

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) Pillowcases

HCPCS Level II Codes and Description

T2028 – U1 Modifier	Dust Mite Cover
T2028 – U2 Modifier	Dust Mite Pillowcases

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

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

WellSense Policy and Guidelines Accessed and reviewed 11-12-24.

https://www.wellsense.org/hubfs/Plans/NH%20Medicaid/Member%20Handbooks/NH_Medicaid_Member_Handbook.pdf

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective 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		

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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	
10	11-05-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	
11	11-9-20	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 9, 2020	November 9, 2020
12	11-09-21	Annual review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 9, 2021	11-9-21
13	3-15-22	Updated policy to reflect Plan rebranding by removing "BMCHP" and replacing with "WellSense"	Carol Dimech	Dr. C. Lerchin	3-15-22	3-15-22
14	11-02-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	11-02-22	
15	11-8-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-8-23	11-8-23
16	11-12-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-12-24	11-12-24