

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

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[➔ Instructions for Use](#)

Certain Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. Portions of the coverage rationale contained in this policy represent Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

Indications for Coverage

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

1. Federal, state and contractual requirements
2. UnitedHealthcare Community Plan Medical Policy
3. InterQual® CP Durable Medical Equipment
4. InterQual® Medicare Durable Medical Equipment
5. CMS DME MAC

Durable Medical Equipment (DME), related supplies, and orthotics are Medically Necessary when:

- Consistent with the state definition of DME and/or Orthotic; and
- The item(s) meets the plans Medically Necessary definition (refer to the federal, state or contractual requirements); and
- Ordered by a physician, or ordered by a nurse practitioner, clinical nurse specialist, or physician assistant acting within the scope of practice under state law; and
- The item is not otherwise excluded from coverage

Electric Breast Pump

An electric breast pump is a mechanical device powered by batteries or electricity that nursing mothers use to extract milk from their breasts. Medicaid considers personal-use, double, electric breast pumps a coverable item for nursing mothers. A new breast pump is covered for every delivery.

Note: Single, manual, and hospital-grade breast pumps are not covered items under Louisiana Medicaid.

Equipment Criteria

Electric breast pumps dispensed to Medicaid beneficiaries must meet, at a minimum, the below criteria:

- Have an adjustable suction pressure rate with either written instructions or an automatic mechanism to prevent a suction greater than 250 mm Hg
- Be adaptable for simultaneous pumping of both breasts (double-collection);
- Automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute;
- Include a battery option and adapter to be used as an alternate power source when electricity is not immediately available;
- Breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes;
- All accessories necessary for pumping two breasts simultaneously for electric pumps;
- At least two collection bottles with spill-proof standard size caps, that are bisphenol-A (BPA) and DEHP-free; and
- Accessories and supplies must be compatible with the pump provided. Materials must be of durable quality for withstanding repeated boiling, washing, and pumping use.

Replacement Criteria

Medicaid will allow replacement of a breast pump older than three years and after expiration of manufacturer's warranty. Replacement and warranty are subject to policy in the Section 18.2 of the provider manual.

Electric Breast Pump Supplies

Electric breast pump supplies will be available to the nursing mother once every 180 days. DME providers must obtain a prior authorization for replacement supplies. The prior authorization request must include a prescription and baby's date of birth. (Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Contact Lenses & Scleral Bandages (Shells)

Contact lenses or scleral shells that are used to treat an injury or disease (e.g., corneal abrasion, keratoconus or severe dry eye) are not considered DME and may be covered as a therapeutic service. Please check the federal, state or contractual requirements for coverage.

Cranial Remolding Orthosis

Cranial molding helmets (cranial remolding orthosis, billed with S1040) used to facilitate a successful post-surgical outcome are covered. For all indications, refer to the Medical Policy titled *Plagiocephaly and Craniosynostosis Treatment (for Louisiana Only)*.

Note: A protective helmet (HCPCS code 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 Infusion Pump

A standard enteral infusion pump will be approved only with documented evidence that the pump is medically necessary and that syringe or gravity feedings are not satisfactory due to complications such as aspiration, diarrhea, dumping syndrome, etc. Medicaid will pay for the rental of a standard enteral infusion pump and accessories.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

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:

Cochlear Implant (Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Only)

Reimbursement is available for cochlear implants for Medicaid beneficiaries with severe-to profound bilateral sensorineural hearing loss.

Only beneficiaries under 21 years of age, who meet the eligibility criteria, qualify for cochlear implants. Only one cochlear implant per lifetime, per ear, per eligible beneficiary shall be reimbursed unless the implant fails or is damaged beyond repair, in which case reimbursement for another implant and re-implantation will be considered.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Insulin Pumps

Items including glucometers, insulin pumps, and supplies for insulin pumps other than the insulin itself, are covered.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Refer to the Medical Policy titled *Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for Louisiana Only)*.

Lymphedema Stockings for the Arm

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

Medical Supplies

Durable Medical Equipment (DME)/supplies are covered when medical necessity criteria are met for use as part of the medical care of a beneficiary.

The covered items and services include medical supplies.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.1: Services and Limitations)

Urinary catheters are approved only if the beneficiary's medical condition necessitates the use of a catheter.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

For additional supply information, refer to the *Non-Covered DME Services and Items* section.

