

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

**Policy Number:** CS032KS.01

**Effective Date:** June 1, 2025

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a>	1
<a href="#">Coverage Rationale</a>	1
<a href="#">Definitions</a>	2
<a href="#">Applicable Codes</a>	3
<a href="#">Benefit Considerations</a>	3
<a href="#">References</a>	4
<a href="#">Policy History/Revision Information</a>	4
<a href="#">Instructions for Use</a>	4

Related Policies
<ul style="list-style-type: none"> <li><a href="#">Airway Clearance Devices (for Kansas Only)</a></li> <li><a href="#">Beds and Mattresses (for Kansas Only)</a></li> <li><a href="#">Cochlear Implants (for Kansas Only)</a></li> <li><a href="#">Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Kansas Only)</a></li> <li><a href="#">Electrical and Ultrasound Bone Growth Stimulators (for Kansas Only)</a></li> <li><a href="#">Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Kansas Only)</a></li> <li><a href="#">Enteral Nutrition (for Kansas Only)</a></li> <li><a href="#">Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable (for Kansas Only)</a></li> <li><a href="#">Home Traction Therapy (for Kansas Only)</a></li> <li><a href="#">Lower Extremity Prosthetics (for Kansas Only)</a></li> <li><a href="#">Mechanical Stretching Devices (for Kansas Only)</a></li> <li><a href="#">Motorized Spinal Traction (for Kansas Only)</a></li> <li><a href="#">Obstructive and Central Sleep Apnea Treatment (for Kansas Only)</a></li> <li><a href="#">Omnibus Codes (for Kansas Only)</a></li> <li><a href="#">Pediatric Gait Trainers and Standing Systems (for Kansas Only)</a></li> <li><a href="#">Plagiocephaly and Craniosynostosis Treatment (for Kansas Only)</a></li> <li><a href="#">Pneumatic Compression Devices (for Kansas Only)</a></li> <li><a href="#">Sleep Studies (for Kansas Only)</a></li> <li><a href="#">Supply Policy, Professional</a></li> <li><a href="#">Upper Extremity Prosthetic Devices (for Kansas Only)</a></li> <li><a href="#">Walkers (for Kansas Only)</a></li> </ul>

## Application

This Medical Policy only applies to the state of Kansas.

## Coverage Rationale

[See Benefit Considerations](#)

**When determining medical necessity, clinical guidelines will be applied in the following order:**

1. Federal, state, and contractual requirements

2. InterQual® CP: Durable Medical Equipment
3. UnitedHealthcare Community Plan Medical Policy
4. InterQual® Medicare: Durable Medical Equipment
5. CMS DME MAC

## Breast Pumps

For medical necessity clinical coverage criteria for breast pumps, refer to the [Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual](#).

## Contact Lenses & Scleral Bandages (Shells)

Contact lenses or scleral shells that are used to treat an injury or disease are not considered DME and may be covered under the [Kansas Medical Assistance Program Vision Fee-For-Service Provider Manual](#).

## Medical Supplies

**Medical Supplies that are used with covered DME are covered when the supply is necessary for the effective use of the item/device (e.g., oxygen tubing or mask, batteries for power wheelchairs and prosthetics, or tubing for a delivery pump).**

For coverage of Medical Supplies, refer to the [Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual](#).

## Repair and Replacement

For coverage limitations and exclusions, refer to the [Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual](#).

## Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age and Older)

For medical necessity clinical coverage criteria for **mechanical ventilators**, refer to the InterQual® CP: Durable Medical Equipment Home Mechanical Ventilation Devices: Invasive, Noninvasive, and Multifunction. If medical necessity cannot be determined using these criteria, refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD.

[Click here to view the InterQual® criteria.](#)

For medical necessity clinical coverage criteria for **bi-level positive airway pressure (BiPAP) devices**, refer to the [Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual](#).

**Note:** Ventilators must not be billed using codes for CPAP (HCPCS code E0601) or bi-level PAP (HCPCS codes E0470, E0471, and E0472). The use of CPAP or bi-level PAP HCPCS codes to bill a ventilator is incorrect coding, even if the ventilator is only being used in CPAP or bi-level mode.

