

## **INTRODUCTION**

This is an informational source for Blue Cross Blue Shield of Arizona's (BCBSAZ) specific coverage, coding and allowance guidelines for Durable Medical Equipment (DME).

The guidelines are designed to assist in providing coverage information concerning durable medical equipment to BCBSAZ members, providers, and staff.

The presence of a guideline does not guarantee coverage under a particular benefit plan. Benefit plan limitations, pre-existing conditions and other provisions will apply and may affect coverage.

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1. Durable medical equipment is defined as those **base model\*** items that are:

- Designed for repeated medical use and appropriate in the home setting
- Medically necessary to treat an illness or injury
- Specifically designed to improve or support the function of a body part
- Intended to prevent further deterioration of the medical condition for which the equipment has been prescribed
- Not to serve primarily for comfort, convenience or assistance in daily living
- Primarily not useful to an individual in the absence of an illness or injury
- Not available as an over-the-counter item

\* **The benefit and any subsequent reimbursement are for the base model. Deluxe or upgraded equipment will be assessed for medical necessity based upon the attending physician's documentation of the need for said equipment. Equipment lacking documentation of medical necessity for deluxe or upgraded equipment will be covered as any base model with the member responsible for the difference between the allowed amount for the base model and the provider's billed charges for the deluxe or upgraded equipment.**

2. DME rental is allowed and covered **only** up to the BCBSAZ purchase allowed amount for the base model of the item.

Rent To Purchase (RTP) provides two (2) options:

- Rent the item until the purchase allowance has been met and at that time, no further reimbursement is available.
- Purchase the item either immediately or after a one (1) month trial

Rental for DME is eligible for coverage only up to the purchase price of the item. Once the purchase price is reached, that item becomes the property of the member and it is considered purchased. A new or updated item may not be substituted.

## **INTRODUCTION** (cont.)

3. The following services or charges are ***not eligible for coverage***:
- Charges for continued rental of a DME item after the purchase price is reached
  - Repair costs that exceed the replacement cost of the DME item
  - Repair or replacement of DME items lost or damaged due to neglect or use that is not in accordance with the manufacturer's instructions or specifications
  - Charges for the difference between the allowed amount for the DME item base model and the upgraded or deluxe DME item when medical necessity criteria for such upgraded or deluxe item is not met
4. The following items are generally ***not eligible for coverage*** unless specifically addressed in the member's benefit plan booklet as eligible for coverage:
- Adjustable beds, e.g., Adjust-a-Bed™, Beautyrest®, Comfort™ Bed, Select Comfort®, Sleep Number®, etc.
  - Air cleaners
  - Air conditioners
  - Air purifiers
  - Alarm systems for bed wetting
  - Arch supports, heel pads and/or foot pads
  - Assistive eating devices
  - Atomizers
  - Auto-tilt chair/recliner or elevating chair
  - Bathroom equipment, e.g., lifts, tub seats or chairs, bed baths
  - Bed board
  - Beds, lounge
  - Bidet toilet seat
  - Biofeedback devices, including RESPeRate® device-guided breathing
  - Braille teaching texts
  - Car seats
  - Cold applications, including AutoChill®, Cryo/Cuff®, Game Ready™, Accelerated Recovery System, Polar Care®
  - Communication board, non-electronic augmentative or alternative communication device
  - Cosmetic items
  - Crutch or cane holder for wheelchair
  - Cryopneumatic and cryopneumatic/heat devices, including TEC System®
  - Cushions, e.g., neck, back and bed roll
  - Dehumidifiers, room or central air system type
  - Disposable hygienic items and linens, e.g., Chux, diapers, Depend®
  - Dressing aids and devices, e.g., dressing sticks, reachers, zipper pulls, button hooks, shoehorns