Orthotic Devices

Orthotic devices include leg braces, neck braces, knee braces and supports, spinal supports, splints, brace attachments and repairs. The request for approval should include the following:

- A complete description of special type brace;
- The beneficiaries mental and physical ability to use the device;
- Whether the device is a replacement;
- Whether training is indicated; and
- The plan of training, when indicated.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Repair, Replacement, and Upgrade

Repair, replacement, and upgrade of DME is covered when the member has a DME benefit and any of the following:

Repair

The repairs, including the replacement of essential accessories, such as hoses, tubes, mouth pieces, etc., for necessary DME are covered when necessary to make the item/device serviceable.

Replacement

Replacement of DME is for the same or similar type of equipment which is beyond its reasonable useful life span and has become irreparable.

Upgrade

The physician provides documentation that the condition of the member changes (e.g., impaired function necessitates an upgrade to a power wheelchair from a manual one).

General Criteria

- Routine wear on the equipment renders it non-functional and the member still requires the equipment
 - Vendors/manufacturers are responsible for repairs, replacements, and maintenance for rented equipment and for purchased equipment covered by warranty
 - Coverage includes DME obtained in a physician's office, DME vendor, or any other provider authorized to provide/dispense DME
- Unless otherwise stated, DME has a Reasonable Useful Lifetime (RUL) of 5 years
- Pediatric DME must allow room for growth adjustments to a minimum of 2 inches in seat width and 3 inches of seat depth

Notes:

- Growth method may not mean ordering equipment that it is too large for current needs
- A new prescription isn't needed if the needs of the patient are the same

Equipment Upgrades

- A change in the member's medical condition and equipment needs requires the same documentation as a new request
- Equipment upgrades are equivalent to a new service

Limitations for Replacement of Equipment

Medicaid will not replace equipment that is lost, destroyed or damaged as a result of misuse, abuse, neglect, loss, or wrongful disposition of equipment by the beneficiary, the beneficiary's caregiver(s), or the provider. At a minimum, examples of equipment misuse, abuse, neglect, loss or wrongful disposition by the beneficiary, the beneficiary's caregiver, or the provider include, but are not limited to the following:

- Failure to clean and maintain the equipment as recommended by the equipment manufacturer;
- Failure to store the equipment in a secure and covered area when not in use; and
- Loss, destruction or damage to the equipment caused by the malicious, intentional or negligent acts of the beneficiary, the beneficiary's caregiver, or the provider.

If equipment is stolen or destroyed in a fire, the provider must obtain, in a timely manner, a completed police or insurance report that describes the specific medical equipment that was stolen or destroyed. The police or insurance report must be submitted with the new PA request.

Medicaid may replace equipment when the beneficiary's medical necessity changes. The provider must submit the documentation required to justify the purchase of the replacement equipment.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.1: Services and Limitations)

Trachea-Esophageal and Voice Aid Prosthetics

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

Ventilators and Respiratory Assist Devices (applies for 2 Years of age and older)

Ventilators are covered to treat neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease.

For members 2 years of age and older ventilators are not covered when used only to deliver continuous or intermittent positive airway pressure for adults and children. Any type of ventilator would not be Medically Necessary when:

- The ventilator is used only in a bi-level PAP (E0470, E0471) mode.
- Used for conditions that qualify for use of a Respiratory Assistance Device (RAD) that are not life-threatening conditions where interruption of respiratory support would quickly lead to serious harm or death.
- Ventilators, such as Trilogy mechanical ventilators (E0465, E0466), used for the treatment of conditions that deliver continuous or intermittent positive airway pressure are not Medically Necessary.

Bi-level PAP devices (E0470, E0471) are considered medically necessary in certain clinical scenarios. For medical necessity criteria, refer to the InterQual® CP: Durable Medical Equipment, Noninvasive Airway Assistive Devices.

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

Mechanical ventilators (E0465, E0466) are considered medically necessary in certain clinical scenarios. For medical necessity criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Ventilators.

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

Note:

- Ventilators must not be billed using codes for CPAP (E0601) or bi-level PAP (E0470, E0471, 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.

PAP Therapy

For the evaluation of PAP therapy, Hypopnea is defined as an abnormal respiratory event lasting at least 20 seconds associated with at least a 30 percent reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4 percent decrease in oxygen saturation (Louisiana Department of Health Durable Medical Equipment Provider Manual, 2021)

Non-Covered DME Services and Items

A non-covered service, item or supply is not available for reimbursement. Listed below are items and services that are not reimbursed by Medicaid through the DME program.