## Coverage Limitations and Exclusions

Refer to the [Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual](#) for coverage limitations and exclusions.

## Definitions

Check the federal, state, or contractual definitions that supersede the definitions below.

**Durable Medical Equipment (DME):** Medical equipment that is all of the following:

- Able to withstand repeated use
  - Primarily and customarily used to serve a medical purpose
  - Appropriate for use in any setting in which normal life activities take place, other than a
  - hospital; nursing facility; ICFs-IID; or any setting in which payment is or could be made under
  - Medicaid for inpatient services that include room and board
  - Generally, not useful to a person in the absence of illness or injury
- (Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual)

**Medical Supplies:** Supplies are health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness, or injury (CFR § 440.70).

**Reasonable Useful Lifetime:** RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for Durable Medical Equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items (Noridian, 2011).

## 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 Analysis 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.

## Benefit Considerations

### Cranial Remolding Orthosis

Cranial molding helmets (cranial remolding orthosis, billed with HCPCS code S1040) are covered when they meet medical criteria. For all indications, refer to the Medical Policy titled [Plagiocephaly and Craniosynostosis Treatment \(for Kansas Only\)](#).

**Note:** A protective helmet (HCPCS codes A8000-A8004) is not a cranial remolding device. It is considered a safety device worn to prevent injury to the head rather than a device needed for active treatment.

### Enteral Pumps

Enteral pumps are covered as DME. Refer to the Medical Policy titled [Enteral Nutrition \(Oral and Tube Feeding\) \(for Kansas Only\)](#) for information regarding formula.

### Implanted Devices

Any device, appliance, pump, machine, stimulator, or monitor that is fully implanted into the body is not covered as DME. (If covered, the device is covered as part of the surgical service.)

**Cochlear Implant Benefit Clarification:** The external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit, and the implantable components are considered under the medical-surgical benefit. Refer to the federal, state, or contractual requirements to determine if there are DME benefits for repair or replacement of external components.

### Insulin Pumps

Insulin pumps, disposable and durable, are covered. For state specific information on mandated coverage of diabetes supplies, refer to the federal, state, or contractual requirements. Refer to the Medical Policy titled [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes \(for Kansas Only\)](#).

### Lymphedema Stockings for the Arm

Post-mastectomy lymphedema stockings for the arm are considered DME. For state specific information on mandated coverage, refer to the state or contractual requirements.

### Orthotic Braces

Orthotic braces that stabilize an injured body part and braces to treat curvature of the spine are considered DME. Examples of orthotic braces include but are not limited to:

- Thoracic-lumbar-sacral orthotic (TLSO)
- Lumbar-sacral orthotic (LSO)
- Knee orthotics (KO)
- Ankle foot orthotic (AFO)
- Necessary adjustments to shoes to accommodate braces

**Note:** There are specific codes that are defined by HCPCS as orthotics that UnitedHealthcare covers as DME.

# Trachea-Esophageal and Voice Aid Prosthetics

Trachea-esophageal prosthetics and voice aid prosthetics are covered as DME.

## References

Centers for Medicare and Medicaid Services (CMS). New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment. July 2013. Available at: <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/MM8158.pdf>. Accessed June 13, 2023.

Code of Federal Regulations (CFR). Home health services. 42 CFR 440.70. Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.70>. Accessed December 3, 2022.

Kansas Medical Assistance Program Durable Medical Equipment Fee-for-Service Provider Manual. Available at: <https://portal.kmap-state-ks.us/PublicPage/Public/ProviderManuals>. Accessed April 8, 2025.

Kansas Medical Assistance Program Vision Fee-for-Service Provider Manual. Available at: <https://portal.kmap-state-ks.us/PublicPage/Public/ProviderManuals>. Accessed April 8, 2025.

Noridian Healthcare Solutions. Reasonable Useful Lifetime and Duplicate Items – Billing Reminder. (April 2011). <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>. Accessed June 13, 2023.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2025	<ul style="list-style-type: none"><li>New Medical Policy</li></ul>

## Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) criteria for substance use disorder (SUD) services, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies that have been approved by the Kansas Department of Health and Environment. The UnitedHealthcare Medical Policies 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.