examples of brands of lounge beds that do not fall within the definition of durable medical equipment. Examples include the Adjust-A-Sleep Adjustable Bed, Craftmatic Adjustable Bed, Electropedic Adjustable Bed and Simmons Beautyrest Adjustable Bed.

# **Institutional-Type Hospital Beds:**

Institutional-type hospital beds are inappropriate for home use. These include oscillating beds, spring base beds, circulating beds, cage beds, and stryker frame beds.

Beds that provide kinetic therapy or continuous lateral rotation therapy (e.g., Kinetic Therapy Triadyne Bed, Hill-Rom TotalCare SpO2RT) are considered experimental and investigational for prevention or treatment of pressure sores, because of a lack of evidence in the peer-reviewed medical literature of their effectiveness for that indication (AWMA, 2001; Cullum, et al., 2001.Cullum, et al., 2004).

Beds that provide kinetic therapy or continuous lateral rotation therapy are considered experimental and investigational for long-term use outside of the acute-care hospital setting for preventing and treating pulmonary complications because the published peer-reviewed evidence of the effectiveness of these beds is limited to use in critically ill patients in the acute-care hospital setting.

Beds that provide vibration therapy or percussion therapy for preventing and treating pulmonary complications related to immobility are considered experimental and investigational because of a lack of adequate evidence in the peer-reviewed published medical literature of their effectiveness for this indication.

#### Vail Enclosure Bed:

The Vail Enclosure Bed (Vail Products, Inc., Toledo, OH), a padded bed that is completely enclosed with netting, is considered experimental and investigational because the U.S. FDA has determined that this device poses significant safety risks. According to an FDA public health notification, Vail Products, on June 16, 2005, stated that it is permanently ceasing the manufacture, sale and distribution of all Vail enclosed bed systems. Vail Products will no longer be available to provide accessories, replacement parts, or retrofit kits.

### **Bed accessories:**

The following bed accessories are considered medically necessary DME according to the criteria set forth below:



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2/8/24, 2/20/25

- 1. **Bed cradles** bed blanket cradles are considered medically necessary for members with acute gouty arthritis, diabetic ulcers, decubiti, or burns, when necessary to prevent contact with bed coverings.
- 2. Bed pans (autoclavable hospital type) reusable, autoclavable bed pans are considered medically necessary if a member is bed confined.
- 3. **Trapeze bars** trapeze bars are considered medically necessary if the member is bed confined and needs a trapeze bar to sit up because of respiratory conditions, to change body position for other medical reasons, or to get in and out of bed.

**NOTE**: An "attachable" trapeze bar is not considered medically necessary when used on a non-hospital bed.

4. **Urinals** - urinals are considered medically necessary for bed confined members. **NOTE**: Items that can be purchased over the counter with or without a prescription may be denied coverage.

#### Non-Covered Items:

**Note:** The following accessories do not meet VCHCP's definition of covered durable medical equipment because they are not primarily medical in nature, are not mainly used in the treatment of disease or injury, and they are normally of use to persons who do not have a disease or injury:

- Bed baths (a.k.a. Schmidt bath)
- Bedboards (i.e., board inserted between bed spring and mattress to give extra support)
- Bed lifters (i.e., bed elevators) (e.g., Burke bed elevator)
- Bed spectacles (used for reading while lying flat in bed)
- Bed trays / reading tables
- Bedrail pads (i.e., protection over bed railing)
- Bed elevation blocks (i.e., blocks to elevate the head or foot of bed)
- Call switches (i.e., device to summon help)
- Foot boards (i.e., board at the end of the bed)
- Gatchboards (i.e., type of bedboard)
- Lapboards (i.e., board used on lap as a table or desk)
- Overbed tables (e.g., Able table)
- Standard beds and mattresses made of allergy-free materials.

**Note**: The following bed accessory does not meet the requirement of durability for coverage as durable medical equipment:

• Limb restraints (limb holders, wrist restraints, and leg restraints).

