UnitedHealthcare® Medicare Advantage
Policy Guideline

DURABLE MEDICAL EQUIPMENT REFERENCE LIST (NCD 280.1)

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Terms and Conditions

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- Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies

POLICY SUMMARY

See Purpose

Overview
The durable medical equipment (DME) list attached is designed to facilitate UnitedHealthcare's processing of DME claims. This section is designed as a quick reference tool for determining the coverage status of certain pieces of DME and especially for those items commonly referred to by both brand and generic names. The information contained herein is applicable (where appropriate) to all CMS guidance discussed in the DME portion of this manual.

Guidelines
In the case of equipment categories that have been determined by CMS to be covered under the DME benefit, the list outlines the conditions of coverage that must be met if payment is to be allowed for the rental or purchase of the DME by a particular member, or cross-refers to another CMS source or UHC policy guideline where the applicable coverage criteria are described in more detail. With respect to equipment categories that cannot be covered as DME, the list includes a brief explanation of why the equipment is not covered.

When UnitedHealthcare receives a claim for an item of equipment which does not appear to fall logically into any of the generic categories listed, UnitedHealthcare has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by UnitedHealthcare based on the advice of its medical consultants, taking into account:

- The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

Note: As outlined in the Medicare Benefit Policy Manual Chapter 20, Section 10.2 Coverage Table for DME Claims. Reimbursement may be made for expenses incurred by a patient for the rental or purchase of durable medical equipment (DME) for use in his/her home.

*DME must be for use in patient's residence other than a health care institution.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline 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 the member specific benefit plan document and applicable laws

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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.

Durable Medical Equipment Reference List

Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Air Cleaners	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	See reference NCD or PG
Air Conditioners	Deny - environmental control equipment; not primarily medical in nature (§1861 (n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	See reference NCD or PG
Air-Fluidized Beds	(See Air-Fluidized Beds, §280.8 of the NCD Manual.)	*NCD 280.8 Air-Fluidized Bed *Pressure Reducing Support Surfaces Policy Guideline	See reference NCD or PG
Alternating Pressure Pads, Mattresses and Lambs Wool Pads	Covered if patient has, or is highly susceptible to, decubitus ulcers and the patient's physician specifies that he/she has specified that he will be supervising the course of treatment.	*Pressure Reducing Support Surfaces Policy Guideline	See reference NCD or PG
Alert or Alarm Device	Not primarily medical in nature; does not meet the definition of DME.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, LCA's) and/or UnitedHealth Group guidelines	A9280
Audible/Visible Signal/Pacemaker Monitors	(See Self-Contained Pacemaker Monitors.)	*NCD 20.8.2 Self-Contained Pacemaker Monitors *NCD 20.8.3 Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers	See reference NCD or PG
Augmentative Communication Devices	(See Speech Generating Devices, §50.1 of the NCD Manual.)	*50.1 Speech Generating Devices	See reference NCD or PG
Bathtub Lifts	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	E0625
Bathtub Seats	Deny - comfort or convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act)	*NCD 280.1 Durable Medical Equipment Reference List	E0240 E0245
Bead Beds	(See §280.8 of the NCD Manual.)	*NCD 280.8 Air-Fluidized Bed	See reference NCD or PG
Bed Baths (home type)	Deny - hygienic equipment; not primarily medical in nature (§1861(n) of the Act)	*NCD 280.1 Durable Medical Equipment Reference List	

