

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

Policy Number: CS032OH.D

Effective Date: February 1, 2025

[➔ 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, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#).

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: Post Acute & Durable Medical Equipment, Ventilators NCD
5. Centers for Medicare & Medicaid Services (CMS) DME Medicare Administrative Contractor (MAC)

Breast Pumps

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

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](#).

Repair, Replacement, and Upgrade

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#) and the [Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair](#).

Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age and Older)

For additional information for ventilators, refer to the [Ohio Administrative Code, Rule 5160-10-22, DMEPOS: ventilators](#).

For medically necessity clinical coverage criteria for mechanical ventilators, refer to InterQual® CP: Durable Medical Equipment Home Mechanical Ventilation Devices: Invasive, Noninvasive, and Multifunction; if medical necessity cannot be determined using these criteria, refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD.

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

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
- Generally not useful to a person 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

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.

Benefit Considerations

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 Medical Policy titled [Plagiocephaly and Craniosynostosis Treatment \(for Ohio Only\)](#).

Note: A protective helmet (HCPCS codes 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. Refer to the Medical Policy titled [Enteral Nutrition \(Oral and Tube Feeding\) \(for Ohio Only\)](#) for information regarding formula.

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. Refer to the Medical Policy titled [Insulin Delivery for Managing Diabetes \(for Ohio Only\)](#).

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.

Tracheo-Esophageal and Voice Aid Prosthetics

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

References

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 July 29, 2024.

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 July 29, 2024.

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 July 29, 2024.

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 July 29, 2024.

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 July 29, 2024.

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 July 29, 2024.

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 July 29, 2024.

Policy History/Revision Information

Date	Summary of Changes
06/01/2025	Related Policies <ul style="list-style-type: none">Removed reference link to the Medical Policy titled:<ul style="list-style-type: none"><i>Mobility Devices, Options, and Accessories (for Ohio Only)</i><i>Patient Lifts (for Ohio Only)</i> (retired Jun. 1, 2025)<i>Speech Generating Devices (for Ohio Only)</i>
02/01/2025	Coverage Rationale <ul style="list-style-type: none">Removed language indicating Durable Medical Equipment (DME), related supplies, and orthotics are covered when medically necessary when:<ul style="list-style-type: none">Consistent with the federal Medicaid definition of DME and/or Orthotic; andOrdered 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; andThe item is not otherwise excluded from coverage.Updated language pertaining to medical necessity clinical coverage criteria; replaced reference to the "InterQual® Medicare: Durable Medical Equipment" with "InterQual® Medicare: <i>Post Acute & Durable Medical Equipment, Ventilators NCD</i>" Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age and Older) <ul style="list-style-type: none">Removed language indicating:<ul style="list-style-type: none">Ventilators and respiratory assist devices are covered without further review for persons younger than 2 years of ageVentilators are covered to treat neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary diseaseVentilators are not covered when used only to deliver continuous or intermittent positive airway pressure for adults and children 2 years of age and older; 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 codes E0470 and E0471) modeThe ventilator is 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 deathVentilators, such as a trilogy mechanical ventilator (HCPCS codes E0465 and E0466), are used for the treatment of conditions that deliver continuous or intermittent positive airway pressure and is not medically necessaryVentilators must not be billed using codes for CPAP (HCPCS code E0601) or bi-level PAP (HCPCS codes E0470, E0471, and E0472); the use of CPAP or bi-level PAP HCPCS

Date	Summary of Changes
	<p>codes to bill a ventilator is incorrect coding, even if the ventilator is only being used in CPAP or bi-level mode</p> <p>Mechanical Ventilators</p> <ul style="list-style-type: none"> Removed coverage statement Revised language pertaining to medical necessity clinical coverage criteria; replaced instruction to “refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD” with “refer to the <i>InterQual® CP: Durable Medical Equipment Home Mechanical Ventilation Devices: Invasive, Noninvasive, and Multifunction; if medical necessity cannot be determined using these criteria</i>, refer to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD” <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of: <ul style="list-style-type: none"> Medical Supplies Reasonable Useful Lifetime Updated definition of “Durable Medical Equipment (DME)” <p>Benefit Considerations</p> <p>Cranial Remolding Orthosis</p> <ul style="list-style-type: none"> Revised language (relocated from the <i>Coverage Rationale</i> section of the policy) to indicate: <ul style="list-style-type: none"> For medical necessity clinical coverage criteria, refer to the Medical Policy titled <i>Plagiocephaly and Craniosynostosis Treatment (for Ohio Only)</i> A protective helmet (HCPCS codes 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 <p>Enteral Pumps</p> <ul style="list-style-type: none"> Added language to indicate enteral pumps are covered as Durable Medical Equipment (DME); refer to the Medical Policy titled <i>Enteral Nutrition (Oral and Tube Feeding) (for Ohio Only)</i> for information regarding formula <p>Insulin Pumps</p> <ul style="list-style-type: none"> Removed instruction to refer to the federal, state, or contractual requirements for state-specific information on mandated coverage of diabetes supplies <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Removed <i>Clinical Evidence</i> section Archived previous policy version CS032OH.C

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.