## **INTRODUCTION** (cont.)

4. The following items are generally ***not eligible for coverage*** unless specifically addressed in the member's benefit plan booklet as eligible for coverage: (cont.)
- Elastic/support stockings or socks, commercial, over-the-counter, e.g., Hanes®, Leggs®, etc. (Exclusion does not include compression stockings used in the treatment of extensive scarring, deep vein thrombosis, thrombophlebitis, or lymphedema, which are ***eligible for coverage***, e.g., Jobst®, T.E.D.™ anti-embolism stockings)
  - Electronic interface to operate speech generating device using power wheelchair control interface
  - Elevators
  - Emesis basins
  - Ergonomic equipment
  - Exercise equipment and accessories
  - Foot stools
  - Grab bars
  - Heating and cooling units
  - Helmets, including helmets for cranial orthosis which are available OTC
  - Home modifications
  - Hot tubs or spas
  - Humidifiers, room or central air system type
  - Incontinence devices, alarms, etc.
  - Irrigating kits, e.g., enema, douche
  - Language, communication and/or speech generating devices and associated equipment, for any purposes – except the artificial larynx and tracheostomy speaking valve
  - Massage equipment and devices e.g., Infrasonic QGM (low frequency, electro-acoustical therapeutic massager)
  - Mattress care, e.g., special bedding, mattress cleaning
  - Paraffin bath unit and paraffin
  - Portable Jacuzzi® equipment
  - Reaching and grabbing devices
  - Recliner chairs
  - Reverse osmosis water filtration system
  - Spinal-pelvic stabilizers, e.g., corset, girdle
  - Strollers of any kind, including specialty or customized strollers, e.g., Convaider® Scout®
  - Sunlamp
  - Supplies available over the counter or for comfort and convenience
  - Telephone alert systems
  - Telephone arms or cradle
  - Tilt or inversion tables or suspension devices
  - Transport chairs
  - Trays for wheelchair
  - Ultrasound equipment
  - Vehicle modification lifts, kits
  - Whirlpool, hydrotherapy, spa, and/or hot tub equipment

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DURABLE MEDICAL EQUIPMENT COVERAGE GUIDELINES**

**DME**

ITEM DESCRIPTION	CODE	COVERAGE CRITERIA
Artificial saliva (Caphosol®)	A9155	Medically necessary for severe dry mouth which is unresolved with OTC treatment.
Alert or alarm device, not otherwise classified	A9280	Subject to medical necessity review.  Not eligible for coverage for bed-wetting or for use with a telephone, e.g., Life Alert®. Considered benefit plan exclusion.
Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	E0190	Medically necessary for individual who has or is highly susceptible to decubitus ulcers.
Hospital beds, semi-electric and total electric	E0260 E0261 E0265 E0266 E0294 E0295 E0296 E0297 E0329	Medically necessary for individual who requires frequent and immediate changes of body positions. Individually controlled.  All other requests will be reviewed by the medical director(s) and/or clinical advisor(s), i.e., individual with brain damage and/or spinal cord injuries.
Pediatric crib, hospital grade, full enclosed	E0328 E0300	Clinical documentation is required to determine medical necessity.
Hospital bed, heavy duty and accessories	E0301 E0303	Medically necessary for individuals with clinical documentation of a body weight greater than 350 pounds but less than or equal to 600 pounds.
Hospital bed, heavy duty and accessories	E0302 E0304	Medically necessary for individuals with clinical documentation of a body weight greater than 600 pounds.
Non-powered advanced pressure reducing mattress or powered air overlay for mattress	E0371 E0372 E0373	Medically necessary for individual who has or is highly susceptible to decubitus ulcers.

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ITEM DESCRIPTION	CODE	COVERAGE CRITERIA
<b>O<sub>2</sub> systems (gaseous liquid or concentrators) can be considered either a rental item or purchase. Our policy of rental allowance not to exceed purchase allowance will not be applied to O<sub>2</sub> systems.</b>		
Oximeter	E1399	Eligible for coverage to determine the medical necessity for O <sub>2</sub> therapy and for COPD and steroid-dependent asthmatic.
O <sub>2</sub> and water vapor enriching system	E1405 E1406	Medically necessary with documentation of <b>ANY</b> of the following: <ol style="list-style-type: none"> <li>Chronic, significant hypoxemia that is stable and of <b>ALL</b> of the following: <ul style="list-style-type: none"> <li>Individual has a specific lung disease or hypoxia-related symptoms that might be expected to improve with therapy</li> <li>Blood gas levels indicate the need for O<sub>2</sub> therapy.</li> </ul> </li> <li>Cluster headaches that have failed to respond to conventional therapy.</li> </ol>
Oximeter device for measuring blood O <sub>2</sub> levels, non-invasively	E0445	Eligible for coverage to determine the medical necessity for O <sub>2</sub> therapy and for COPD and steroid-dependent asthmatic.
Oxygen conserving device (e.g., LC-3 Oxylite portable O <sub>2</sub> system)	E1399	Considered a separate upgrade or deluxe item and <b>not eligible for coverage</b> . Member is responsible for charges for the oxygen conserving device. The separately billed base model stationary and portable oxygen concentrator are eligible for coverage based on medical necessity.
Aerochambers (for use with metered dose inhaler)	E1399	Medically necessary for individual with respiratory condition.
Ventilator, cough stimulating device	E0450 A7020	Medically necessary for individual with <b>ANY</b> of the following: <ol style="list-style-type: none"> <li>Neuro-muscular diseases</li> <li>Thoracic restrictive diseases, e.g., AML</li> <li>Chronic respiratory failure as the result of chronic obstructive pulmonary disease.</li> </ol> <p>Includes both positive and negative pressure types.</p>
Percussor, electric or pneumatic, Home Model	E0480	Medically necessary to mobilize respiratory tract secretions.