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Bed Lifters (bed elevators)	Deny - not primarily medical in nature (§1861(n) of the Act)	*NCD 280.1 Durable Medical Equipment Reference List	
Bedboards	Deny - not primarily medical in nature (§1861(n) of the Act)	*NCD 280.7 Hospital Beds	See reference NCD or PG
Bed Pans (autoclavable hospital type)	Covered if patient is bed confined.	*NCD 280.1 Durable Medical Equipment Reference List	E0275 E0276
Bed Side Rails	(See Hospital Beds, §280.7 of the NCD Manual.)	*NCD 280.7 Hospital Beds	See reference NCD or PG
Beds-Lounges (power or manual)	Deny - not a hospital bed; comfort or convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Beds (Oscillating)	Deny - institutional equipment; inappropriate for home use.	*NCD 280.1 Durable Medical Equipment Reference List	E0270
Bidet Toilet Seats	Deny - not medical equipment (§1861(n) of the Act)	*NCD 280.1 Durable Medical Equipment Reference List	
Biofeedback Device	Deny - inappropriate for home use. (See §30.1 of the NCD Manual.)	*NCD 30.1 Biofeedback Therapy *NCD 30.1.1 Biofeedback Therapy for the Treatment of Urinary Incontinence	E0746
Blood Glucose Analyzers (Reflectance Colorimeter)	Deny - unsuitable for home use (see §40.2 of the NCD Manual).	*40.2 Home Blood Glucose Monitors	See reference NCD or PG
Blood Glucose Monitors	Covered if patient meets certain conditions (see §40.2 of the NCD Manual)	*40.2 Home Blood Glucose Monitors *Therapeutic Continuous Blood Glucose Monitors	See reference NCD or PG
Braille Teaching Texts	For external and implantable pumps, see §40.2 of the NCD Manual. If the pump is used with an enteral or parenteral nutritional therapy system. (See §180.2 of the NCD Manual for special coverage rules.)	*NCD 280.1 Durable Medical Equipment Reference List	
Breast Pumps; electric or manual	Not covered under Medicare guidelines; convenience item.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, LCA's) and/or UnitedHealth Group guidelines	A4281 A4282 A4283 A4284 A4285 A4286 E0602 E0603 E0604
Breast Prosthesis	Deny - not primarily medical in nature (§1861(n) of the Act).	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, LCA's) and/or UnitedHealth Group guidelines	L8031 L8035

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Canes	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3)	*280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Ambulatory)	See reference NCD or PG
Carafes	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Catheters	Deny - nonreusable disposable supply (§1861(n) of the Act). (See Claims Processing Manual, Chapter 20, DMEPOS).	*NCD 280.1 Durable Medical Equipment Reference List	
Cold Therapy	A water circulating cold pad with pump will be denied as not reasonable and necessary.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, LCA's) and/or UnitedHealth Group guidelines	E0218
Commodes	Covered if patient is confined to bed or room. NOTE: The term "room confined" means that the patient's condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a patient to a home in a case where there are no toilet facilities in the home may be equated to room confinement. Moreover, payment may also be made if a patient's medical condition confines him to a floor of the home and there is no bathroom located on that floor.	*NCD 280.1 Durable Medical Equipment Reference List	E0163 E0165 E0167 E0168 E0170 E0171
	Toilet seat lift mechanisms are not primarily medical in nature; therefore do not meet the statutory definition of durable medical equipment. They are non-covered. A footrest is non-covered because it is not medical in nature.	*NCD 280.1 Durable Medical Equipment Reference List	E0175
Communicators	(See §50.1 of the NCD Manual, "Speech Generating Devices.")	*NCD 50.1 Speech Generating Devices	See reference NCD or PG

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Continuous Passive Motion Devices	Continuous passive motion devices are devices Covered for patients who have received a total knee replacement. To qualify for coverage, use of the device must commence within 2 days following surgery. In addition, coverage is limited to that portion of the 3-week period following surgery during which the device is used in the patient's home. There is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications.	*NCD 280.1 Durable Medical Equipment Reference List	E0935
	CPM for uses other than the knee are not covered.	*NCD 280.1 Durable Medical Equipment Reference List	E0936
Continuous Positive Airway Pressure (CPAP) Devices	(See §240.4 of the NCD Manual.)	*NCD 240.4 Continuous Positive Airway Pressure (CPAP) Therapy For Obstructive Sleep Apnea (OSA)	See reference NCD or PG
Cough Stimulating Device	Provisional coverage available in Local Coverage Determinations		A7020 E0482
Crutches	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3).	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Ambulatory)	See reference NCD or PG
Cushion Lift Power Seats	(See Seat Lifts.)	*NCD 280.4 Seat Lift	See reference NCD or PG
Dehumidifiers (room or central heating system type)	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Diathermy Machines (standard pulses wave types)	Deny - inappropriate for home use (see §150.5 of the NCD Manual).	*NCD 150.5 Diathermy Treatment	See reference NCD or PG
Digital Electronic Pacemaker Monitors	(See Self-Contained Pacemaker Monitors.)	*NCD 20.8.2 Self-Contained Pacemaker Monitors *NCD 20.8.3 Cardiac Pacemakers: Single Chamber and Dual Chamber Permanent Cardiac Pacemakers	See reference NCD or PG
Disposable Sheets & Bags	Deny - nonreusable disposable supplies (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Elastic Stockings	Deny - nonreusable supply; not rental-type items (§1861(n) of the Act).	*270.5 Porcine Skin and Gradient Pressure Dressings	See reference NCD or PG

