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

Guideline Number: CS032NJ.R
Effective Date: May 1, 2022

Instructions for Use

Table of Contents

Related Policies

- Airway Clearance Devices (for New Jersey Only)
- Attended Polysomnography for Evaluation of Sleep Disorders (for New Jersey Only)
- Beds and Mattresses (for New Jersey Only)
- Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes for New Jersey Only)
- Cochlear Implants (for New Jersey Only)
- Electrical and Ultrasound Bone Growth Stimulators (for New Jersey Only)
- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for New Jersey Only)
- Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable (for New Jersey Only)
- Home Traction Therapy (for New Jersey Only)
- Mechanical Stretching Devices (for New Jersey Only)
- Motorized Spinal Traction (for New Jersey Only)
- Obstructive and Central Sleep Apnea Treatment (for New Jersey Only)
- Omnibus Codes (for New Jersey Only)
- Oral and Enteral Nutrition (for New Jersey Only)
- Plagiocephaly and Craniosynostosis Treatment (for New Jersey Only)
- Pneumatic Compression Devices (for New Jersey Only)
- Prosthetic Devices, Specialized, Microprocessor or Myoelectric Limbs (for New Jersey Only)
- Speech Generating Devices (for New Jersey Only)
- Supply Policy

Application

This Coverage Determination Guideline only applies to the state of New Jersey.

Coverage Rationale

Indications for Coverage

Durable Medical Equipment (DME), related supplies, and orthotics are covered when Medically Necessary and the following requirements are met:

- Medicare National Coverage Determination (NCD), CMS DME MAC Local Coverage Determination (LCD), Local Coverage Article (LCA), or other Medicare coverage guidance criteria are met (see link below); and
- Consistent with the state definition of DME and/or Orthotic; and
- Ordered by a physician; and
- The item is not otherwise excluded from coverage

In the absence of a Community Plan related policy above, UnitedHealthcare Community Plan uses available criteria from the DME Medicare Administrative Contracts (DME MAC).

Breast Pumps

Double electric and manual breast pumps (E0603, E0602) are provided to individuals at any time during pregnancy, the adoption of an infant, and the postpartum period. The member may receive one breast pump per birth event.

Multiuser, hospital grade electrical breast pumps (E0604) are covered with an order from a qualified healthcare professional and when any one of the following conditions are met:

- Separation or hospitalization of either the infant or mother which prevents direct breastfeeding or
- An infant with a congenital anomaly or medical condition (i.e., cleft palate/lip), that may prevent effective breastfeeding, or
- A mother with a medical condition that prevents effective breastfeeding, and a healthcare provider has determined a standard electric breast pump would not be beneficial.

Breast pump supply codes A4281, A4282, A4283, A4284, A4285, A4286 and K1005 are covered. The following are considered comfort and convenience items:

- Hands free breast pumps (E0603, modifier SC)
- Hands free bras (A9900)

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 New Jersey 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 Pumps

Enteral pumps are covered as DME, even when the enteral nutrition formula is not covered. 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.

Insulin Pumps

Insulin pumps, disposable and durable, are covered. For state specific information on mandated coverage of diabetes supplies, reference the federal, state, or contractual requirements. Refer to the Medical Policy titled Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey 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

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).

Coverage of Ostomy Supplies is limited to the following:

- Irrigation sleeves, bags, and ostomy irrigation catheters
- Pouches, face plates and belts
- Skin barriers

Note: Deodorants, filters, lubricants, tape, appliance cleaners, adhesive, adhesive remover, or other items not listed above, are not covered items, except as otherwise required by federal, state, or contractual requirements for coverage.

For coverage of urinary catheters, refer to the federal, state, or contractual requirements.

Other supplies are not covered unless required under applicable federal, state, or contractual requirements.

For additional supply information, refer to the Coverage Limitations and Exclusions section.

Mobility Devices

Mobility Devices include manual wheelchairs, electric wheelchairs, transfer chairs, scooters/power-operated vehicles (POV), canes, and walkers. Reference the federal, state, or contractual requirements for coverage.

