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

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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
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.

Dedicated Speech Generating Devices and Tracheo-esophageal Voice Devices

For medical necessity clinical coverage criteria, refer to the Ohio Administrative Code, Rule 5160-10-24, DMEPOS: speech-generating devices.

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, Rule 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.

Home Mechanical Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age or 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 home mechanical ventilators, refer to InterQual® CP: Durable Medical Equipment Home Mechanical Ventilation Devices: Invasive, Noninvasive, and Multifunction.

Click here to view the InterQual® criteria.

Home mechanical ventilators are not medically necessary for individuals with stable COPD, with an arterial $PaCO_2$ of less than 52 mm Hg while awake on room air.

PAP Therapy

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

Walkers

For medical necessity clinical coverage criteria, refer to the Ohio Administrative Code, Rule 5160-10-30, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): ambulation aids.

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.

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.

Clinical Evidence

Home Mechanical Ventilators

Home Mechanical Ventilators for Individuals With Chronic Obstructive Pulmonary Disease

Due to insufficient evidence, home mechanical ventilators (HMVs) are considered unproven for individuals with chronic stable chronic obstructive pulmonary disease (COPD) when arterial carbon dioxide pressure ($PaCO_2$) is less than 52 mm Hg while awake on room air.

Wu et al. (2022) conducted a systematic review and meta-analysis of 19 randomized controlled trials (RCTs) that involved 1,482 individuals to assess the effectiveness of long-term home noninvasive positive pressure ventilation (LTHNIPPV) in individuals with stable hypercapnic COPD. The study found that LTHNIPPV significantly reduced all-cause mortality compared with control treatments, with a relative risk (RR) of 0.76 (95% CI, 0.61-0.95; p = 0.02). It also lowered hospital admission rates, improved arterial oxygen pressure (PaO_2), reduced $PaCO_2$, and enhanced exercise capacity, dyspnea symptoms, and health-related quality of life. However, no significant improvement was observed in forced expiratory volume in 1 second (FEV_1) percent predicted. Importantly, a subgroup analysis revealed that individuals with a baseline $PaCO_2$ of ≥ 55 mm Hg had a greater mortality benefit (RR, 0.69; p = 0.02) than those with a $PaCO_2$ of < 55 mm Hg (RR, 0.87; p = 0.32). Similarly, individuals who achieved a greater reduction in $PaCO_2$ had a significantly lower mortality risk (RR, 0.42; p < 0.0001) than those with smaller reductions (RR, 0.91; p = 0.38). The study had limitations. First, variability in the definition of stable hypercapnia may have influenced results, although a subgroup analysis showed consistent findings and no significant heterogeneity in mortality outcomes, supporting their credibility. Second, differences in measurement tools and data types limited the pooling of some secondary outcomes, resulting in low-quality evidence. Third, the study quality varied, with many trials showing potential bias in selection, performance, and detection, which was considered in the evidence assessment. Lastly, while clinical trials suggest a link between $PaCO_2$ reduction and lower mortality, the underlying mechanisms remain unclear. The authors concluded that the initial $PaCO_2$ levels and their subsequent reduction may reflect the therapeutic impact of LTHNIPPV in individuals with stable hypercapnic COPD. To validate these findings, further large-scale, multicenter RCTs are warranted.

Wilson et al. (2020) conducted a comprehensive systematic review and meta-analysis to evaluate the impact of home noninvasive positive pressure ventilation (NIPPV) on clinical outcomes in individuals with COPD and hypercapnia. The $PaCO_2$ thresholds used to initiate NIPPV were associated with effect sizes for four primary outcomes: mortality, need for intubation, quality of life, and all-cause hospital admissions. The authors categorized $PaCO_2$ thresholds as 45 to 49 mm Hg, 50 to 51 mm Hg, and ≥ 52 mm Hg. Analyzing data from 21 RCTs and 12 observational studies that involved over 51,000 individuals, the study found that bilevel positive airway pressure (BPAP) was significantly associated with reduced mortality [odds ratio (OR), 0.66], fewer hospital admissions (OR, 0.22), and a lower need for intubation (OR, 0.34) compared with no device use. However, no significant improvement in quality of life was observed. Noninvasive HMVs also reduced hospital admissions but did not significantly affect mortality. BPAP was associated with stronger clinical benefits, possibly due to its superior ability to support ventilation and reduce $PaCO_2$ levels. The overall quality of evidence ranged from low to moderate, and many outcomes were based on a limited number of studies. These findings suggest that home NIPPV may improve survival and reduce healthcare utilization in individuals with hypercapnic COPD, although its effect on quality of life remains uncertain. Further high-quality research is needed to clarify these outcomes (Bhatt et al., included in this study).