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ITEM DESCRIPTION	CODE	COVERAGE CRITERIA
Insulin protection case	E1399	Eligible for coverage for one (1) base model case per year.  Leather, sports model or sports guard are benefit plan exclusion; not a base model item.
Seat lifts	E0627 E0628 E0629	Medically necessary for individual with <b>ANY</b> of the following:  1. Severe hip or knee arthritis 2. Muscular disease 3. Neuromuscular and other diseases.
Patient lifts	E0639 E0640	Medically necessary for individual who is unable to assist with their own transfer.
Multipositional support system or combination sit to stand system	E0636 E0637	Medically necessary for individual who is unable to assist with their own transfer and has or is highly susceptible to decubitus ulcers.
Standing frame system, any size, with or without wheels	E0638 E0641 E0642	Medically necessary for individual who is unable to assist with their own transfer and has or is highly susceptible to decubitus ulcers.
Electronic salivary reflex stimulator	E0755	Considered <b><i>experimental or investigational</i></b> based upon:  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and 2. Insufficient evidence to support improvement of the net health outcome, and 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and 4. Insufficient evidence to support improvement outside the investigational setting.
Gravity assisted traction device, any type	E0941	Inversion traction therapy or gravity assisted traction is considered <b><i>experimental or investigational</i></b> based upon insufficient scientific evidence to permit conclusions concerning the effect on health outcomes.

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<p><b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of individual's condition or dimensions. Medical documentation is needed to justify the customization.</b></p>		
<p>Wheelchair accessories or replacement components</p>	<p>E0988 E0990 E0992 E0994 E0995 E2209 E2210 E2211 E2212 E2213 E2214 E2215 E2216 E2217 E2218 E2219 E2220 E2221 E2222 E2223 E2224 E2225 E2226 E2227 E2228</p>	<p>Medical necessity. For use with a previously or currently approved wheelchair.</p>
<p>Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control</p>	<p>E0983</p>	<p>Medically necessary for individual who would be bed or chair confined without the use of a wheelchair and who is unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely.</p> <p>Additional clinical documentation is required to determine medical necessity of specialized wheelchair options.</p> <p>An individual may qualify for a wheelchair and still be confined to bed.</p>

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Wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	E0984	<p>Medically necessary for individual who would be bed or chair confined without the use of a wheelchair and who is unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely.</p> <p>Additional clinical documentation is required to determine medical necessity of specialized wheelchair options.</p> <p>An individual may qualify for a wheelchair and still be confined to bed.</p>
Wheelchair accessory, seat lift mechanism	E0985	Medically necessary for individual who is unable to assist with their own transfer.
Wheelchair accessory, power seating system	E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010	Medically necessary for individual who has or is highly susceptible to decubitus ulcers and who requires frequent and immediate changes of body positions. Individually controlled.
Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	E1028	Medically necessary for individual who is unable to operate standard hand controls. For use with an approved power wheelchair.
Wheelchair accessory, ventilator tray	E1029 E1030	Medical necessity. For use with an approved ventilator.
Rollabout chair, any and all types with castors 5". or greater	E1031	<p>Medical necessity and in lieu of a wheelchair.</p> <p>Chairs with casters smaller than 5" are not eligible for coverage.</p>
Manual adult size wheelchair, includes tilt in space	E1161	Medical necessity.