Attachment: None



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### References

- United HealthCare Medicare, DMERC Region A. Hospital beds, fixed height. Medical Policy. Minnetonka, MN: UnitedHealth Group; updated December 17, 1999. Available at: <a href="http://www.medicare-link.com/dmerc/medpol/final/bedfixed.shtml">http://www.medicare-link.com/dmerc/medpol/final/bedfixed.shtml</a>. Accessed March 15, 2000.
- 2. United HealthCare Medicare, DMERC Region A. Hospital beds, semi-electric. Medical Policy. Minnetonka, MN: UnitedHealth Group; updated December 20, 1999. Available at:



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2/8/24, 2/20/25

http://www.medicare-link.com/dmerc/medpol/final/bedsemi.shtml. Accessed March 15, 2000.

- 3. United HealthCare Medicare, DMERC Region A. Hospital beds, total electric. Medical Policy. Minnetonka, MN: UnitedHealth Group; updated December 20, 1999. Available at: <a href="http://www.medicare-link.com/dmerc/medpol/final/bedtotal.shtml">http://www.medicare-link.com/dmerc/medpol/final/bedtotal.shtml</a>. Accessed March 15, 2000.
- 4. United HealthCare Medicare, DMERC Region A. Hospital beds, variable height. Medical Policy. Minnetonka, MN: UnitedHealth Group; updated December 20, 1999. Available at: <a href="http://www.medicare-link.com/dmerc/medpol/final/bedvari.shtml">http://www.medicare-link.com/dmerc/medpol/final/bedvari.shtml</a>. Accessed March 15, 2000.
- 5. United HealthCare Medicare, DMERC Region A. Trapeze bars and other bed accessories. Medical Policy. Minnetonka, MN: UnitedHealth Group; updated December 20, 1999. Available at: <a href="http://www.medicare-link.com/dmerc/medpol/final/trapeze.shtml">http://www.medicare-link.com/dmerc/medpol/final/trapeze.shtml</a>. Accessed March 15, 2000.
- 6. U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA). Medicare Coverage Issues Manual §§ 60-9, 60-18. Baltimore, MD: HCFA; 1999.
- 7. ECRI. Beds, birthing. In: Healthcare Product Comparison System, Hospital Edition. Plymouth Meeting, PA: ECRI; 1998.
- 8. ECRI. Beds, electric. In: Health Devices Inspection and Preventive Maintenance System. Plymouth Meeting, PA: ECRI, 1995.
- 9. ECRI. Beds, pediatric. In: Healthcare Product Comparison System, Hospital Edition. Plymouth Meeting, PA: ECRI; 1998.
- 10. ECRI. Electric beds and the pediatric patient. In: Healthcare Risk Control. Vol. 2. Safety and Security No. 11. Plymouth Meeting, PA: ECRI; 1996.
- 11. ECRI. Special care beds. In: Healthcare Risk Control. Vol. 2. Safety and Security No. 10. Plymouth Meeting, PA: ECRI; 1996.
- 12. Australian Wound Management Association (AWMA), Pressure Ulcer Interest Sub-Committee. Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers. West Leederville, Australia: AWMA; 2001.
- 13. Cullum N, Nelson EA, Flemming K, Sheldon T. Systematic reviews of wound care management: (5) beds; (6) compression; (7) laser therapy, therapeutic ultrasound, electrotherapy and electromagnetic therapy. Health Technol Assess. 2001;5(9):1-221.
- 14. Cullum N, McInnes E, Bell-Syer SEM, Legood R. Support surfaces for pressure ulcer prevention (Cochrane Review). In: The Cochrane Library, Issue 3, 2004. Chichester, UK: John Wiley & Sons, Ltd.
- 15. Martin AH. Should continuous lateral rotation therapy replace manual turning? Nurs Manage. 2001;32(8):41-45.
- 16. Wang JY, Chuang PY, Lin CJ, et al. Continuous lateral rotational therapy in the medical intensive care unit. J Formos Med Assoc. 2003;102(11):788-792.
- 17. Kirschenbaum L, Azzi E, Sfeir T, et al. Effect of continuous lateral rotational therapy on the prevalence of ventilator-associated pneumonia in patients requiring long-term ventilatory care. Crit Care Med. 2002;30(9):1983-1986.