Bhatt et al. (2013) conducted an RCT to investigate the effects of home NIPPV in participants with stable COPD who had a $PaCO_2$ level below 52 mm Hg, indicating normocapnia or mild hypercapnia. Overall, 30 participants with severe airflow limitation (FEV_1 < 50% predicted) were randomized to receive either NIPPV (BPAP at 15/5 cm H_2O) or usual care for 6 months. The study found that NIPPV led to modest improvements in dyspnea, particularly in Transitional Dyspnea Index scores at 6 weeks and 3 months, with sustained benefit in the Transitional Dyspnea Index-Task domain at 6 months. A small but statistically significant improvement in the Chronic Respiratory Questionnaire-Mastery domain of quality of life was observed. Importantly, while PaO_2 remained stable in the NIPPV group, it declined in the control group, suggesting a protective effect of NIPPV on oxygenation. The authors noted several strengths, including the focus on participants with stable COPD who were not significantly hypercapnic, which is an atypical target group for NIPPV. By excluding participants with sleep apnea, they aimed to isolate the effects of NIPPV on COPD-related outcomes and carefully monitored mask-related side effects. However, the study had limitations: it lacked a sham control arm, which may have introduced placebo effects; the control group consisted entirely of male participants, raising concerns about gender bias; and the study was underpowered to assess outcomes such as mortality and exacerbation rates. Additionally, participant adherence was low, likely due to the absence of pressure titration, a run-in period, and the nature of the intervention (issues common in similar studies). The study concluded that NIPPV may offer limited but meaningful benefits in quality of life and dyspnea for individuals with stable COPD with a $PaCO_2$ of < 52 mm Hg, warranting further research in this subgroup.

American College of Chest Physicians (CHEST)

In August 2025, CHEST published a new fact sheet for NIV in the home for the treatment of COPD based on a new coverage document by the Centers for Medicare and Medicaid Services. The new criteria for coverage of NIPPV in the treatment of chronic respiratory failure consequent to COPD are as follows:

- Removal of the prior requirement to perform overnight oximetry to document nocturnal hypoxemia
- Patients with COPD are eligible:
  - If they have hypercapnia of $PaCO_2$ 52 mm Hg (based on arterial blood gas); or
  - If sleep apnea is not the predominant cause of hypercapnia (based on documentation); or
  - If either stable COPD or hypercapnia is present at least 2 weeks following their hospitalization after resolution of a COPD exacerbation
- Evaluation within 6 months of starting NIPPV and must show:
  - Normalization of $PaCO_2$; or
  - Stabilization of rising $PaCO_2$; or
  - 20% reduction in $PaCO_2$ from baseline; or
  - Improvement in symptoms associated with chronic hypercapnia
- An HMV is indicated if the patient:
  - Requires O_2 therapy of FiO_2 of 36% or 4L nasally
  - Requires ventilatory support for more than 8 hours/day; or
  - Requires the alarms or internal battery of an HMV
- Continued use of either a BPAP device or HMV requires usage of at least 4 hours/day on at least 70% of days each month

American Thoracic Society (ATS)

For patients with chronic hypercapnic respiratory failure due to COPD, the ATS makes the following recommendations in a clinical practice guideline on long-term NIV (Macrea et al., 2020):

- Suggest the use of nocturnal NIV, in addition to usual care, for patients with chronic stable hypercapnic COPD (conditional recommendation, moderate certainty).
- Suggest that patients with chronic stable hypercapnic COPD undergo screening for OSA before initiation of long-term NIV (conditional recommendation, very low certainty).
- Suggest not initiating long-term NIV during an admission for acute-on-chronic hypercapnic respiratory failure, favoring instead reassessment for NIV at 2 to 4 weeks after resolution (conditional recommendation, low certainty).
- Suggest not using an in-laboratory overnight polysomnogram to titrate NIV in patients with chronic stable hypercapnic COPD who are initiating NIV (conditional recommendation, very low certainty).
- Suggest NIV with targeted normalization of $PaCO_2$ in patients with hypercapnic COPD on long-term NIV (conditional recommendation, low certainty).

