

## **Benefit Guideline: Gloves**

**Service:** Non-sterile and sterile gloves

**Effective Date:** 5/1/2011

**Review Date:** 12/1/2020, 12/1/2021, 12/7/2022, 12/19/2023

**Products:** Medica DUAL Solution<sup>®</sup> (Minnesota Senior Health Options, or MSHO), Medica Choice Care<sup>SM</sup> (Minnesota Senior Care Plus, or MSC+), Medica AccessAbility Solution<sup>®</sup> (Special Needs Basic Care, or SNBC), and Medica AccessAbility Solution<sup>®</sup> Enhanced (Integrated SNBC, or I-SNBC)

### **Definition of Service:**

Non-sterile gloves are used by a recipient or caregiver when performing clean procedures for the recipient. These are suitable for procedures where a member is not at high risk for infection.

Sterile gloves must meet FDA standards. They are used by a recipient or caregiver where a member is at higher risk for infection.

### **Covered:**

Medica pays for **non-sterile (up to 4 boxes of 100 gloves per month) or sterile (up to 200 pair per month) gloves** for use by the recipient or caregiver when ordered by the prescribing provider for use in performing non-sterile or sterile medical procedures for the member.

**Non-sterile gloves** are medically necessary for hygiene cares **only if** the recipient has:

- open sores
- diarrhea
- diagnosed infection
- compromised immune system
- Other conditions a prescriber deems medically necessary

Note: If a recipient has a history of frequent diarrhea, the provider may dispense gloves to be kept on hand.

**Non-sterile gloves** are medically necessary for clean procedures including but not limited to:

- most wound care/dressing changes
- application of topical medications
- clean catheterization
- tracheostomy cares
- gastrostomy tube/jejunostomy tube cares
- tube feedings
- Other procedures a prescriber deems medically necessary

**Sterile gloves** are medically necessary for sterile procedures including:

- sterile catheterization
- sterile wound care
- Other procedures which the prescriber determines infection concerns require the use of sterile

gloves

Gloves above MA allowable may be considered for purchase as Specialized Supplies and Equipment through Elderly Waiver (EW) if the member is eligible and opened to EW. SNBC members do not qualify for Specialized Supplies and Equipment through Medica– if the member needs to exceed the quantity limit, the CC should contact county waiver worker or county of residence for waiver eligibility assessment if appropriate. Please review When to Submit a Request for Benefit Exception below to exceed limits due to medical necessity.

	MSHO/MS+	SNBC/ISNBC
Sterile Gloves HCPC A4930	Covered to MA limit. If need to exceed MA quantity limits and access Specialized Supplies and Equipment member will need to be open to EW	Covered to MA limit.
Non Sterile Gloves HCPC A4927	Covered to MA limit. If need to exceed MA quantity limits and access Specialized Supplies and Equipment member will need to be open to EW	Covered to MA limit

**Not Covered:**

- Gloves for use while performing hygiene cares, including routine incontinence care
- Sterile gloves for use for non-sterile procedures
- Non-sterile or sterile gloves for recipients living in nursing facilities or intermediate care facilities. This is included in the per diem.

**Process:**

- No authorization is needed for MA allowable gloves.
- CC is to clearly document the need in member case note including the cares or procedures requiring gloves, and the frequency of the cares or procedures required.
- CC is to order gloves from an in network Medica Provider.
- Provider is to bill using the appropriate codes.
- Billing for gloves (sterile or non-sterile) using the T2029 code is not appropriate.

**When to Submit a Request for Benefit Exception:**

- Amount of item exceeds EW Monthly Service Cap
- Requested item is a waiver item but member is not on a waiver
- The member’s provider has supplied documentation related to medical necessity for gloves that exceed MA limits.

**Considerations:**

- Is this service necessary for the health, welfare and safety of the member?
- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost effective solution?
- Are there other formal or informal services which can meet the identified need?

**References:**

DHS MSHO/MSC+ Contract

DHS SNBC Contract

Minnesota Health Care Programs (MHCP) Provider Manual

Community-Based Services Manual (CBSM)

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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