

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

Policy Number: CS032ID.C
Effective Date: May 1, 2026

[➔ Instructions for Use](#)

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- Related Policies**

 - [Airway Clearance Devices \(for Idaho Only\)](#)
 - [Beds and Mattresses \(for Idaho Only\)](#)
 - [Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes \(for Idaho Only\)](#)
 - [Electrical and Ultrasonic Bone Growth Stimulators \(for Idaho Only\)](#)
 - [Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation \(for Idaho Only\)](#)
 - [Enteral Nutrition \(Oral and Tube Feeding\) \(for Idaho Only\)](#)
 - [Hearing Aids and Devices Including Wearable, Bone-Anchored, and Semi-Implantable \(for Idaho Only\)](#)
 - [Home Traction Therapy \(for Idaho Only\)](#)
 - [Lower Extremity Prosthetics \(for Idaho Only\)](#)
 - [Mechanical Stretching Devices \(for Idaho Only\)](#)
 - [Motorized Spinal Traction \(for Idaho Only\)](#)
 - [Obstructive and Central Sleep Apnea Treatment \(for Idaho Only\)](#)
 - [Omnibus Codes \(for Idaho Only\)](#)
 - [Plagiocephaly and Craniosynostosis Treatment \(for Idaho Only\)](#)
 - [Pneumatic Compression Devices \(for Idaho Only\)](#)
 - [Sleep Studies \(for Idaho Only\)](#)
 - [Supply Policy, Professional](#)
 - [Upper Extremity Prosthetic Devices \(for Idaho Only\)](#)

Application

This Medical Policy only applies to the state of Idaho, including Idaho Medicaid Plus plans.

Coverage Rationale

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

1. Federal, state, and contractual requirements
2. Centers for Medicare & Medicaid Services (CMS) DME Medicare Administrative Contractor (MAC)
3. Related UnitedHealthcare Community Plan Medical Policies
4. InterQual® CP: Durable Medical Equipment

For medical necessity clinical coverage criteria for durable medical equipment, orthotics, medical supplies, and repairs/replacements, refer to the [Idaho Department of Health and Welfare, Administrative Code IDAPA 16: Current Administrative Rules](#) and the [Idaho Medicaid Provider Handbook, Provider Guidelines, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies](#).

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

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

Idaho Administrative Code. Department of Health & Welfare. Available at: <https://adminrules.idaho.gov/rules/current/16/index.html>. Accessed November 3, 2025.

Idaho Medicaid Provider Handbook. Durable Medical Equipment, Prosthetics, Orthotics and Supplies. Available at: <https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>. Accessed November 3, 2025.

Policy History/Revision Information

Date	Summary of Changes
06/01/2026	<p>Related Policies</p> <ul style="list-style-type: none"> Updated reference link to reflect the current policy title for <i>Electrical and Ultrasonic Bone Growth Stimulators (for Idaho Only)</i>
05/01/2026	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced instruction to “refer to the Idaho Medicaid Provider Handbook, <i>Suppliers</i> for medical necessity clinical coverage criteria for durable medical equipment, orthotics, medical supplies, and repairs/replacements” with “refer to the Idaho Medicaid Provider Handbook, <i>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</i> for medical necessity clinical coverage criteria for durable medical equipment, orthotics, medical supplies, and repairs/replacements” <p>Medical Records Documentation Used for Reviews</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested The patient's medical record must contain documentation that fully supports the medical necessity for the requested services This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request <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 CS032ID.B

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, 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.