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<p>Motorized wheelchair Power wheelchair</p>	<p>E1231 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835 K0836 K0837 K0838 K0839 K0840 K0841 K0842 K0843 K0848 K0849 K0850 K0851 K0852 K0853 K0854 K0855 K0856 K0857 K0858 K0859 K0860 K0861</p>	<p>Medically necessary for individual who would be bed or chair confined without the use of a wheelchair. Individual is unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely.</p> <p>An individual may qualify for a wheelchair and still be confined to bed.</p>
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Motorized wheelchair Power wheelchair (cont.)	K0862 K0863 K0864 K0868 K0869 K0870 K0871 K0877 K0878 K0879 K0880 K0884 K0885 K0886 K0890 K0891 K0898	Medically necessary for individual who would be bed or chair confined without the use of a wheelchair. Individual is unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely.  An individual may qualify for a wheelchair and still be confined to bed.
Power mobility device	K0899	Clinical documentation is required to determine medical necessity.
Wheelchair, specially sized or constructed	E1221 E1222 E1223 E1224 E1228	Clinical documentation is required to determine medical necessity.
Wheelchair, specially sized or constructed	E1220 E1229	Clinical documentation is required to determine medical necessity.
Wheelchair accessory, manual semi-reclining back	E1225	Medically necessary for individual who spends 2 hours or more per day in a wheelchair with documentation of <b>ONE</b> of the following:  <ol style="list-style-type: none"> <li>1. Quadriplegic</li> <li>2. Has casts/brace that requires this feature for positioning</li> <li>3. Needs to rest in this position frequently during the day</li> <li>4. Unable to recline without aid.</li> </ol> Eligible for coverage for use with an owned wheelchair.

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Wheelchair accessory, manual full reclining back	E1226	<p>Medically necessary for individual who spends 2 hours or more per day in a wheelchair with documentation of <b>ONE</b> of the following:</p> <ol style="list-style-type: none"> <li>1. Quadriplegic</li> <li>2. Has casts/brace that requires this feature for positioning</li> <li>3. Needs to rest in this position frequently during the day</li> <li>4. Unable to recline without aid.</li> </ol> <p>Eligible for coverage for use with an owned wheelchair.</p>
Special height arms or back for wheelchair	E1227	Clinical documentation is required to determine medical necessity.
Power operated vehicle	E1230 K0800 K0801 K0802 K0806 K0807 K0808 K0812	<p>Medically necessary for individual who would be bed or chair confined without the use of a wheelchair. Individual is unable to operate a wheelchair manually but physically able to use a motorized wheelchair safely.</p> <p>An individual may qualify for a wheelchair and still be confined to bed.</p>
Wheelchair, pediatric size	E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239	<p>Medical necessity.</p> <p><b>NOTE:</b> E1236 or E1238 may be submitted to represent a stroller. Strollers of any kind, including, but not limited to, specialty or customized strollers, are a benefit plan exclusion as a transportation device and not eligible for coverage. Considered not medically necessary.</p>

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Wheelchair accessories or replacement components	E2201 E2202 E2203 E2204 E2205 E2206 E2340 E2341 E2342 E2343 E2358 E2359 E2360 E2361 E2362 E2363 E2364 E2365 E2366 E2367 E2371 E2372 E2397 K0008 K0020 K0037 K0038 K0039 K0040 K0041 K0042 K0043 K0044 K0045 K0046 K0047 K0050 K0051 K0052 K0053 K0056 K0065 K0069 K0070 K0071 K0072 K0077	Medical necessity. For use with a previously or currently approved wheelchair.
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Wheelchair accessories or replacement components (cont.)	K0073 K0098 K0108 K0195 K0733	Medical necessity. For use with a previously or currently approved wheelchair.
Temporary replacement for patient-owned equipment being repaired, any type	K0462	Medical necessity.
Wheelchair accessory cylinder tank carrier	E2208	Medically necessary for individual who requires O <sub>2</sub> while in wheelchair.
Back or seat planar, positioning cushion for planar back or contoured seat	E2291 E2292 E2293 E2294	Medically necessary for individual who spends 2 hours or more per day in a wheelchair with documentation of ONE of the following:  1. Quadriplegic 2. Has casts/brace that requires this feature for positioning 3. Needs to rest in this position frequently during the day 4. Unable to recline without aid.
Power wheelchair accessory, power seat elevation system	E2300	Medically necessary for individual who is unable to assist with their own transfer. For use with an approved power wheelchair.
Power wheelchair accessory, power standing system	E2301	Medically necessary for individual who has or is highly susceptible to decubitus ulcers and who requires frequent and immediate changes of body positions. Individually controlled.
Manual wheelchair accessory, manual standing system	E2230	Medically necessary for individual who has or is highly susceptible to decubitus ulcers and who requires frequent and immediate changes of body positions. Individually controlled.
Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating	E2295	Medically necessary for permanently non-ambulatory children who move continuously and require proper postural seating alignment to be maintained.
Power wheelchair accessory, electronic connection between wheelchair controller and power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	E2310 E2311 E2313	Clinical documentation is required to determine medical necessity.  Requires review by the medical director(s) and/or clinical advisor(s).