- Clinically unproven equipment;
- Comfort or convenience equipment;
- Dentures;
- Disposable supplies customarily provided as part of a nursing or personal care service or a medical diagnostic or monitoring procedure;
- Electric lifts (manual lifts are covered);
- Emergency and non-emergency alert devices;
- Environmental modifications (e.g. home, bathroom, ramps, etc.);
- Equipment designed for use by a physician or trained medical personnel;
- Experimental equipment;
- Facilitated communications (FC);
- Furniture and other items which do not serve a medical purpose;
- Hand Held Showers;
- Investigational equipment;
- Items used for cosmetic purposes;
- Personal comfort, convenience or general sanitation items;
- Physical fitness equipment;
- Precautionary-type equipment (e.g. power generators, backup oxygen equipment);
- Rehabilitation Equipment;
- Reimbursement for delivery or delivery mileage of medical supplies;
- Routine and first aid items;
- Safety alarms and alert systems/buttons;
- Scooters;
- Seat lifts and recliner lifts;
- Standard car seats;

- Supplies or equipment covered by Medicaid per diem rates (nursing home residents maybe approved for orthotics and prosthetics, but not for DME and supplies;
- Televisions, telephones, VCR machines and devices designed to produce music or provide entertainment;
- Training equipment or self-help equipment;
- Van lifts;
- Wheelchair Lifts; and
- Wheelchair Ramps.

Note: This list is not all inclusive.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.1: Services and Limitations)

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:

- Suitable for use in any setting in which normal life activities take place
- Can withstand repeated use
- Generally not useful to an individual in the absence of a disability, illness, or injury
- Can be reusable or removable
- Is not implantable within the body
- Primarily and customarily used to serve a medical purpose
- Meets the state definition of DME

Injury: Damage to the body, including all related conditions and symptoms.

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 medial 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 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

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.

References

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Louisiana Department of Health Durable Medical Equipment Provider Manual. Chapter Eighteen of the Medicaid Services Manual. Issued September 1, 2010. <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed January 20, 2022.

Noridian Healthcare Solutions. <https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder>. Accessed April 11, 2022.

State Medicaid contracts.

Policy History/Revision Information

Date	Summary of Changes
08/01/2023	<p>Title Change/Template Update</p> <ul style="list-style-type: none"> Previously titled <i>Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Louisiana Only)</i> Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Application</p> <ul style="list-style-type: none"> Added language to indicate portions of the coverage rationale contained in this policy represent Louisiana Medicaid coverage policy and is set forth [in the policy] in accordance with state requirements <p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed content addressing: <ul style="list-style-type: none"> Mobility Devices Oral Appliances Safety Enclosure with Beds Speech Generating Devices <p>Indications for Coverage</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> When determining medical necessity, clinical guidelines will be applied in the following order: <ol style="list-style-type: none"> Federal, state, and contractual requirements UnitedHealthcare Community Plan Medical Policy InterQual® CP: Durable Medical Equipment InterQual® Medicare: Durable Medical Equipment CMS Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) DME, related supplies, and orthotics are medically necessary when: <ul style="list-style-type: none"> Consistent with the state definition of DME and/or orthotic; and The item(s) meets the plan’s medically necessary definition (refer to the federal, state, or contractual requirements); and Ordered by a physician, or ordered by a nurse practitioner, clinical nurse specialist, or physician assistant acting within the scope of practice under state law; and The item is not otherwise excluded from coverage <p>Electric Breast Pumps</p> <ul style="list-style-type: none"> Revised language to indicate: <ul style="list-style-type: none"> An electric breast pump is a mechanical device powered by batteries or electricity that nursing mothers use to extract milk from their breasts <ul style="list-style-type: none"> Medicaid considers personal-use, double, electric breast pumps a coverable item for nursing mothers A new breast pump is covered for every delivery Single, manual, and hospital-grade breast pumps are not covered items under Louisiana Medicaid Electric breast pumps dispensed to Medicaid beneficiaries must meet, at a minimum, the below criteria: <ul style="list-style-type: none"> Have an adjustable suction pressure rate with either written instructions or an automatic mechanism to prevent a suction greater than 250 mm Hg Be adaptable for simultaneous pumping of both breasts (double-collection) Automatically cycle with an adjustable variable cycling rate, typically 30 to 60 or more cycles per minute Include a battery option and adapter to be used as an alternate power source when electricity is not immediately available Breast shields (flanges) that are adjustable and flexible, or flanges that are available in several different sizes if rigid, including larger sizes All accessories necessary for pumping two breasts simultaneously for electric pumps