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Electric Air Cleaners	Deny - (See Air Cleaners.) (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Electric Hospital Beds	(See Hospital Beds §280.7 of the NCD Manual.)	*NCD 280.7 Hospital Beds	See reference NCD or PG
Electrical stimulation device used for cancer treatment	Tumor treatment field therapy may be covered if criteria outlined in Policy Guideline is met.	*Tumor Treatment Field Therapy (TTFT) Policy Guideline	See reference NCD or PG
Electrical Stimulation for Wounds	Deny - inappropriate for home use. (See §270.1 of the NCD Manual.)	*NCD 280.1 Durable Medical Equipment Reference List	E0769
Electrical joint stimulation, Transcutaneous	Deny - There is insufficient published clinical evidence to establish that treatment with TEJSD meets the requirements to be considered reasonable and necessary for the treatment of osteoarthritis or any other condition. Claims for TEJSD will be denied as not reasonable and necessary.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, LCA's) and/or UnitedHealth Group guidelines	E0762
Electromagnetic Energy Treatment Device	Deny - inappropriate for home use. (See §270.1 of the NCD Manual.)	*NCD 280.1 Durable Medical Equipment Reference List	E0761
Electrostatic Machines	Deny - (See Air Cleaners and Air Conditioners.) (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Elevators	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List *Mobility Devices (Non-Ambulatory) and Accessories	See reference NCD or PG
Emesis Basins	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Erection Aid (VED)	Vacuum erection devices and related accessories are statutorily non-covered.		L7900 L7902
Esophageal Dilators	Deny - physician instrument; inappropriate for patient use.	*NCD 280.1 Durable Medical Equipment Reference List	
Exercise Equipment	Deny - not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	A9300
Fabric Supports	Deny - nonreusable supplies; not rental-type items (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Face Masks (oxygen)	Covered if oxygen is covered. (See §240.2 of the NCD Manual.)	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Face Masks (surgical)	Deny - nonreusable disposable items (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	A4928
Flowmeters	(See Medical Oxygen Regulators.) (See §240.2 of the NCD Manual.)	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Fluidic Breathing Assisters	(See Intermittent Positive Pressure Breathing Machines.)	*NCD 280.1 Durable Medical Equipment Reference List	
Fomentation Devices	(See Heating Pads.)	*NCD 280.1 Durable Medical Equipment Reference List	
Gait Trainer; pediatric	Deny - Durable Medical Equipment (DME) not meeting the definition of Mobility Assistive Equipment will continue to be noncovered.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E8000, E8001, E8002
Gel Flotation Pads and Mattresses	(See Alternating Pressure Pads and Mattresses.)	*Pressure Reducing Surfaces Policy Guideline	See reference NCD or PG
Grab Bars	Deny - self-help device; not primarily medical in nature (§1861(n) of the Act)	*NCD 280.1 Durable Medical Equipment Reference List	E0241 E0242 E0243
Grabbing, Reaching Device	Deny - self-help device; not primarily medical in nature (§1861(n) of the Act).	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A9281
Heat and Massage Foam Cushion Pads	Deny - not primarily medical in nature; personal comfort item (§§1861(n) and 1862(a)(6) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Heating and Cooling Plants	Deny - environmental control equipment not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Heating Pads	A standard electric heating pad is covered to relieve certain types of pain, decrease joint and soft tissue stiffness, relax muscles, or reduce inflammation. Covered if MAC's medical staff determines patient's medical condition is one for which the application of heat in the form of a heating pad is therapeutically effective.	*NCD 280.1 Durable Medical Equipment Reference List	E0210