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2/8/24, 2/20/25

- 18. Davis K Jr, Johannigman JA, Campbell RS, et al. The acute effects of body position strategies and respiratory therapy in paralyzed patients with acute lung injury. Crit Care. 2001;5(2):81-87.
- 19. Staudinger T, Kofler J, Mullner M, et al. Comparison of prone positioning and continuous rotation of patients with adult respiratory distress syndrome: Results of a pilot study. Crit Care Med. 2001;29(1):51-56.
- 20. Meyers C, Low L, Kaufman L, et al. Trendelenburg positioning and continuous lateral rotation improve oxygenation in hepatopulmonary syndrome after liver transplantation. Liver Transpl Surg. 1998;4(6):510-512.
- 21. Dolovich M, Rushbrook J, Churchill E, et al. Effect of continuous lateral rotational therapy on lung mucus transport in mechanically ventilated patients. J Crit Care. 1998;13(3):119-125.
- 22. Basham KA, Vollman KM, Miller AC. To everything turn, tu
- 23. Whiteman K, Nachtmann L, Kramer D, et al. Effects of continuous lateral rotation therapy on pulmonary complications in liver transplant patients. Am J Crit Care. 1995;4(2):133-139.
- 24. Patel UH, Jones JT, Babbs CF, et al. The evaluation of five specialized support surfaces by use of a pressure-sensitive mat. Decubitus. 1993;6(3):28-31, 34, 36-37.
- 25. Sahn SA. Continuous lateral rotational therapy and nosocomial pneumonia. Chest. 1991;99(5):1263-1267.
- 26. Schimmel L, Civetta JM, Kirby RR. A new mechanical method to influence pulmonary perfusion in critically ill patients. Crit Care Med. 1977;5(6):277-279.
- 27. Powers J, Daniels D. Turning points: Implementing kinetic therapy in the ICU. Nurs Manage. 2004;35(5): suppl 1-8.
- 28. Priestley MA, Helfaer MA. Approaches in the management of acute respiratory failure in children. Curr Opin Pediatr. 2004;16(3):293-298.
- 29. Mullins CD, Philbeck TE Jr, Schroeder WJ, Thomas SK. Cost effectiveness of kinetic therapy in preventing nosocomial lower respiratory tract infections in patients suffering from trauma. Manag Care Interface. 2002;15(8):35-40.
- 30. Fischer JA. How to promote pulmonary health with kinetic therapy. Nurs Manage. 2000;31(1):38-40.
- 31. Raoof S, Chowdhrey N, Raoof S, et al. Effect of combined kinetic therapy and percussion therapy on the resolution of atelectasis in critically ill patients. Chest. 1999;115(6):1658-1666.
- 32. Marik PE, Fink MP. One good turn deserves another! Crit Care Med. 2002;30(9):2146-2148.
- 33. Bahzad MS, Jocelyn R, Chiddok DR, et al. The effect of continuous lateral rotation versus conventional critical care bed in the management of acute respiratory distress syndrome. Chest. 2002;122(4):53S-54S.
- 34. Stiletto R, Ose C, Folsch C. Positioning therapy in the treatment of severe oxygenation disorders in critically ill patients: Part I Status in the practical use of positioning therapy in German ICUs. Results of a randomized, cross-sectional trial. Int J Intensive Care. 2003;1-5.