- Proof of the home evaluation is not required at the time of prior authorization. The on-site home evaluation can be performed prior to, or at the time of, delivery of a power Mobility Device. The written report of the home evaluation must be available on request post-delivery.

Oral Appliances

Oral appliances for snoring are excluded.

For oral appliances for sleep apnea (HCPCS E0485 and E0486) reference the federal, state, or contractual requirements for coverage. Also, refer to the Medical Policy titled Obstructive and Central Sleep Apnea Treatment (for New Jersey Only).

- A letter of referral or prescription to the dentist for the appliance must be received from the treating physician; and
- A polysomnography must be completed documenting Obstructive Sleep Apnea

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.

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.

Repair or replacement of DME is not covered for the following:

- 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.

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

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. Ventilators are not covered when used only to deliver continuous or intermittent positive airway pressure for adults and children 2 years of age and older.

For adult or pediatric members, home ventilators are:

- Not covered for non-life-threatening conditions
- Not covered when used as respiratory assist devices (RAD)

For member's 2 years of age and older, any type of ventilator would not be Medically Necessary for any of the conditions described in the DME MAC RAD criteria even though the ventilator may have the capability of operating in a bi-level PAP (E0470, E0471) mode.

- Ventilators, such as Trilogy mechanical ventilators (E0465, E0466), used for the treatment of conditions described in the DME MAC RAD criteria that deliver continuous or intermittent positive airway pressure are not Medically Necessary. Bi-level PAP devices (E0470, E0471) are considered as medically necessary in those clinical scenarios.
- The conditions that qualify for use of a RAD are not life-threatening conditions where interruption of respiratory support would quickly lead to serious harm or death.
- 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 10 seconds associated with at least a 30% reduction in airflow and with at least a 3% decrease in oxygen saturation from pre-event baseline or the event is associated with an arousal (AASM Scoring Manual, 2017).

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 electric 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.

Unless identified for coverage by the federal, state, or contractual requirements, the following are excluded from coverage:

- Additional accessories to DME items or devices which are primarily for the comfort or convenience of the member are not covered. Examples include but are not limited to:
    - Air conditioners
    - Air purifiers and filters
    - Batteries for non-medical equipment (e.g., flashlights, smoke detectors, telephones, watches, weight scales)
    - Humidifiers
    - Non-medical mobility devices (e.g., commercial stroller). This exclusion does not apply to pediatric wheelchairs.
    - Remodeling or modification to home or vehicle to accommodate DME or patient condition (e.g., Ramps, stair lifts and stair glides, wheelchair lifts, bathroom modifications, door modifications)
- Dental braces unless identified for coverage by the federal, state, or contractual requirements
- Devices and computers to assist in communication and speech. However, see Indications for Coverage for information on Dedicated Speech Generating Devices.
- Devices used specifically as safety items or to affect performance in sports-related activities.
- Diagnostic or monitoring equipment purchased for home use (e.g., blood pressure monitor, oximeters) unless the service is identified for coverage by the federal, state, or contractual requirements (e.g., oximeter use with a ventilator).
- Elastic splints, sleeves or bandages are not covered, unless identified for coverage by the federal, state, or contractual requirements (e.g., sleeve used in conjunction with a lymphedema pump or bandages used with complex decongestive therapy).
- Oral appliances for snoring. See Indications for Coverage for oral appliances for sleep apnea.
- Personal Care, Comfort and Convenience items and supplies unless identified for coverage by the state contract or state guidelines.
- Powered and non-powered exoskeleton devices.
- Prescribed or non-prescribed publicly available devices, software applications and/or monitors that can be used for non-medical purposes (e.g., smart phone applications, software applications).
- Replacement of items due to malicious damage, neglect, or abuse.
- Replacement of lost or stolen items.
- Routine periodic maintenance (e.g., testing, cleaning, regulating, and checking of equipment) for which the owner or vendor is generally responsible.
- The following items and supplies are not covered:
    - Items and supplies that are not Medically Necessary

- Medical Supplies (except those described above under Indications for Coverage). This includes, but is not limited to bandages, gauze, dressings, cotton balls and alcohol wipes.
- Ostomy Supplies unless identified for coverage by federal, state, or contractual requirements. See Indications for Coverage.