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
	Deny - It has not been established that a moist electric heating pad or water circulating heat pad with pump is reasonable and necessary compared to a standard electric heating pad ; therefore, if provided it will be denied as not reasonable and necessary.	*NCD 280.1 Durable Medical Equipment Reference List	E0215 E0217
	Deny - A water circulating heating pad system is not medically necessary, a replacement pump or pad will be denied as not reasonable and necessary.	*NCD 280.1 Durable Medical Equipment Reference List	E0236 E0249
	A nonelectric heating pad or wrap does not meet the definition of durable medical equipment (DME) and will be denied as noncovered.	*NCD 280.1 Durable Medical Equipment Reference List	A9273
Heat Lamps	Covered if MAC's medical staff determines patient's medical condition is one for which the application of heat in the form of a heat lamp is therapeutically effective.	*NCD 280.1 Durable Medical Equipment Reference List	
	Deny - The safety and effectiveness of using a heat lamp in the home setting is not established. Claims for these items will be denied as not reasonable and necessary.	*NCD 280.1 Durable Medical Equipment Reference List	E0200 E0205
High frequency chest wall oscillation (HFCWO)	Provisional coverage available in Local Coverage Determinations	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A7025 A7026 E0483
Hospital Beds	(See §280.7 of the NCD Manual.	*NCD 280.7 Hospital Beds	See reference NCD or PG
Hot Packs	(See Heating Pads.)	*NCD 280.1 Durable Medical Equipment Reference List	
Humidifiers (oxygen)	(See Oxygen Humidifiers.) NCD 240.2.	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Humidifiers (room or central heating system types)	Deny - environmental control equipment; not medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Hydraulic Lifts	(See Patient Lifts.)	*NCD 280.1 Durable Medical Equipment Reference List	

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Hydrocollator units	Deny - Considered institutional equipment and will be denied as statutorily noncovered.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0225 E0239
Incontinent Pads	Deny - nonreusable supply; hygienic item (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	A4520 A4554
Infusion Pumps	For external and implantable pumps, see §40.2 of the NCD Manual. If the pump is used with an enteral or parenteral nutritional therapy system. (See §180.2 of the NCD Manual for special coverage rules.)	*NCD 40.2 Home Blood Glucose Monitors *NCD 180.2 Enteral and Parenteral Nutritional Therapy *NCD 280.14 Infusion Pumps	See reference NCD or PG
Injectors (hypodermic jet)	Deny - not covered self-administered drug supply; pressure powered devices (§1861(s)(2)(A) of the Act) for injection of insulin.	*NCD 40.4 Insulin Syringe	See reference NCD or PG
Intermittent Positive Pressure Breathing Machines	Covered if patient's ability to breathe is severely impaired.	*NCD 280.1 Durable Medical Equipment Reference List	E0500 E0550
Infrared therapy devices	Deny - There are no indications for which these devices have been demonstrated to have any therapeutic effect. The device and any related accessories will be denied as not medically reasonable and necessary.	*270.6 Infrared Therapy Devices	See reference NCD or PG
Iron Lungs	(See Ventilators.)	*NCD 280.1 Durable Medical Equipment Reference List	
Irrigating Kits	Deny - nonreusable supply; hygienic equipment (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Lambs Wool Pads	(See Alternating Pressure Pads, Mattresses, and Lambs Wool Pads.) Pressure Reducing Support Surfaces Policy Guideline	*Pressure Reducing Support Surfaces Policy Guideline	See reference NCD or PG
Leotards	Deny - (See Pressure Leotards.) (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Lightbox, therapeutic - table top model	Deny - Devices and equipment used for environmental control or to enhance the environmental setting in which the beneficiary is placed are not considered covered DME.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0203