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ At least two collection bottles with spill-proof standard size caps that are bisphenol-A (BPA) and DEHP-free ▪ Accessories and supplies must be compatible with the pump provided; materials must be of durable quality for withstanding repeated boiling, washing, and pumping use ○ Medicaid will allow replacement of a breast pump older than three years and after expiration of manufacturer's warranty; replacement and warranty are subject to Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage <i>Criteria</i> ○ Electric breast pump supplies will be available to the nursing mother once every 180 days: <ul style="list-style-type: none"> ▪ DME providers must obtain a prior authorization for replacement supplies ▪ The prior authorization request must include a prescription and baby's date of birth <p>Cranial Remolding Orthosis</p> <ul style="list-style-type: none"> ● Added instruction to refer to the Medical Policy titled <i>Plagiocephaly and Craniosynostosis Treatment (for Louisiana Only)</i> for all indications <p>Enteral Infusion Pumps</p> <ul style="list-style-type: none"> ● Revised language to indicate a standard enteral infusion pump will be approved only with documented evidence that the pump is medically necessary and that syringe or gravity feedings are not satisfactory due to complications such as aspiration, diarrhea, dumping syndrome, etc.; Medicaid will pay for the rental of a standard enteral infusion pump and accessories <p>Implanted Devices</p> <ul style="list-style-type: none"> ● Updated notation pertaining to cochlear implant [Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Only] to indicate: <ul style="list-style-type: none"> ○ Reimbursement is available for cochlear implants for Medicaid beneficiaries with severe-to-profound bilateral sensorineural hearing loss ○ Only beneficiaries under 21 years of age, who meet the eligibility criteria, qualify for cochlear implants ○ Only one cochlear implant per lifetime, per ear, per eligible beneficiary shall be reimbursed unless the implant fails or is damaged beyond repair, in which case reimbursement for another implant and re-implantation will be considered <p>Insulin Pumps</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ Items including glucometers, insulin pumps, and supplies for insulin pumps other than the insulin itself, are covered ○ Refer to the Medical Policy titled Continuous Glucose Monitoring and Insulin Delivery for Managing <i>Diabetes (for Louisiana Only)</i> <p>Lymphedema Stockings for the Arm</p> <ul style="list-style-type: none"> ● Revised language to indicate post-mastectomy lymphedema stockings for the arm are considered DME; for state specific information on mandated coverage, refer to the state or contractual requirements <p>Medical Supplies</p> <ul style="list-style-type: none"> ● Revised language to indicate: <ul style="list-style-type: none"> ○ DME/supplies are covered when medical necessity criteria are met for use as part of the medical care of a beneficiary ○ The covered items and services include medical supplies ○ Urinary catheters are approved only if the beneficiary's medical condition necessitates the use of a catheter ○ For additional supply information, refer to the Non-Covered DME Services and Items section [of the policy] <p>Orthotic Devices</p> <ul style="list-style-type: none"> ● Revised language to indicate orthotic devices include leg braces, neck braces, knee braces and supports, spinal supports, splints, brace attachments and repairs; the request for approval should include the following:

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ A complete description of special type brace ○ The beneficiaries mental and physical ability to use the device ○ Whether the device is a replacement ○ Whether training is indicated ○ The plan of training, when indicated <p>Repair, Replacement, and Upgrade</p> <ul style="list-style-type: none"> ● Replaced language indicating: <ul style="list-style-type: none"> ○ “Repair and replacement of DME is covered when the member has a DME benefit and any of the [listed criteria]” with “repair, replacement, and upgrade of DME is covered when the member has a DME benefit and any of the [listed criteria]” ○ “Replacement of DME is for the same or similar type of equipment” with “replacement of DME is for the same or similar type of equipment which is beyond its reasonable useful life span and has become irreparable” ○ “Pediatric equipment should allow room for growth with 3 inches of depth and width available for adjustments” with “pediatric DME must allow room for growth adjustments to a minimum of 2 inches in seat width and 3 inches of seat depth” ● Added notation to indicate: <ul style="list-style-type: none"> ○ Growth method may not mean ordering equipment that it is too large for current needs ○ A new prescription isn't needed if the needs of the patient are the same ● Removed language indicating repair or replacement of DME is not covered for the following: <ul style="list-style-type: none"> ○ Repairs, replacements, and maintenance for items/devices required during a rental period or a Maintenance & Service agreement; these are the contractual responsibility of the item/device provider ○ Replacement and repairs of items are required due to malicious damage, neglect, or abuse <p>Limitations for Replacement of Equipment</p> <ul style="list-style-type: none"> ● Revised language pertaining to coverage limitations to indicate: <ul style="list-style-type: none"> ○ Medicaid will not replace equipment that is lost, destroyed or damaged as a result of misuse, abuse, neglect, loss, or wrongful disposition of equipment by the beneficiary, the beneficiary’s caregiver(s), or the provider; at a minimum, examples of equipment misuse, abuse, neglect, loss or wrongful disposition by the beneficiary, the beneficiary’s caregiver, or the provider include, but are not limited to the following: <ul style="list-style-type: none"> ▪ Failure to clean and maintain the equipment as recommended by the equipment manufacturer ▪ Failure to store the equipment in a secure and covered area when not in use ▪ Loss, destruction, or damage to the equipment caused by the malicious, intentional, or negligent acts of the beneficiary, the beneficiary’s caregiver, or the provider ○ If equipment is stolen or destroyed in a fire, the provider must obtain, in a timely manner, a completed police or insurance report that describes the specific medical equipment that was stolen or destroyed; the police or insurance report must be submitted with the new PA request ○ Medicaid may replace equipment when the beneficiary’s medical necessity changes; the provider must submit the documentation required to justify the purchase of the replacement equipment <p>Ventilators and Respiratory Assist Devices (applies for 2 years of age and older)</p> <ul style="list-style-type: none"> ● Revised coverage guidelines to indicate: <ul style="list-style-type: none"> ○ Ventilators are covered to treat neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease ○ For members 2 years of age and older, ventilators are not covered when used only to deliver continuous or intermittent positive airway pressure for adults and children; any type of ventilator would not be medically necessary when: <ul style="list-style-type: none"> ▪ The ventilator is used only in a bi-level PAP (HCPCS code E0470 or E0471) mode ▪ Used for conditions that qualify for use of a respiratory assistance devices (RAD) that are not life-threatening conditions where interruption of respiratory support would quickly lead to serious harm or death