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Power wheelchair accessory: Hand, head or chin control interface Sip and puff interface Attendant control	E2312 E2321 E2322 E2323 E2324 E2325 E2326 E2327 E2328 E2329 E2330 E2331 E2373 E2374 E2375 E2376 E2377	Medically necessary for individual who is unable to operate standard hand controls. For use with an approved power wheelchair.
Power wheelchair components, replacement only	E2368 E2369 E2370 E2378	Medically necessary as replacement.
Wheelchair seat or back cushion	E2231 E2602 E2603 E2604 E2605 E2606 E2607 E2608 E2609 E2610 E2611 E2612 E2613 E2614 E2615 E2616 E2617 E2619 E2622 E2623 E2624 E2625 K0669	Medically necessary for individual who has or is highly susceptible to decubitus ulcers.

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Positioning wheelchair back cushion	E2620 E2621	Medically necessary for individual who spends 2 hours or more per day in a wheelchair with documentation of <b>ONE</b> of the following:  1. Quadriplegic 2. Has casts/brace that requires this feature for positioning 3. Needs to rest in this position frequently during the day 4. Unable to recline without aid.
Customized Durable Medical Equipment, Other Than Wheelchair	K0900	Clinical documentation is required to determine medical necessity.
Gait trainer	E8000 E8001 E8002	Medically necessary for individual with impaired ambulation.
<b>A wheelchair may be considered base model even though customized options and/or accessories are required as a result of patient's condition or dimensions. Medical documentation is needed to justify the customization.</b>		
Other motorized/power wheelchair base	K0013 K0014	Medical necessity. For use with a previously or currently approved wheelchair.
IV Hanger	K0105	Reimbursement is separate if not used with home infusion therapy.  Reimbursement is included in per diem charge if used with home infusion therapy.
<b>One (1) prescription for orthopedic or therapeutic footwear is eligible for coverage per year.</b>		

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Lifts	L3300 L3310 L3320 L3330 L3332 L3334	Medically necessary for leg length discrepancy <b>ONLY</b> .  Heel lifts for all other conditions are a benefit plan exclusion.
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<p>Orthopedic shoes/footwear (Includes orthopedic footwear, additions, inserts, inlays and/or modifications)</p>	<p>L3201 L3202 L3203 L3204 L3206 L3207 L3212 L3213 L3214 L3215 L3216 L3217 L3219 L3221 L3222 L3230 L3250 L3251 L3252 L3253 L3254 L3255 L3257 L3340 L3350 L3360 L3370 L3380 L3390 L3400 L3410 L3420 L3430 L3440 L3450 L3455 L3460 L3465 L3470</p>	<p>Medically necessary for <b>ANY</b> of the following:</p> <ol style="list-style-type: none"> <li>1. As an integral part of a brace</li> <li>2. Individual with diabetes</li> <li>3. Individual with neurological involvement of the foot or lower leg (below the knee)</li> <li>4. Individual with peripheral vascular disease of the foot or lower leg (below the knee).</li> </ol>
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Orthopedic shoes/footwear (cont.)	L3500 L3510 L3520 L3530 L3540 L3550 L3560 L3570 L3580 L3590 L3595 L3649	Medically necessary for <b>ANY</b> of the following:  1. As an integral part of a brace 2. Individual with diabetes 3. Individual with neurological involvement of the foot or lower leg (below the knee) 4. Individual with peripheral vascular disease of the foot or lower leg (below the knee).
Electronic medication compliance management device, includes all components and accessories, not otherwise classified	T1505	1. Remote medication management systems are considered 'comfort and convenience' and therefore a benefit plan exclusion. 2. Electronic pill dispensers are considered 'over the counter' products and therefore a benefit plan exclusion.