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Lower Extremity Prosthesis, attachment	A user-adjustable heel height feature will be denied as not reasonable and necessary.	Lower Limb Protheses	See reference NCD or PG
Lower Limb Prosthetic Donning Sleeve	A prosthetic donning sleeve will be denied as noncovered.	Lower Limb Protheses	See reference NCD or PG
Lymphedema Pumps	Covered (See Pneumatic Compression Devices, §280.6 of the NCD Manual.)	*NCD 280.6 Pneumatic Compression Devices	See reference NCD or PG
Massage Devices	Deny - personal comfort items; not primarily medical in nature (§§1861(n) and 1862(a)(6) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Mastectomy Sleeve	A mastectomy sleeve is denied as noncovered, since it does not meet the definition of a prosthesis.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	L8010
Mattresses	Covered only where hospital bed is medically necessary. (Separate Charge for replacement mattress should not be allowed where hospital bed with mattress is rented.)	*NCD 280.7 Hospital Beds	See reference NCD or PG
Medical Oxygen Regulators	Covered if patient's ability to breathe is severely impaired.	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Mobile Geriatric Chairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual). See Rolling Chairs	*NCD 280.3 Mobility Assistive Equipment (MAE)	See reference NCD or PG
Motorized Wheelchairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD manual).	*NCD 280.3 Mobility Assistive Equipment (MAE)	See reference NCD or PG
Muscle Stimulators	Covered for certain conditions. (See §250.4 of this manual.)	*NCD 250.4 Treatment of Actinic Keratosis *NCD 160.12 Neuromuscular Electrical Stimulation (NMES)	See reference NCD or PG
Nebulizers	Covered if patient's ability to breathe is severely impaired.	*Nebulizers Policy Guideline	See reference NCD or PG
Negative Pressure Wound Therapy Pump	Covered if MAC's medical staff determines that the machine specified in the claim is medically required and appropriate for home use without technical or professional supervision.	*Negative Pressure Wound Therapy Pumps	See reference NCD or PG

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Oral Device/Appliance	Deny - A prefabricated oral appliance will be denied as not reasonable and necessary. There is insufficient evidence to show that these items are effective therapy for OSA.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0485
	Provisional coverage available in Local Coverage Determinations	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0486
Over-bed Tables	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	E0274
Oxygen	Covered if the oxygen has been prescribed for use in connection with medically necessary DME. (NCD 240.2)	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Oxygen Humidifiers	Covered if the oxygen has been prescribed for use in connection with medically necessary DME for purposes of moisturizing oxygen. (See §240.2 of the NCD Manual.)	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Oxygen Regulators(Medical)	(See Medical Oxygen Regulators.)	*NCD 280.1 Durable Medical Equipment Reference List	
Oxygen Tents	(See §240.2 of the NCD Manual.)	*240.2 Home Use of Oxygen	See reference NCD or PG
Paraffin Bath Units (Portable)	(See Portable Paraffin Bath Units.)	*NCD 280.1 Durable Medical Equipment Reference List	
Paraffin Bath Units (Standard)	Deny - institutional equipment; inappropriate for home use.	*NCD 280.1 Durable Medical Equipment Reference List	
Parallel Bars	Deny - support exercise equipment; primarily for institutional use; in the home setting other devices (e.g., walkers) satisfy the patient's need.	*NCD 280.1 Durable Medical Equipment Reference List	
Patient Lifts	Covered if contractor's medical staff determines patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition	*NCD 280.1 Durable Medical Equipment Reference List	E0621 E0630 E0635 E0636 E0639 E0640