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Ventilators such as Trilogy mechanical ventilators (HCPCS codes E0465 and E0466) used for the treatment of conditions that deliver continuous or intermittent positive airway pressure are not medically necessary ○ Bi-level PAP devices (HCPCS codes E0470 and E0471) are considered medically necessary in certain clinical scenarios; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Noninvasive Airway Assistive Devices ○ Mechanical ventilators (HCPCS codes E0465 and E0466) are considered medically necessary in certain clinical scenarios; for medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Ventilators <p>PAP Therapy</p> <ul style="list-style-type: none"> • Replaced language indicating “for the evaluation of PAP therapy, hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds associated with at least a 30% reduction in airflow and with at least a 3% decrease in oxygen saturation <i>from pre-event baseline or the event is associated with an arousal</i>” with “for the evaluation of PAP therapy, hypopnea is defined as an abnormal respiratory event lasting at least 20 seconds associated with at least a 30 percent reduction in <i>thoracoabdominal movement</i> or airflow <i>as compared to baseline</i>, and with at least a 4 percent decrease in oxygen saturation” <p>Non-Covered DME Services and Items</p> <ul style="list-style-type: none"> • Revised language pertaining to coverage exclusions to indicate a non-covered service, item, or supply is not available for reimbursement; listed below are items and services that are not reimbursed by Medicaid through the DME program (this list is not all inclusive): <ul style="list-style-type: none"> ○ Clinically unproven equipment ○ Comfort or convenience equipment ○ Dentures ○ Disposable supplies customarily provided as part of a nursing or personal care service or a medical diagnostic or monitoring procedure ○ Electric lifts (manual lifts are covered) ○ Emergency and non-emergency alert devices ○ Environmental modifications (e.g., home, bathroom, ramps, etc.) ○ Equipment designed for use by a physician or trained medical personnel ○ Experimental equipment ○ Facilitated communications (FC) ○ Furniture and other items which do not serve a medical purpose ○ Handheld showers ○ Investigational equipment ○ Items used for cosmetic purposes ○ Personal comfort, convenience, or general sanitation items ○ Physical fitness equipment ○ Precautionary-type equipment (e.g., power generators, backup oxygen equipment) ○ Rehabilitation equipment ○ Reimbursement for delivery or delivery mileage of medical supplies ○ Routine and first aid items ○ Safety alarms and alert systems/buttons ○ Scooters ○ Seat lifts and recliner lifts ○ Standard car seats ○ Supplies or equipment covered by Medicaid per diem rates (nursing home residents maybe approved for orthotics and prosthetics, but not for DME and supplies) ○ Televisions, telephones, VCR machines, and devices designed to produce music or provide entertainment ○ Training equipment or self-help equipment ○ Van lifts ○ Wheelchair lifts

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Wheelchair ramps <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Behavioral Management Program ○ Medically Necessary ○ Mental Illness ○ Mobility Device ○ Sickness ○ Speech Generating Device ○ Women's Health and Cancer Rights Act of 1998, § 713 (a) ● Updated definition of: <ul style="list-style-type: none"> ○ Durable Medical Equipment (DME) ○ Medical Supplies ○ Reasonable Useful Lifetime <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version CS032LA.Q

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 may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. 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.