After considering the overall very low quality of the evidence, the ATS states that CPAP, rather than NIV, should be offered as the first-line treatment for stable, ambulatory patients with obesity hyperventilation syndrome and coexistent severe OSA (Mokhlesi et al., 2019).

Canadian Thoracic Society

This 2021 practice guideline provides updated recommendations on long-term NIV for patients with severe COPD and chronic hypercapnic respiratory failure (FEV_1 < 50% predicted). It focuses on two groups: (1) stable patients with severe COPD and hypercapnia and (2) those with persistent hypercapnia following an acute exacerbation requiring NIV. The guideline was developed by a multidisciplinary panel and based on English-language RCTs that were published between June 2010 and November 2020. Studies that involved sleep apnea or obesity-related hypoventilation were excluded. Risk of bias was assessed using the Cochrane tool, and evidence certainty was rated using Grading of Recommendations Assessment, Development, and Evaluation.

- In patients with stable, severe COPD and chronic hypercapnic respiratory failure ($PaCO_2$ ≥ 52 mm Hg), it was suggested that long-term NIV be used to improve survival [strength of evidence (SOE): weak/conditional; low certainty].
- In patients with severe COPD on long-term oxygen therapy who remain significantly hypercapnic (persistent $PaCO_2$ ≥ 52 mm Hg) at least 2 weeks after discontinuing NIV for an acute exacerbation, it was suggested that long-term NIV be used to delay hospital readmission (SOE: weak/conditional; very low certainty).
- When applying long-term NIV to patients with COPD and chronic hypercapnic respiratory failure (persistent $PaCO_2$ ≥ 52 mm Hg), it was suggested that high-intensity NIV instead of low-intensity NIV be used to improve $PaCO_2$ (SOE: weak/conditional; low certainty).
- The guidelines did not recommend the use of volume-assured pressure-preset NIV over standard pressure-preset NIV in patients with COPD and chronic hypercapnic respiratory failure (SOE: strong; low certainty).

This guideline marked a significant shift from its 2011 stance and now offers a favorable (although weak/conditional) recommendation for long-term NIV in select patients with COPD with chronic hypercapnic respiratory failure. It emphasizes aligning therapy with patient preferences, especially when NIV is used for more than 5 hours daily, effectively reduces $PaCO_2$, and controls nocturnal hypoventilation. Further research is encouraged (Kaminska et al., 2021).

Swiss Society of Pulmonology

The Special Interest Group of the Swiss Society of Pulmonology issued conditional recommendations for initiating long-term NIV in patients with COPD. The Special Interest Group suggests the following recommendations (Janssens et al., 2020).

- Long-term NIV should be used in chronic, stable hypercapnic patients [$PaCO_2$ > 7 kPa (52.5 mm Hg)] with severe COPD.
- Long-term NIV should be implemented after an acute episode of hypercapnic respiratory failure only if hypercapnia [$PaCO_2$ > 7 kPa (52.5 mm Hg)] persists 2 to 4 weeks after the acute episode.
- The potential benefit of long-term NIV for a recurrent acute episode of hypercapnic respiratory failure without persistent hypercapnia at 2 to 4 weeks remains undetermined.
- When implementing NIV in patients with COPD with chronic hypercapnic respiratory failure, settings should be adjusted to decrease $PaCO_2$ below 6.5 kPa (50 mm Hg) or reduce $PaCO_2$ levels by more than 20% of the baseline level.
- When implementing NIV in patients with COPD with chronic hypercapnic respiratory failure, fixed-pressure support ventilation should be preferred to autotitrating modes as the first-choice mode.

References

American College of Chest Physicians. New coverage guidelines for noninvasive ventilation in the home for the treatment of COPD. Glenview (IL): CHEST; 2025 [20250820]. Available at: https://www.chestnet.org/newsroom/chest-news/2025/07/fact-sheet-new-coverage-guidelines-for-noninvasive-ventilation-in-the-home-for-the-treatment-of-copd. Accessed September 25, 2025.

Bhatt SP, Peterson MW, Wilson JS, et al. Noninvasive positive pressure ventilation in subjects with stable COPD: a randomized trial. Int J Chron Obstruct Pulmon Dis. 2013;8:581-9.

