

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

Guideline Number: CS032OH.B

Effective Date: June 1, 2023

[➔ Instructions for Use](#)

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Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Note: For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services, refer to the [Ohio Administrative Code, Rule 5160-10-01 DMEPOS: general provisions](#).

Indications for Coverage

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

1. Federal, state (Ohio Administrative Code), 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](#).

Durable Medical Equipment (DME), related supplies, and orthotics are covered when medically necessary when:

- Consistent with the federal Medicaid definition of DME and/or Orthotic; and
- Ordered by a physician, podiatrist, advanced practice registered nurse with a relevant specialty or a physician assistant acting within the scope of practice under state law; and
- The item is not otherwise excluded from coverage

Breast Pumps

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-25: DMEPOS: lactation pumps](#).

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.

Cranial Remolding Orthosis

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-35: DMEPOS: cranial remolding devices](#).

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 cochlear implant and external components are considered under the medical benefit at the time of the initial surgery. Repair and replacement of the external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME 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 [Insulin Delivery for Managing Diabetes \(for Ohio Only\)](#).

Lymphedema Stockings for the Arm

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-14: DMEPOS: compression garments](#).

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 [Ohio Administrative Code, Chapter 5160-10 | Medical Supplies, Durable Medical Equipment, Orthoses, and Prosthesis Providers](#).

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

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01 DMEPOS: general provisions and Ohio Administrative Code, Rule 5160-10-02 DMEPOS: repairs](#).

Trachea-Esophageal and Voice Aid Prosthetics

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

Ventilators and Respiratory Assist Devices

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-22: DMEPOS: ventilators](#).

PAP Therapy

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-19: DMEPOS: positive airway pressure devices](#).

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
- Is generally not useful to an person individual in the absence of a disability, illness, or injury or their symptoms
- Is not disposable
- Can be reusable or removable
- Is not implantable within the body
- Primarily and customarily used to serve a medical purpose with respect to treatment of a sickness, injury or their symptoms
- Meets the federal/state definition of DME

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).

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

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.

Ohio Administrative Code/5160/Chapter 5160-10-01. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed December 12, 2022.

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>, Accessed December 12, 2022.

Ohio Administrative Code/Rule 5160-10-02. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): repairs. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed December 12, 2022.

Ohio Administrative Code/Rule 5160-10-14. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): compression garments. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-14>. Accessed December 13, 2022.

Ohio Administrative Code/Rule 5160-10-19. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): positive airway pressure devices. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-19>. Accessed December 13, 2022.

Ohio Administrative Code/Rule 5160-10-22. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): ventilators. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-22>. Accessed December 13, 2022.

Ohio Administrative Code/Rule 5160-10-25. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): lactation pumps. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-25>. Accessed December 13, 2022.

Ohio Administrative Code/Rule 5160-10-35. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): cranial remolding devices. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-35>. Accessed December 13, 2022.

Guideline History/Revision Information

Date	Summary of Changes
06/01/2023	<p>Coverage Rationale <i>Implanted Devices</i></p> <ul style="list-style-type: none">Revised language pertaining to cochlear implant benefits; replaced:<ul style="list-style-type: none">“The <i>implantable</i> components are considered under the medical-<i>surgical</i> benefit” with “the <i>cochlear implant and external</i> components are considered under the medical benefit <i>at the time of the initial surgery</i>”“The external components (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit” with “<i>repair and replacement of the external components</i> (i.e., speech processor, microphone, and transmitter coil) are considered under the DME benefit” <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version CS032OH.A – P

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state (OAC) 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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.