

Medicare Services Not Covered by TennCare for Adults

*Note regarding coverage of cost effective alternatives. Managed Care Contractors (MCCs) are allowed to pay for some non-covered services as “cost effective alternatives”—that is, services not listed in the Medicaid State plan or in the covered benefits sections of the MCC Contractor Risk Agreements (CRAs), but services that may be provided, when appropriate, in lieu of more costly covered services. A list of cost effective alternative services that MCCs may provide without obtaining prior approval from TennCare is included in TennCare policy BEN 08-001.¹ All other cost effective alternatives may be offered only with prior approval from TennCare. Cost effective alternatives are **not covered services** and are offered at the sole discretion of the MCC.*

Medicare Part A Benefits

Service and Medicare Coverage Situations	Reference Documenting that the Service is Not Covered by TennCare
Rehabilitation hospital services ²	Rule 1200-13-13-.10(3)(a)15 Rule 1200-13-14-.10(3)(a)15

¹ <http://www.tn.gov/tenncare/forms/ben08001.pdf>

² <http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>

Medicare Part B Benefits

Service and Medicare Coverage Situations	Reference Documenting that the Service is Not Covered by TennCare
Biofeedback therapy—Medicare covers this in general for reeducation of certain muscle groups and Medicare also covers biofeedback therapy for urinary incontinence under certain limited circumstances. ³	1200-13-13-.10(3)(a)6 1200-13-14-.10(3)(a)6
Chiropractors ⁴	Rule 1200-13-13-.10(3)(a)7 Rule 1200-13-14-.10(3)(a)7
Health care outside the U.S.—Medicare covers this under certain limited circumstances. ⁵	Rule 1200-13-13-.10(1)(d) Rule 1200-13-14-.10(1)(d)
Impotence—diagnostic testing may be covered by Medicare under limited circumstances ⁶	Rule 1200-13-13-.10(3)(b)40 Rule 1200-13-14-.10(3)(b)40
Infertility services—Medicare covers this when reasonable and necessary. ⁷	Rule 1200-13-13-.10(3)(b)40 Rule 1200-13-14-.10(3)(b)40
<i>Certain DME items, including:</i>	
Air fluidized bed (a type of bead bed) and bead beds— Medicare’s coverage is limited to the equipment itself. ⁸	Rule 1200-13-13-.10(3)(a)4(i) Rule 1200-13-14-.10(3)(a)4(i)
Augmentative communication devices, referred to by CMS as “speech generating devices”—covered by Medicare if certain conditions are met. ⁹	Rule 1200-13-13-.10(3)(a)3 Rule 1200-13-14-.10(3)(a)3
Gel mattress (falls under “alternating pressure pads/mattresses”) ¹⁰	Rule 1200-13-13-.10(3)(a)4(i) Rule 1200-13-14-

³ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

⁴ <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

⁵ <http://www.cms.hhs.gov/transmittals/downloads/R66BP.pdf>

⁶ <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

⁷ <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

⁸ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

⁹ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part1.pdf

¹⁰ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

Service and Medicare Coverage Situations	Reference Documenting that the Service is Not Covered by TennCare
	.10(3)(a)4(i)
Heat lamps ¹¹	Rule 1200-13-13-.10(3)(b)41(i) Rule 1200-13-14-.10(3)(b)41(i)
Heating pads ¹²	Rule 1200-13-13-.10(3)(a)8(iv) Rule 1200-13-14-.10(3)(a)8(iv)
Lamb's wool pads ¹³ —Medicare covers these under certain conditions.	Rule 1200-13-13-.10(3)(a)8(vi) Rule 1200-13-14-.10(3)(a)8(vi)
<u>Portable</u> paraffin baths ¹⁴	Rule 1200-13-13-.10(3)(b)5(i) Rule 1200-13-14-.10(3)(b)5(i)
Seat lifts ¹⁵	Rule 1200-13-13-.10(3)(b)42 Rule 1200-13-14-.10(3)(b)42
Roll-about chairs ¹⁶ —covered by Medicare if patient meets Mobility Assistive Equipment clinical criteria. Coverage limited to certain chairs.	Rule 1200-13-13-.10(3)(b)33(xiii) Rule 1200-13-14-.10(3)(b)32(xiii)
Scooters ¹⁷	Rule 1200-13-13-.10(b)86(i) Rule 1200-13-14-.10(b)86(i)
Sitz baths ¹⁸	Rule 1200-13-13-.10(3)(a)5 Rule 1200-13-14-.10(3)(a)5
Steam packs ¹⁹	Rule 1200-13-13-

¹¹ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹² http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹³ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹⁴ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹⁵ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹⁶ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹⁷ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

¹⁸ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

Service and Medicare Coverage Situations	Reference Documenting that the Service is Not Covered by TennCare
	.10(3)(a)8(vii) Rule 1200-13-14-.10(3)(a)8(vii)
Vaporizers ²⁰	Rule 1200-13-13.10(3)(b)9(iii) Rule 1200-13-14.10(3)(b)9(iii)
Whirlpool bath equipment, covered by Medicare with limitations. ²¹	Rule 1200-13-13-.10(3)(b)(87)(8)(viii) Rule 1200-13-14-.10(3)(b)(87)(8)(viii)

¹⁹ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

²⁰ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

²¹ http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf

Note regarding coverage of parenteral and enteral nutrition. Medicare covers this service when it is provided under the prosthetic device benefit provision that requires that the patient have a permanently inoperative bodily organ or function thereof.²² TennCare does not cover this service for persons 21 years of age and older except that parenteral nutrition formulas, enteral nutrition formulas for tube feedings, and phenylalanine-free formulas (not foods) used to treat PKU, as required by Tennessee Code Annotated (T.C.A.) §56-7-2505, are covered for adults. In addition, oral liquid nutrition may be covered when medically necessary for adults with swallowing or breathing disorders who are severely underweight (BMI < 15 kg/m²) and physically incapable of otherwise consuming a sufficient intake of food to meet basic nutritional requirements. [TennCare Rules 1200-13-13-.10(3)(a)²³ and 1200-13-14-.10(3)(a)²⁴]

²² <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

(Section 120-A., Medicare Benefit Policy Manual, Chapter 15)

²³ <http://www.tn.gov/sos/rules/1200/1200-13/1200-13-13.20090511.pdf> (p. 66)

²⁴ <http://www.tn.gov/sos/rules/1200/1200-13/1200-13-14.20090511.pdf> (p. 75)