

# Medical Policy



## Dust Mite Covers

### ▼ Description

Dust Mite Covers provide a barrier which dust mites and bed bugs cannot penetrate. This barrier prevents dust mites and bed bugs from making a home in mattresses, pillows, and box springs. It also prevents any dust mites or bed bugs which have penetrated the bedding from escaping and causing an allergic reaction.

### ▼ Policy

Dust Mite Covers are referred by the Case Managers of a plan for members with a diagnosis of Asthma.

The following are covered on a once per lifetime basis in the quantities listed below:

- (1) Mattress cover
- (2) Pillow cases

### ▼ HCPCS Level II Codes and Description

T2028 – U1 Modifier	Dust Mite Cover
T2028 – U2 Modifier	Dust Mite Pillow Cases

### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member’s contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood’s Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member’s benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood’s policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ **References**

**BMCHP Policy and Guidelines**

**Applicable URAC Standard**

Core 8	Staff operational tools and support
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	05-02-11	Initial Release	Susan Glomb	Dr. Alamsri	n/a
01	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
02	12-13-11	Annual Review	Susan Glomb	Dr. B. Almasri	Dec. 2011
03	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
04	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	

05	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
06	10-28-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	October 2015
07	11-16-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016
08	11-10-17	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2017
09	11-08-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018