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Percussors	Covered for mobilizing respiratory tract secretions in patients with chronic obstructive lung disease, chronic bronchitis, or emphysema, when patient or operator of powered percussor receives appropriate training by a physician or therapist, and no one competent to administer manual therapy is available.	*NCD 280.1 Durable Medical Equipment Reference List	E0480
Portable Oxygen Systems	1. Regulated Covered (adjustable Covered under conditions specified in a flow rate). Refer all claims to medical staff for this determination. 2. Preset Deny - (flow rate Deny - emergency, first-aid, or not adjustable) precautionary equipment; essentially not therapeutic in nature.	*NCD 240.2 Home Use of Oxygen	See reference NCD or PG
Portable Paraffin Bath Units	Covered when the patient has undergone a successful trial period of paraffin therapy ordered by a physician and the patient's condition is expected to be relieved by long term use of this modality	*NCD 280.1 Durable Medical Equipment Reference Lis	E0235
Portable Room Heaters	Deny - environmental control equipment; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Portable Whirlpool Pumps	Deny - not primarily medical in nature; personal comfort items (§§1861(n),1862(a)(6) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	E1300
Postural Drainage Boards	Covered if patient has a chronic pulmonary condition.	*NCD 280.1 Durable Medical Equipment Reference List	E0606
Preset Portable Oxygen Units	Deny - emergency, first-aid, or precautionary equipment; essentially not therapeutic in nature.	*NCD 280.1 Durable Medical Equipment Reference List	
Pressure Leotards	Deny - non-reusable supply, not rental-type item (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Protector; heel or elbow	Not covered as DME; billed as part of an inpatient hospital or SNF care or as incident to a physician's service. See the Medicare Benefit Policy Manual, Chapter 15, §60.1 - Incident To Physician's Professional Services.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0191
Pulse Tachometers	Deny - not reasonable or necessary for monitoring pulse of homebound patient with or without a cardiac pacemaker.	*NCD 280.1 Durable Medical Equipment Reference List	
Quad-Canes	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual).	*NCD 280.3 Mobility Assistive Equipment (MAE) * Mobility Devices (Ambulatory)	See reference NCD or PG
Raised Toilet Seats	Deny - convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	E0244
Reflectance Colorimeters	(See Blood Glucose Analyzers.)	*40.2 Home Blood Glucose Monitors	See reference NCD or PG
Respirators	(See Ventilators.)	*NCD 280.1 Durable Medical Equipment Reference List	
Rolling Chairs	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual). Coverage is limited to those roll-about chairs having casters of at least 5 inches in diameter and specifically designed to meet the needs of ill, injured, or otherwise impaired individuals. Coverage is denied for the wide range of chairs with smaller casters as are found in general use in homes, offices, and institutions for many purposes not related to the care/treatment of ill/injured persons. This type is not primarily medical in nature. (§1861(n) of the Act.	*280.3 Mobility Assistive Equipment (MAE)	See reference NCD or PG
Safety Equipment	Does not meet the definition of DME.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0700 E0710

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Safety Rollers	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual).	*280.3 Mobility Assistive Equipment (MAE)	See reference NCD or PG
Sauna Baths	Deny - not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Seat Lifts	Covered under the conditions specified in §280.4 of the NCD Manual.	*NCD 280.4 Seat Lift	See reference NCD or PG
Self Contained Pacemaker Monitors	Covered when prescribed by a physician for a patient with a cardiac pacemaker. (See §§20.8.1 and 20.8.2 of the NCD Manual.)	*NCD 20.8.1 Cardiac Pacemaker Evaluation Services *NCD 20.8.2 Self-Contained Pacemaker Monitor	See reference NCD or PG
Sitz Baths	Covered if the contractor's medical staff determines patient has an infection or injury of the perineal area and the item has been prescribed by the patient's physician as a part of his planned regimen of treatment in the patient's home.	*NCD 280.1 Durable Medical Equipment Reference List	E0160 E0161 E0162
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Not covered as DME benefit. May be available as a pharmacy benefit.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A4627
Spare Tanks of Oxygen	Deny - convenience or precautionary supply.	*NCD 280.1 Durable Medical Equipment Reference List	
Speech Teaching Machines	Deny - education equipment; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Spirometer	Deny- Item does not meet the definition of DME	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A9284
Stairway Elevators	Deny - (See Elevators.) (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Standing Tables	Deny - convenience item; not primarily medical in nature (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	E0637 E0638 E0641 E0642
Steam Packs	These packs are Covered under the same conditions as heating pads. (See Heating Pads.)	*NCD 280.1 Durable Medical Equipment Reference List	

