



Repairs and Modifications of Durable Medical Equipment (DME) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Repairs and Modifications of Durable Medical Equipment (DME)		
MNG #: 096	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (FIDE SNP) (MA)	Prior Authorization Needed? <input type="checkbox"/> Yes (always required) <input checked="" type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Original Approval Date: 01/06/2022	Effective Date: 05/07/2022; 02/08/2024; 03/31/2025; 01/08/2026
Last Revised Date: 02/08/2024; 01/09/2025; 01/08/2026	Next Annual Review Date: 01/06/2023; 02/08/2025; 01/09/2026; 01/08/2027	Retire Date:

OVERVIEW:

Durable Medical Equipment (DME) is equipment that is customarily used to fulfill a medical need and is not required in the absence of illness or injury. Members may require repairs and/or modifications to their current DME to maintain an optimal level of function and to meet the member’s needs safely. CCA covers the repair of DME, including repairs to medically necessary back-up mobility systems. CCA covers repair of medically necessary mobility systems, positioning seating systems and add-ons, subject to all limitations and conditions of payment in 130 CMR 409.000 and 130 CMR 450.000: Administrative and Billing Regulations, when purchased solely for the full-time use of the member while residing in a nursing facility, with the exception of equipment described under 130 CMR 409.415(A)(2).

DME repairs and/or modifications for SCO and One Care members require individual review for authorization only when cost of the repairs/modifications exceeds \$1,000.00.

Prior authorization requirement applies **only** to the parts and labor portions of repair costs and **does not include** corrective mobility repair add-on payment.

DEFINITIONS:

Corrective Mobility System Repair: Corrective Mobility System Repair requires the specialized knowledge of a trained technician, regardless of the complexity of the repair, and may be performed for a member’s primary mobility system or backup mobility system.

Customized Equipment: DME that;

- a) is uniquely constructed, adapted, or modified solely for the full-time use of the patient for whom it is purchased;
- b) is made to order or adapted to meet the specific needs of the patient; and
- c) the unique construction, adaptation, or modification of which permanently precludes the use of such equipment by another individual.



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Durable Medical Equipment (DME): Equipment which;

- Is used primarily and customarily to serve a medical purpose;
- Is generally not useful in the absence of disability, illness or injury;
- Can withstand repeated use over an extended period; and
- Is appropriate for use in any setting in which normal life activities take place, other than a hospital, nursing facility, ICF/IID, or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except as allowed pursuant to 130 CMR 409.415 and 409.419(C).

Home: A member's home may be a dwelling owned or rented by the member, a relative's or other person's home in which the member resides, a rest home, assisted living, or another type of group residence or community setting in which normal life activities take place. A home does not include an institutional setting including but not limited to a hospital, nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or any setting in which payment is or could be made under Medicaid inpatient services that includes room and board, except for items that are allowable pursuant to 130 CMR 409.415.

Maintenance repair: Covered maintenance repair requires the specialized knowledge of, and evaluation by, a trained technician, performed based on the manufacturer's recommendation. Maintenance repairs may be scheduled by the member or DME provider.

Mobility System: A manual or power wheelchair (PWC) or other wheeled device, such as a scooter and power operated vehicle (POV), including a base, a seating system, its components, accessories, and modifications.

Routine periodic maintenance: Routine periodic maintenance does not require the specialized knowledge of a trained technician and may be performed by a member or member's designee.

Repair: To fix or mend and to put the equipment back in good condition after damage or wear. Repairs to equipment which a member owns are covered when necessary to make the equipment serviceable. The replacement of parts or components that make up the base item is considered to be a repair.

Replacement: The provision of an identical or nearly identical item. The furnishing of new separately payable accessories that were not part of the initial base item but are part of the repair are considered to be **replacements**.

Seating System: A seated positioning system, including its components, accessories, and modifications, which may be attached to a base wheelchair and is designed to meet the individualized medical needs of a member.

Serviceable Backup Mobility System: A manual wheelchair approved as a backup to a power wheelchair, or a member's serviceable retired power wheelchair, which can be safely used by the member when a manual backup or suitable loaner chair cannot be provided to meet the member's medical needs.

DME and Oxygen Payment and Coverage Guideline Tool: MassHealth web-based application that contains DME and



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oxygen service descriptions for all covered products and services, applicable modifiers, place-of service codes, prior authorization requirements, individual consideration requirements, service limits, markup information, and links to other applicable information, such as EOHHS and the Center for Health Information and Analysis (CHIA) websites. Subchapter 6 of the Durable Medical Equipment Manual directs providers to the MassHealth website for the DME and Oxygen Payment and Coverage Guideline Tool.

DECISION GUIDELINES:

DME providers must submit a prior authorization request for total repairs or modifications to DME that **exceed \$1,000** per repair/modification. For purposes of calculating total repair/modification, providers must include parts and components, including labor. Calculation of repairs/modifications will be based on MassHealth rates established at 101 CMR 322.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment. Prior authorization requirement applies **only** to the parts and labor portions of repair costs and **does not** include corrective mobility repair add-on payment.

NOTE: ALL repairs of **serviceable retired** backup power wheelchairs require prior authorization, regardless of cost.

Clinical Coverage Criteria:

CCA may cover repairs and/or modifications to durable medical equipment, including repairs to medically necessary back-up mobility systems, when all applicable criteria are met. DME providers must submit a prior authorization request for total repairs or modifications to DME that exceed \$1,000 per repair/modification.

