

# Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements (for Indiana Only)

Guideline Number: CS032IN.01  
Effective Date: April 1, 2021

[Instructions for Use](#)

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## Related Policies

- [Airway Clearance Devices](#)
- [Attended Polysomnography for Evaluation of Sleep Disorders](#)
- [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#)
- [Cochlear Implants](#)
- [Electrical and Ultrasound Bone Growth Stimulators](#)
- [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation](#)
- [Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable](#)
- [Home Traction Therapy](#)
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- [Omnibus Codes](#)
- [Medical Foods, Oral and Enteral Nutrition](#)
- [Plagiocephaly and Craniosynostosis Treatment](#)
- [Pneumatic Compression Devices](#)
- [Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs](#)

## Application

This Coverage Determination Guideline only applies to the state of Indiana.

## Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Durable and Home Medical Equipment and Supplies Provider Reference Module](#).

## Applicable Codes

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical

Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

## Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"><li data-bbox="337 323 837 350">• New Coverage Determination Guideline</li></ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.