Janssens JP, Michel F, Scwrarz E, et al., on behalf of the Special Interest Group on Ventilation and Oxygen Therapy of the Swiss Society of Pneumology. Long-Term Mechanical Ventilation: Recommendations of the Swiss Society of Pulmonology. Respiration. 2020 Dec 10:1-36. doi: 10.1159/000510086. Epub ahead of print. PMID: 33302274.

Kaminska M, Rimmer KP, McKim DA, et al. Long-term non-invasive ventilation in patients with chronic obstructive pulmonary disease (COPD): 2021 Canadian Thoracic Society Clinical Practice Guideline update. *Can J Respir Crit Care Sleep Med.* 2021;5(2):71–92.

Macrea M, Oczkowski S, Rochwerg B, et al. Long-Term Noninvasive Ventilation in Chronic Stable Hypercapnic Chronic Obstructive Pulmonary Disease. An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2020 Aug 15;202(4):e74-e87.

Mokhlesi B, Masa JF, Brozek JL, et al. Evaluation and Management of Obesity Hypoventilation Syndrome. An Official American Thoracic Society Clinical Practice Guideline. Am J Respir Crit Care Med. 2019 Aug 1;200(3):e6-e24.

Ohio Administrative Code, Rule 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 November 18, 2025.

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 November 18, 2025.

Ohio Administrative Code, Rule 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01. Accessed November 18, 2025.

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 November 18, 2025.

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 November 18, 2025.

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 November 18, 2025.

Ohio Administrative Code, Rule 5160-10-24. DMEPOS: speech-generating devices. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-24. Accessed November 18, 2025.

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 November 18, 2025.

Ohio Administrative Code, Rule 5160-10-30. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): ambulation aids. Available at: https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-30. Accessed November 18, 2025.

Wilson ME, Dobler CC, Morrow AS, et al. Association of home noninvasive positive pressure ventilation with clinical outcomes in chronic obstructive pulmonary disease: A systematic review and meta-analysis. JAMA. 2020 Feb 4;323(5):455-465.

Wu Z, Luo Z, Luo Z, et al. Baseline level and reduction in PaCO2 are associated with the treatment effect of long-term home noninvasive positive pressure ventilation in stable hypercapnic patients with COPD: A systematic review and meta-analysis of randomized controlled trials. Int J Chron Obstruct Pulmon Dis. 2022 Apr 6;17:719-733.

Policy History/Revision Information

Date	Summary of Changes

05/01/2026	**Coverage Rationale**
	• Revised list of clinical guidelines to be applied when determining medical necessity:
	  ○ Added reference to the InterQual® Medicare: Post Acute & Durable Medical Equipment
	  ○ Removed reference to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD
	Dedicated Speech Generating Devices and Tracheo-Esophageal Voice Devices
	• Added instruction to refer to the *Ohio Administrative Code, Rule 5160-10-24, DMEPOS: speech-generating devices* for medical necessity clinical coverage criteria
	Home Mechanical Ventilators and Respiratory Assist Devices (Applies for 2 Years of Age or Older)
	• Replaced reference to "mechanical ventilators" with "*home* mechanical ventilators"
	• Revised language pertaining to medical necessity clinical coverage criteria for home mechanical ventilators; removed reference to the InterQual® Medicare: Post Acute & Durable Medical Equipment, Ventilators NCD if medical necessity cannot be determined using the [referenced InterQual®] criteria

Date	Summary of Changes
	• Added language to indicate home mechanical ventilators are not medically necessary for individuals with stable COPD with an arterial $PaCO_2$ of less than 52 mm Hg while awake on room air ***Walkers*** • Added instruction [relocated from the Medical Policy titled *Walkers (for Ohio Only)*] to refer to the *Ohio Administrative Code, Rule 5160-10-30, Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): ambulation aids* for medical necessity clinical coverage criteria **Medical Records Documentation Used for Reviews** • Added language to indicate: ○ 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 **Benefit Considerations** • Removed language indicating tracheo-esophageal prosthetics and voice aid prosthetics are covered as Durable Medical Equipment **Supporting Information** • Added *Clinical Evidence* section • Updated *References* section to reflect the most current information • Archived previous policy version CS032OH.D

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.