- The following items are excluded even if prescribed by a physician unless identified for coverage by the federal, state, or contractual requirements
  - Blood pressure cuff/monitor
  - Enuresis alarm
  - Non-wearable external defibrillator
  - Trusses or girdle
  - Ultrasonic nebulizers
- Upgrade or replacement of DME when the existing equipment is still functional is not covered. Refer to the Repair, Replacement, and Upgrade section.

Definitions

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

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.

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:
- Can withstand repeated use
- Is generally not useful to a person in the absence of a sickness, injury, or their symptoms
- Is not disposable
- Is not implantable within the body
- Is used to serve a medical purpose with respect to treatment of a sickness, injury, or their symptoms
- Meets the state definition of DME

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

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, scooter, gait trainer, walker, crutch, or cane.

Multi-User, Hospital Grade Breast Pump:
An electric breast pump that is intended for multiple users and is powered by a motor that supplies suction for pumping both breasts at the same time. The Multi-user Hospital Grade Breast Pump must meet the following specifications:
- Must not exceed 12 pounds including carrying case.
- Operate on a 110-volt household current and be UL listed.
- Have a visible breast milk pathway and no milk is able to contact the internal pump motor unit parts at any time when the product is used per manufacturer instructions.
- Have an adjustable suction pressure between 30 mm Hg and 250 mm Hg at the breast shield during use; a suction range just at the low or high end of the range is not acceptable.
- Have an automatic mechanism to prevent suction greater than 250 mm Hg when used according to manufacturer instructions to prevent nipple trauma.
- Have a mechanism for automatic release of suction for safety.
- Have variable/adjustable cycling not less than 30 cycles per minute; one fixed cycling time is not acceptable.
- Have double pumping capacity, which is simultaneous, not alternating.
- Include a pumping kit for each personal user including durable tubing to connect to the pump and flanges and have single and double pumping capacities.
- Include a carrying case made of durable, washable materials for the pump motor assembly and pump kit accessories; this is recommended if the pump needs to be portable.

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 established pursuant to Medicare requirements at 5 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.

Speech Generating Device: Speech Generating Devices are characterized by the following:
- Are of use only by an individual who has severe speech impairment
- May be software that allows a laptop computer, desktop computer or personal digital assistant (PDA) to function as a Speech Generating Device
- May have digitized speech output, using pre-recorded messages, greater than 8 minutes recording time
- May have digitized speech output, using pre-recorded messages, less than or equal to 8 minutes recording time
- May have synthesized speech output, which permits multiple methods of message formulation and multiple methods of device access
- May have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques

Speech Generating Devices are not:
- Devices that are capable of running software for purposes other than for speech generation, e.g., devices that can also run a word processing package, an accounting program, or perform other non-medical function
- Laptop computers, desktop computers, or PDAs which may be programmed to perform the same function as a Speech Generating Device

- Useful to someone without severe speech impairment

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.

References

Behavior management for children and adolescents with acquired brain injury. https://www.ncbi.nlm.nih.gov/pubmed/19489090. Accessed November 17, 2021.

Bed Enclosures: Suitable safety net, Tonya Haynes, ANP-C, MSN, and Elizabeth S. Pratt, ACNS-BC, MSN.

Centers for Disease Control and Prevention. https://www.cdc.gov/growthcharts/clinical_charts.htm. Accessed September 7, 2021.

Centers for Medicare and Medicaid Services (CMS), "Correct Coding and Coverage of Ventilators" dated January 11, 2019; available at https://www.dmepdac.com/palmetto/PDAC.nsf/DID/4OYYZRE0B0. Accessed September 7, 2021.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Pub. 100-2, Chapter 14, §10, Coverage of Medical Devices.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Pub. 100-2, Chapter 15, §110 Durable Medical Equipment – General.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Pub. 100-2, Chapter 15, §110.4 Repairs, Maintenance, Replacement, and Delivery.

Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual (Pub. 100-3), Chapter 1, Part 4 (Sections 200 – 310.1), § 280.

Centers for Medicare and Medicaid Services (CMS). New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment

Medical and Surgical Supplies Coverage Determinations Medicare Coverage Issues Manual, Pub. 6, §60-9.

New Jersey Newsletter Vol. 31, No.06. Breastfeeding equipment coverage updates and changes. https://www.njmmis.com/documentDownload.aspx?fileType=RecentNewsLetters. Accessed May 6, 2021.

Noridian Healthcare Solutions. https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder. Accessed September 7, 2021.

State Medicaid contracts.

The American College of Obstetrics and Gynecologists. Optimizing Support for Breastfeeding as Part of Obstetric Practice

Committee Opinion. Number 756. October 2018. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/optimizing-support-for-breastfeeding-as-part-of-obstetric-practice. Accessed May 6, 2021.

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	**Title Change** • Previously titled *Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for New Jersey Only)* **Coverage Rationale** • Removed content/language pertaining to: ○ Safety enclosure with beds; refer to the Coverage Determination Guideline titled *Beds and Mattresses*

Date	Summary of Changes
	○ Speech Generating Devices; refer to the Coverage Determination Guideline titled *Speech Generating Devices* *Breast Pumps* • Revised coverage guidelines to indicate: ○ Double electric and manual breast pumps (HCPCS codes E0603 and E0602) are provided to individuals at any time during pregnancy, the adoption of an infant, and the postpartum period; the member may receive one breast pump per birth event ○ Multiuser, hospital grade electrical breast pumps (E0604) are covered with an order from a qualified healthcare professional and when any one of the following conditions are met: ▪ Separation or hospitalization of either the infant or mother which prevents direct breastfeeding, or ▪ An infant with a congenital anomaly or medical condition (i.e., cleft palate/lip), that may prevent effective breastfeeding, or ▪ A mother with a medical condition that prevents effective breastfeeding, and a healthcare provider has determined a standard electric breast pump would not be beneficial ○ Breast pump supply HCPCS codes A4281, A4282, A4283, A4284, A4285, A4286 and K1005 are covered ○ The following are considered comfort and convenience items: ▪ Hands free breast pumps (HCPCS code E0603, modifier SC) ▪ Hands free bras (HCPCS code A9900) *Implanted Devices* • Replaced notation pertaining to the cochlear implant benefit indicating "*if benefits exist for a cochlear implant,* 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" with "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" *Insulin Pumps* • Replaced language indicating "insulin pumps *are considered DME*" with "insulin pumps, *disposable and durable, are covered*" • Added reference link to the Medical Policy titled *Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes (for New Jersey Only)* *Lymphedema Stockings for the Arm* • Updated language to clarify *post-mastectomy* lymphedema stockings for the arm are considered DME *Mobility Devices* • Replaced language indicating "Mobility Devices include manual wheelchairs, electric wheelchairs, transfer chair, *or* scooters/power-operated vehicles (POV)" with "Mobility Devices include manual wheelchairs, electric wheelchairs, transfer chairs, scooters/power-operated vehicles (POV), *canes, and walkers*" *Oral Appliances* • Removed language indicating *coverage may be provided* for oral appliances *(prefabricated or custom fabricated)* for sleep apnea *Repair, Replacement, and Upgrade* • Replaced language indicating: ○ "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:

Date	Summary of Changes
	○ 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 *Ventilators and Respiratory Assist Devices* • Added language to indicate: ○ The coverage guidelines in this section of the policy apply to individuals 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 ○ Ventilators are not covered when used only to deliver continuous or intermittent positive airway pressure for adults and children 2 years of age and older Definitions • Added definition of: ○ Customized ○ Multi-User, Hospital Grade Breast Pump Supporting Information • Updated *References* section to reflect the most current information • Archived previous policy version CS032NJ.Q

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® 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.