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2/8/24, 2/20/25

- 35. Pape HC. Is early kinetic positioning beneficial for pulmonary function in multiple trauma patients? Injury. 1998;29(3);219-225.
- 36. Pape HC, Regel G, Borgmann W, et al. The effect of kinetic positioning on lung function and pulmonary hemodynamics in posttraumatic ARDS: A clinical study. Injury. 1994; 25(1) 51-57.
- 37. Dobson PS, Edbrooke DL, Reilly CS. The role of kinetic therapy in intensive care: The effects of immobilization and some possible solutions. Br J Intensive Care. 1993;3(10);370-374.
- 38. Tillett JM, Marmarou A, Agnew JP, et al. Effect of continuous rotational therapy on intracranial pressure in the severely brain-injured patient. Clin Intensive Care. 1993;21(7):1005-1011.
- 39. deBoisblanc BP, Castro M, Everret B, et al. Effect of air-supported, continuous, postural oscillation on the risk of early ICU pneumonia in nontraumatic critical illness. Chest. 1993;103(5):1543-1547.
- 40. Nelson LD, Choi SC. Kinetic therapy in critically ill trauma patients. Clin Intensive Care. 1992; 3:248-252.
- 41. Choi SC, Nelson LD. Kinetic therapy in critically ill patients. Combined results based on metaanalysis. J Crit Care. 1992;7(1):57-62.
- 42. Hess D, Agarwal NN, Myers CL. Positioning, lung function and kinetic bed therapy. Resp Care. 1992;37(2):181-195.
- 43. Sahn S. Continuous lateral rotational therapy and nosocomial pneumonia. Chest, 1991;99(5):1263-1267.
- 44. Clemmer TP, Green S, Ziegler B, et al. Effectiveness of the kinetic treatment table for preventing and treating pulmonary complications in severly head-injured patients. Crit Care Med. 1990;18(6):615-617.
- 45. Kelley RE, Bell LK, Mason RL. Cost Analysis of kinetic therapy in the prevention of complications of stroke. South Med J. 1990;18(6):615-617.
- 46. Castro MS, Everett B, deBoisblanc BP. Positioning patients with hypoxemia: Effect on physiology and outcome. Crit Care Rep. 1990;1(2):234-240.
- 47. Fink MP, Helsmoortel CM, Stein KL, et al. The efficacy of an oscillation bed in the prevention of lower respiratory tract infection in critically ill victims if blunt trauma; A prospective study. Chest. 1990;97(1):132-137.
- 48. Traver GA, Tyler ML, Hudson LD, et al. Continuous oscillation: Outcome in critically ill patients. J Crit Care. 1995;10(3):97-103.
- 49. Murai DT, Grant JW. Continuous oscillation therapy improves the pulmonary outcome of intubated newborns: Results of a prospective, randomized, controlled trial. Crit Care Med. 1994;22(7):1147-1154.
- 50. Shapiro MJ, Keegan MJ. Continuous oscillation therapy for the treatment of pulmonary contusion. Am Surg. 1992;58(9):546-550.
- U.S. Food and Drug Administration (FDA). FDA asks U.S. Marshals to seize adulterated and misbranded hospital bed systems. FDA Talk Paper. T05-10. Rockville, MD: FDA; March 22, 2005. Available at: <a href="http://www.fda.gov/bbs/topics/ANSWERS/2005/ANS01347.html">http://www.fda.gov/bbs/topics/ANSWERS/2005/ANS01347.html</a>
   Accessed August 8, 2005.



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2/8/24, 2/20/25

52. U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH). FDA Preliminary Public Health Notification: Vail Products Enclosed Bed Systems. Rockville, MD: FDA; updated June 24, 2005. Available at: <a href="http://www.fda.gov/cdrh/safety/032505-vail.html">http://www.fda.gov/cdrh/safety/032505-vail.html</a>. Accessed August 8, 2005.

53. Powell-Cope G, Baptiste AS, Nelson A. Modification of bed systems and use of accessories to reduce the risk of hospital-bed entrapment. Rehabil Nurs. 2005;30(1):9-17.

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