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Suction Machines	Covered if the contractor's medical staff determines that the machine specified in the claim is medically required and appropriate for home use without technical or professional supervision.	*NCD 280.1 Durable Medical Equipment Reference List	A7047
Support Hose	Deny - (See Fabric Supports.) (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	A4490 A4495 A4500 A4510
Surgical Leggings	Deny - non-reusable supply; not rental-type item (§1861(n) of the Act).	*NCD 280.1 Durable Medical Equipment Reference List	
Telephone Alert Systems	Deny - these are emergency communications systems and do not serve a diagnostic or therapeutic purpose.	*NCD 280.1 Durable Medical Equipment Reference List	
Traction Equipment	Covered if patient has orthopedic impairment requiring traction equipment that prevents ambulation during the period of use (Consider covering devices usable during ambulation; e.g., cervical traction collar, under the brace provision).	*NCD 280.1 Durable Medical Equipment Reference List	
	Deny - Cervical traction applied via attachment to a headboard or a free-standing frame has no proven clinical advantage will be denied as not reasonable and necessary.	*NCD 280.1 Durable Medical Equipment Reference List	E0840 E0850 E0856
Transfer Bench, attachment	Not covered under Medicare guidelines; not primarily medical in nature. See the Social Security Act §1861(n)	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0246 E0247 E0248
Trapeze Bars	Covered if patient is bed confined and the patient needs a trapeze bar to sit up because of respiratory condition, to change body position for other medical reasons, or to get in and out of bed.	*NCD 280.1 Durable Medical Equipment Reference List	E0910 E0911 E0912 E0940

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Ultraviolet Cabinets	Covered for selected patients with generalized intractable psoriasis. Using appropriate consultation, the contractor should determine whether medical and other factors justify treatment at home rather than at alternative sites, e.g., outpatient department of a hospital.	*NCD 280.1 DME Reference List Policy	E0691 E0692 E0693 E0694
Urinals autoclavable	Covered if patient is bed confined (hospital type).	*NCD 280.1 Durable Medical Equipment Reference List	E0325 E0326
Vaporizers	Covered if patient has a respiratory illness.	*NCD 280.1 Durable Medical Equipment Reference List	E0605
Ventilators	Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive and negative pressure types. (See §240.5 of the NCD Manual.)	*NCD 240.5 Intrapulmonary Percussive Ventilator (IPV)	
Ventilator Batteries; replacement for patient-owned ventilator	Not primarily medical in nature; does not meet the definition of DME.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A4611 A4612 A4613
Walkers	Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of the NCD Manual).	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Ambulatory)	See reference NCD or PG
Water and Pressure Pads and Mattresses	(See Alternating Pressure Pads, Mattresses and Lamb Wool Pads.)	*Pressure Reducing Support Surfaces Policy Guideline	See reference NCD or PG
Wheelchairs (manual)	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3).	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Non-Ambulatory) and Accessories	See reference NCD or PG
Wheelchairs (power operated)	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Non-Ambulatory) and Accessories	See reference NCD or PG
Wheelchairs (scooter/POV)	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3)	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Non-Ambulatory) and Accessories	See reference NCD or PG

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Equipment name/type	Coverage Status	Reference NCD or PG	Potential Coding
Wheelchair accessories, No. 2 footplates	Footplates are generally a standard feature on a wheelchair. Not valid for claim submission.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	E0970
Wheelchairs (specially-sized)	Covered if patient meets Mobility Assistive Equipment clinical criteria (NCD 280.3)	*NCD 280.3 Mobility Assistive Equipment (MAE) *Mobility Devices (Non-Ambulatory) and Accessories	See reference NCD or PG
Whirlpool Bath Equipment	Covered if patient is homebound and has a (standard)condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, payment is restricted to the cost of providing the services elsewhere; e.g., an outpatient department of a participating hospital, if that alternative is less costly. In all cases, refer claim to medical staff for a determination.	*NCD 280.1 Durable Medical Equipment Reference List	E1310
White Canes	Deny - (See §280.2 of the NCD Manual.) (Not considered Mobility Assistive Equipment)	*NCD 280.1 Durable Medical Equipment Reference List	A9270
Wig	Not covered under Medicare guidelines; does not meet the definition of DME.	References may be located in various CMS sourcing (i.e. Transmittals, LCD's, Articles) and/or UnitedHealth Group guidelines	A9282

