

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

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[➔ Instructions for Use](#)

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Application

This Medical Policy only applies to the state of North Carolina.

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

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.

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. Reference the federal, state or contractual requirements 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, reference 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).

For coverage of medical supplies, refer to the federal, 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:

- 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.

Repair, Replacement, and Upgrade

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 the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1 Physical Rehabilitation Equipment and Supplies](#).

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](#).

Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the federal, state, or contractual requirements.

Definitions

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

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:

- 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 federal/state definition of DME

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

Medical Supplies: 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 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.

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

Centers for Disease Control and Prevention. https://www.cdc.gov/growthcharts/clinical_charts.htm. Accessed April 11, 2022.

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.

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.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, No: 5A-1. <https://medicaid.ncdhhs.gov/media/12396/download?attachment>. Accessed February 28, 2023.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Respiratory Equipment and Supplies, No: 5A-2. <https://medicaid.ncdhhs.gov/media/12397/download?attachment>. Accessed February 28, 2023.

State Medicaid contracts.

Policy History/Revision Information

Date	Summary of Changes
07/01/2023	<p>Related Policies</p> <ul style="list-style-type: none">Updated reference link to reflect current policy title for <i>Hearing Aids and Devices Including Wearable, Bone Anchored and Semi-Implantable (for North Carolina Only)</i>Added reference link to the Medical Policy titled:<ul style="list-style-type: none"><i>Lower Extremity Prosthetics (for North Carolina Only)</i><i>Upper Extremity Myoelectric Prosthetic Devices (for North Carolina Only)</i>Removed reference link to the Coverage Determination Guideline titled <i>Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs (for North Carolina Only)</i>
06/01/2023	<p>Template Update</p> <ul style="list-style-type: none">Changed policy type classification from “Coverage Determination Guideline” to “Medical Policy” <p>Related Policies</p> <ul style="list-style-type: none">Added reference link to the:<ul style="list-style-type: none">Medical Policy titled <i>Airway Clearance Devices (for North Carolina Only)</i>Coverage Determination Policy titled <i>Prosthetic Devices, Wigs, Specialized, Microprocessor or Myoelectric Limbs (for North Carolina Only)</i>Removed reference link to the Medical Policy titled <i>Transcutaneous Electrical Nerve Joint Stimulators (for North Carolina Only)</i> <p>Coverage Rationale</p> <ul style="list-style-type: none">Removed content addressing:<ul style="list-style-type: none">Enteral PumpsMobility DevicesOral AppliancesPleurx Bottles and TubingMedical Necessity Plans <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:<ul style="list-style-type: none">Federal, state, and contractual requirements

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ 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>Contact Lenses & Scleral Bandages (Shells)</p> <ul style="list-style-type: none"> • Removed language indicating contact lenses and scleral shells are not subject to a plan’s contact lens exclusion when used to treat an injury or disease (e.g., corneal abrasion, keratoconus, or severe dry eye) • Added instruction to check the federal, state or contractual requirements for coverage <p>Implanted Devices</p> <ul style="list-style-type: none"> • Updated notation pertaining to the cochlear implant benefit to indicate external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit and 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 <p>Medical Supplies</p> <ul style="list-style-type: none"> • Removed coverage criteria for ostomy supplies and urinary catheters • Added instruction to refer to the federal, state or contractual requirements for coverage of medical supplies <p>Coverage Limitations and Exclusions</p> <ul style="list-style-type: none"> • Replaced content addressing coverage limitations and exclusions with instruction to refer to the federal, state, or contractual requirements <p>Definitions</p> <ul style="list-style-type: none"> • Removed definition of: <ul style="list-style-type: none"> ○ Behavioral Management Program ○ Covered Health Care Service(s) ○ Intermittent Urinary Catheter ○ Medically Necessary ○ Mental Illness ○ Mobility Device ○ Sickness • 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 CSNC.CDG.009.03

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.