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

Policy Number: CS032IN.06
Effective Date: February 1, 2025

Instructions for Use

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Application

This Medical Policy only applies to the state of Indiana.

Coverage Rationale

When determining medical necessity, clinical guidelines will be applied in the following order:
1. Federal, state, and contractual requirements
2. InterQual® CP: Durable Medical Equipment
3. InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD
4. UnitedHealthcare Community Plan Medical Policy
5. Centers for Medicare & Medicaid Services (CMS) DME Medicare Administrative Contractor (MAC)

For medical necessity clinical coverage criteria for durable medical equipment, orthotics, medical supplies, and repairs/replacements, refer to the Indiana Health Coverage Programs Provider Reference Module: Durable and Home Medical Equipment and Supplies.

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

For medical necessity clinical coverage criteria for mechanical ventilators, refer to the 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.

For medical necessity clinical coverage criteria for BIPAP devices (HCPCS codes E0470 and E0471), refer to the Indiana Health Coverage Programs Provider Reference Module: Durable and Home Medical Equipment and Supplies.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

DME Coding Grid (For Internal Use Only)

The following list of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health care service. Benefit coverage for health care services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

References

Indiana Health Coverage Programs, Provider Reference Module. Durable and Home Medical Equipment and Supplies. Version 4.0. Available at: https://www.in.gov/medicaid/providers/files/durable-and-home-medical-equipment-and-supplies.pdf. Accessed August, 2 2024.

Policy History/Revision Information

Date	Summary of Changes

02/01/2025	**Coverage Rationale**
	• Updated language pertaining to medical necessity clinical coverage criteria; replaced reference to the "InterQual® Medicare: Durable Medical Equipment" with "InterQual® Medicare: *Post Acute &* Durable Medical Equipment, *Ventilators NCD*"
	Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age and Older)
	• Removed language indicating:
	  ○ 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; any type of ventilator would not be medically necessary when:
	  ▪ The ventilator is used only in a bi-level PAP (HCPCS codes E0470 and E0471) mode
	  ▪ The 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 death
	  ▪ The ventilator, such as a trilogy mechanical ventilator (HCPCS codes E0465 and E0466), is used for the treatment of conditions that deliver continuous or intermittent positive airway pressure and is not medically necessary
	Mechanical Ventilators
	• 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 *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"
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Removed *Clinical Evidence* section
	• Archived previous policy version CS032IN.05

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.