1. Repairs and/or modifications to DME may be covered when all the following criteria are met:
 - a. DME requiring repair/modification is determined to be medically necessary
 - b. Repair/modification enables member to increase or maintain their independence and/or safety
 - c. Repair required is not due to repeated failure of member to use equipment safely and properly
 - d. Repair is not covered under any warranty
 - e. Repair/modification does not exceed the cost of DME replacement
2. **Repairs to back-up** mobility systems may be covered when criteria 1. is met AND member's primary or back-up mobility system is customized, adapted, or modified to the extent that no rental equipment or loaner would be comparable. DME providers must submit a prior authorization request for total repairs or modifications to DME that **exceed \$1,000** per repair/modification.
3. **Repairs** of member's **serviceable retired** backup power wheelchair may be covered when criteria 1a. through 1d. are met AND all the following criteria are met:
 - a. Member's medical complexity prevents member from being able to use a manual wheelchair or a loaner power wheelchair when member's primary mobility system needs repair
 - b. The total cost of the repair of the serviceable retired backup power wheelchair does not exceed \$1,000.00 per calendar year. CCA will review requests for repairs exceeding \$1,000.00 per calendar year on a case-by-case basis
 - c. CCA will only pay for the repair of one serviceable retired backup power wheelchair per calendar year



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LIMITATIONS/EXCLUSIONS:

The Plan does not cover:

- Repairs or modifications which exceed the cost of replacing the equipment
- Repairs or modifications of equipment which is primarily and customarily used for a nonmedical purpose
- Modifications that cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness, disability, or injury
- Routine periodic maintenance, routine periodic testing, cleaning, regulating, and checking of DME that is owned by the member
- Repairs that are the result of repeated failure of a member to use equipment safely and properly may not be covered
- Repairs or modifications of equipment which was previously denied
- Repairs covered under warranty
- Repair of more than one serviceable backup power wheelchair per calendar year
- The repair of any DME that is not identified as a covered service in Subchapter 6 of the Durable Medical Equipment Manual, the DME and Oxygen Payment and Coverage Guideline Tool or any other guidance issued by the MassHealth agency

Prior authorization requests must include:

Repair Documentation Requirements:

- PA request form.
 - The provider should document whether manual or power wheelchair is the primary or serviceable backup chair in the Other section of the form.
- Documentation from the member's treating practitioner, care partner or provider that the repair is reasonable and necessary.
- Manufacturer's and provider's quote if HCPCS code requires an Adjusted Acquisition Cost (AAC) Plus reimbursement.
 - The provider's quote should include the device's serial number and date of purchase.
- Labor detail page.

Modification Documentation Requirements:

- Standard Written Order (SWO)
- Letter of Medical Necessity (LMN)
- Manufacturer's and provider's quote if HCPCS code requires an Adjusted Acquisition Cost (AAC) Plus reimbursement.
 - The provider's quote should include the device's serial number and date of purchase.
- Labor detail page.



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RELATED REFERENCES:

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual Chapter 15, Section 110.2; Repairs, Maintenance, Replacement and Delivery. Accessed January 8, 2026.
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
2. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth Provider Manual Series, 130 CMR 409.000: Durable Medical Equipment Services. Accessed January 8, 2026.
<https://www.mass.gov/lists/durable-medical-equipment-manual-for-masshealth-providers#subchapter-4:-durable-medical-equipment-providers-regulations->
3. Commonwealth of Massachusetts, Executive Office of Health and Human Services. 101 CMR 322.00: Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment. Emergency Adoption. Accessed January 8, 2026
4. Centers for Medicare and Medicaid Services (CMS). Mobility Assistive Equipment (MAE), National Coverage Determination (NCD) 280.3. Accessed January 8, 2026.
5. Centers for Medicare and Medicaid Services (CMS). Power Mobility Devices, Local Coverage Determination (LCD) L33789. Accessed January 8, 2026.
6. Centers for Medicare and Medicaid Services (CMS). Power Mobility Devices, Policy Article A52498. Accessed January 8, 2026.
7. Centers for Medicare and Medicaid Services (CMS). Manual Wheelchair Bases, Local Coverage Determination (LCD) L33788. Accessed January 8, 2026. Centers for Medicare and Medicaid Services (CMS). Manual Wheelchair Bases, Policy Article A52497. Accessed January 8, 2026.
8. Centers for Medicare and Medicaid Services (CMS). Standard Documentation Requirements for All Claims Submitted to DME MACs, Article A55426. Accessed January 8, 2026.
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9. Mass Health Transmittal Letter DME-48. Accessed January 8, 2026.
10. Mass Health Transmittal Letter DME-39. Accessed January 8, 2026.
11. MassHealth Durable Medical Equipment Bulletin 38. Accessed January 8, 2026.
<https://www.mass.gov/doc/durable-medical-equipment-bulletin-38-corrective-mobility-system-repair-add-on-payment-and-supplemental-payment-for-certain-patient-lift-systems-0/download>



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Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual[®] criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

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. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

REVISION LOG:

REVISION DATE	DESCRIPTION
01/08/2026	Medical Policy Committee approval with minor formatting updates
01/9/2025	Removal of language and criteria applicable to MA products. Added language to clarify prior authorization requirement does not include corrective mobility repair add-on payment. Added limitations.
06/25/2024	Utilization Management Committee approval
02/8/2024	Prior authorization required only for repairs modifications over \$1,000 for SCO and One Care. Separate sections for SCO/One Care and Medicare Advantage include definitions, clinical coverage criteria and limitation/exclusions specific to these products.
12/31/2023	Reviewed by Utilization Management Committee



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APPROVALS:

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
CCA Clinical Lead	Title
	1/8/2026
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date
CCA CMO or Designee	Title