

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

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# Application

This Coverage Determination Guideline only applies to the state of North Carolina.

## Coverage Rationale

### Indications for Coverage

Durable Medical Equipment (DME) is a Covered Health Care Service when the member has a DME benefit, the equipment is ordered by a physician to treat an injury or sickness (illness), and the equipment is not otherwise excluded in the member benefit plan document. DME must be:

- Not consumable or disposable except as needed for the effective use of covered DME;
- Not of use to a person in the absences of a disease or disability;
- Ordered or provided by a physician for outpatient use primarily in a home setting; and
- Used for medical purposes

### *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. In these situations, contact lenses and scleral shells are not subject to a plan's contact lens exclusion.

### *Implanted Devices*

Any device, appliance, pump, machine, stimulator, or monitor that is fully implanted into the body is not covered as DME.

Note: If covered, the device is covered as part of the surgical service.)

Note for cochlear implant benefit clarification: The replacement external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit. The initial implantable and external components are considered under the medical-surgical benefit. The member specific benefit plan document must be referenced to determine if there are DME benefits for repair or replacement of external components.

### *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.

### *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).
  - Ostomy Supplies are limited to the following:
    - Irrigation sleeves, bags, and ostomy irrigation catheters
    - Pouches, face plates and belts
    - Skin barriers
- Note: Benefits are not available for deodorants, filters, lubricants, tape, appliance cleaners, adhesive, adhesive remover, or other items not listed above (check the member specific benefit plan document for coverage of ostomy supplies).
- Urinary Catheters:
    - Benefits for indwelling and intermittent urine catheters for incontinence or retention
    - Benefits include related urologic supplies for indwelling catheters limited to:
      - Urinary drainage bag and insertion tray (kit)
      - Anchoring device
      - Irrigation tubing set
    - Documentation should include the number and type of catheters that are needed.

Note:

- Certain plans may exclude coverage for Urinary Catheters (e.g., test, drug, device, or procedure). Refer to the member specific benefit plan document to determine if this exclusion applies.
- For additional supply information, refer to the [Coverage Limitations and Exclusions](#) section.

## ***Orthotic Braces***

Orthotic braces that stabilize an injured body part and braces to treat curvature of the spine are considered DME (refer to the [Coverage Limitations and Exclusions](#)). Examples of orthotic braces include but are not limited to:

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

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

## ***Pleurx Bottles and Tubing***

Pleurx bottles and tubing are covered as DME.

## ***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 and Respiratory Assist Devices are covered under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-2 Respiratory Equipment and Supplies](#).

## **Medical Necessity Plans**

In the absence of a related policy or coverage indication from above, UnitedHealthcare uses available criteria from the [DME MAC](#).

DME, related supplies, and orthotics are Medically Necessary when:

- Ordered by a physician; and
- The item(s) meets the plans Medically Necessary definition (refer to the member specific benefit plan document); and
- CMS DME MAC criteria are met (see above link); and
- The item is not otherwise excluded from coverage

## **Coverage Limitations and Exclusions**

When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for member needs. Examples include but are not limited to:

- Standard power wheelchair vs. custom wheelchair
- Standard bed vs semi-electric bed vs. fully electric or flotation system; this limitation is intended to exclude coverage for deluxe or additional components of a DME item which are not necessary to meet the member's minimal specifications to treat an injury or sickness.

## ***Repair and Replacement***

### **Servicing and Repairing Medical Equipment**

Repair and replacement of Durable Medical Equipment (DME) is covered and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1 Physical Rehabilitation Equipment and Supplies](#).

## **Definitions**

**Behavioral Management Program:** Recommended guidelines for behavior management include: direct behavioral observations, systematic assessment of environmental and within-patient variables associated with aberrant behavior, antecedent management to minimize the probability of aberrant behavior, provision of functionally equivalent alternative means

of controlling the environment, and differential reinforcement to shape positive behavior and coping strategies while not inadvertently shaping emergent, disruptive sequelae.

**Covered Health Care Service(s):** Health Care Services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, evaluating, diagnosing, or treating a sickness, injury, mental illness, substance-related and addictive disorders, condition, disease, or its symptoms.
- Medically Necessary

**Customized:** Items which are uniquely constructed or substantially modified for a specific member according to a physician's description and orders.

Conversely, items that:

- Are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use (i.e., custom fitted items); or
- Have been assembled by a supplier, or ordered from a manufacturer, who makes available customized features, modification or components for wheelchairs that are intended for an individual patient's use in accordance with instructions from the patient's physician do not meet the definition of customized items. These items are not uniquely constructed or substantially modified. The use of customized options or accessories or custom fitting of certain parts does not result in a wheelchair or other equipment being considered as customized.

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

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a sickness or injury
- Primarily used within the home

**Indwelling Urinary Catheter:** A flexible plastic tube (a catheter) inserted into the bladder that remains there to provide continuous urinary drainage.

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

**Intermittent Urinary Catheter:** The use of a flexible plastic tube (a catheter) inserted into the bladder to periodically drain the bladder.

**Medical Supplies:** Expendable items required for care related to a medical illness or dysfunction.

**Medically Necessary:** Health Care Services that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease, or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease, or symptoms

**Mental Illness:** Those mental health or psychiatric diagnostic categories that are listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a condition is listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment for the condition is a Covered Health Care Service.

**Mobility Device:** A manual wheelchair, electric wheelchair, transfer chair, or scooter.

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

**Sickness:** Physical illness, disease, or Pregnancy. The term Sickness as used in this Certificate includes Mental Illness or substance-related and addictive disorders, regardless of the cause or origin of the Mental Illness or substance-related and addictive disorder.

## 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.

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## Guideline History/Revision Information

Date	Summary of Changes
04/01/2022	<p><b>Coverage Rationale</b></p> <p><i>Lymphedema Stockings for the Arm</i></p> <ul style="list-style-type: none"><li>Revised language to indicate post-mastectomy lymphedema stockings for the arm are considered DME; refer to the state or contractual requirements for state-specific information on mandated coverage</li></ul> <p><i>Ventilators and Respiratory Assist Devices</i></p> <ul style="list-style-type: none"><li>Revised language to indicate:<ul style="list-style-type: none"><li>The coverage guidelines in this section of the policy apply to individuals 2 years of age and older</li><li>Ventilators and respiratory assist devices are covered under certain circumstances; refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy for <i>Medical Equipment, 5A-2 Respiratory Equipment and Supplies</i> for medical necessity clinical coverage criteria</li></ul></li></ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"><li>Removed definition of “Women’s Health and Cancer Rights Act of 1998, §713(a)”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version CSNC.CDG.009.01</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.