Place of Service Code	Description
01	Pharmacy
04	Homeless shelter
09	Prison/Correctional Facility
12	Home
13	Assisted living facility
14	Group home
16	Temporary lodging
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
65	End Stage Renal Disease (ESRD) Treatment Facility (valid POS for Parenteral Nutritional Therapy)

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DEFINITIONS

DME: Defined as equipment which:
- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home.

PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:
- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 280.1 Durable Medical Equipment Reference List
Reference NCDs:
NCD 20.8.1 Cardiac Pacemaker Evaluation Services
NCD 20.8.2 Self-Contained Pacemaker Monitors
NCD 40.2 Home Blood Glucose Monitors
NCD 40.4 Insulin Syringe
NCD 50.1 Speech Generating Devices
NCD 150.5 Diathermy Treatment
NCD 160.12 Neuromuscular Electrical Stimulation (NMES)
NCD 180.2 Enteral and Parenteral Nutritional Therapy
NCD 240.2 Home Use of Oxygen
NCD 240.4 Continuous Positive Airway Pressure (CPAP) Therapy for Obstructive Sleep Apnea (OSA)
NCD 240.5 Intrapulmonary Percussive Ventilator (IPV)
NCD 250.1 Treatment of Psoriasis
NCD 270.5 Porcine Skin and Gradient Pressure Dressings
NCD 270.1 Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds
NCD 280.3 Mobility Assistive Equipment (MAE)
NCD 280.4 Seat Lift
NCD 280.6 Pneumatic Compression Devices
NCD 280.7 Hospital Beds
NCD 280.8 Air-Fluidized Bed
NCD 280.14 Infusion Pumps

CMS Articles
Noncovered Items, Noridian Healthcare Solutions, Noridian Website
CGS Noncovered Items
Article A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs

CMS Benefit Policy Manuals
Chapter 13 Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services
Chapter 15 Covered Medical and Other Health Services

CMS Claims Processing Manuals
Chapter 12 Physicians/Nonphysician Practitioners
Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
Chapter 23 Fee Schedule Administration and Coding Requirements

MLN Matters
Article MM8304, Detailed Written Orders and Face-to-Face Encounters

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UnitedHealthcare Commercial Policies
Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation
Mechanical Stretching Devices
Temporomandibular Joint Disorders

Others
CMS Medicare Program Integrity Manual, Chapter 5 Items and Services Having Special DME Review Considerations, § 5.2.3 Detailed Written Orders
Medicare Benefit Policy Manual, Chapter 15, §110.1B)(2) - Equipment Presumptively Nonmedical.

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Action/Description
08/12/2020	**Applicable Codes** ***Breast Prosthesis*** (new to policy) • Added HCPCS codes L8031 and L8035 ***Electrical Stimulation*** • Removed reference to the National Coverage Determination (NCD) for *Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)* ***Electromagnetic Energy Treatment Device*** • Removed reference to the NCD for *Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds (NCD 270.1)* ***Incontinent Pads*** • Added reference to the Medicare Advantage Policy Guideline titled *Urological Supplies* • Removed HCPCS codes A4520 and A4554 • Removed reference to the NCD for *Durable Medical Equipment Reference List (NCD 280.1)* ***Injectors (Hypodermic Jet)*** • Added reference to the NCD for *Insulin Syringe (NCD 40.4)* • Removed HCPCS code A4210 • Removed reference to the NCD for *Durable Medical Equipment Reference List (NCD 280.1)* ***White Canes*** • Added reference to the NCD for *Durable Medical Equipment Reference List (NCD 280.1)* • Added HCPCS code A9270 • Removed reference to the NCD for *White Cane for Use by a Blind Person (NCD 280.2)* **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version MPG083.08

TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

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Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

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