

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

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[➔ Instructions for Use](#)

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Related Policies

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

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

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

- Consistent with the state definition of DME and/or Orthotic; and
- The item(s) meets the plan's definition of Medically Necessary (refer to the federal, state, or contractual requirements); and
- Ordered by a physician, or ordered by a nurse practitioner, clinical nurse specialist, or physician assistant acting within the scope of practice under state law; and
- The item is not otherwise excluded from coverage

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

1. Federal, state, and contractual requirements
2. UnitedHealthcare Community Plan Medical Policy
3. InterQual® CP: Durable Medical Equipment
4. InterQual® Medicare: Post-Acute & Durable Medical Equipment, Ventilators NCD
5. Centers for Medicare & Medicaid Services (CMS) DME Medicare Administrative Contractor (MAC)

Repair, Replacement, and Upgrade

Servicing and Repairing Medical Equipment

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

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

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-2, Respiratory Equipment and Supplies](#).

Definitions

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

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 (CMS 2013).

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 an 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, 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. Refer to 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. Refer to the federal, state, or contractual requirements to determine if there are DME benefits for repair or replacement of external components.

Lymphedema Stockings for the Arm

Post-mastectomy lymphedema stockings for the arm are considered DME. For state specific information on mandated coverage, refer to 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).

For coverage of medical supplies, refer to the federal, state, or contractual requirements.

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

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

Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the federal, state, or contractual requirements.

References

Centers for Disease Control and Prevention. https://www.cdc.gov/growthcharts/clinical_charts.htm. Accessed August 28, 2024.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, No: 5A-1. <https://medicaid.ncdhhs.gov/5a-1-physical-rehabilitation-equipment-and-supplies/download?attachment>. Accessed August 28, 2024.

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Respiratory Equipment and Supplies, No: 5A-2. <https://medicaid.ncdhhs.gov/5a-2-respiratory-equipment-and-supplies/download?attachment>. Accessed August 28, 2024.

Policy History/Revision Information

Date	Summary of Changes
02/01/2026	<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 Pennsylvania Only)</i>
11/01/2025	<p>Related Policies</p> <ul style="list-style-type: none"> Updated reference link to reflect the current policy title for <i>Motorized Spinal Traction (for North Carolina Only)</i>
10/01/2025	<p>Related Policies</p> <ul style="list-style-type: none"> Updated reference link to reflect the current policy title for <i>Mechanical Stretching Devices (for North Carolina Only)</i>
05/01/2025	<p>Related Policies</p> <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 North Carolina Only)</i> <i>Patient Lifts (for North Carolina Only) (retired May 1, 2025)</i> <i>Speech Generating Devices (for North Carolina Only)</i>
02/01/2025	<p>Coverage Rationale</p> <ul style="list-style-type: none"> 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>” <p><i>Repair, Replacement, and Upgrade and Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age and Older)</i></p> <ul style="list-style-type: none"> Removed coverage statement <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 CSNC.MP.009.05

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, 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.