



## Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Repairs and Modifications of Durable Medical Equipment (DME)		
MNG #: 096	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximus	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
<b>Benefit Type:</b> <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 01/06/2022;	<b>Effective Date:</b> 05/07/2022;
<b>Last Revised Date:</b>	<b>Next Annual Review Date:</b> 01/06/2023;	<b>Retire Date:</b>

**OVERVIEW:**

Durable Medical Equipment is equipment that is customarily made to fulfill a medical need and is not required in absence of illness or injury. Members may also need repairs or modifications to their present DME to enable it to maintain an optimal level of function to meet the member’s needs safely. DME repairs and/or modifications require individual review for authorization.

**DECISION GUIDELINES:**

**Clinical Eligibility:**

DME repairs or modifications can be provided to members if they meet all the following criteria:

- Medically necessary
- Enables member to increase or maintain their independence and/or safety
- Does not exceed the cost of replacement
- Is not due to repeated failure of a member to use equipment safely and properly

**Determination of need:**

N/A

**LIMITATIONS/EXCLUSIONS:**

- If item is covered under the manufacturer’s warranty, warranty must be used to replace the item.
- Repairs that are the result of repeated failure of a member to use equipment safely and properly may not be covered.
- Repairs or modifications that exceed the cost of replacing the equipment will not be covered.
- Repairs on equipment that was previously denied.



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### KEY CARE PLANNING CONSIDERATIONS:

- What are the consequences of not having this equipment repaired or modified?
- Has the member's status changed since receiving this equipment?
- Has this piece of equipment required multiple repairs for the same reason?
- If so, does the member need to be re-evaluated for a more appropriate piece of equipment that will meet their needs with fewer repairs?
- Will the repair/modification extend the life of the equipment?
- Is the repair required because of the member's failure to use the equipment safely and properly?

### AUTHORIZATION:

Durable Medical Equipment repairs, or modifications require individual review for authorization. Prior authorization requests must include:

#### Repair Documentation Requirements:

- Documentation from the member's treating practitioner, care partner or provider that the repair is reasonable and necessary.
- Manufacturer's quote if HCPCS code requires an AAC Plus reimbursement.

#### Modification Documentation Requirements:

- Standard Written Order (SWO)
- Letter of Medical Necessity (LMN)
- Manufacturer's quote if HCPCS code requires an AAC Plus reimbursement.

### REGULATORY NOTES:

Medicare Benefit Policy Manual, Chapter 15, Section 110.2.A, Repairs, Maintenance, Replacement and Delivery.

MassHealth 130 CMR 409.420 Repairs to Durable Medical Equipment

<https://med.noridianmedicare.com/web/jadme/topics/repairs/repairs>

### RELATED REFERENCES:

This MNG guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (\*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal MNG's conditions and recommendations.



## Medical Necessity Guideline

\*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

**ATTACHMENTS:**

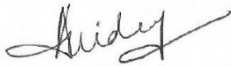
<b>EXHIBIT A</b>	<a href="#">130 CMR 409.000: Division of Medical Assistance DME Services</a>
<b>EXHIBIT B</b>	<a href="#">Medicare Benefit Policy Manual Chapter 15: Covered Medical and Other Health Services</a>

**REVISION LOG:**

REVISION DATE	DESCRIPTION

**APPROVALS:**

Avideep Chawla  
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**CCA Senior Clinical Lead [Print]**



**Signature**

Director, Utilization Management  
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**Title [Print]**

1/6/2022

**Date**

Doug Hsu, MD  
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**CCA Senior Operational Lead [Print]**



**Signature**

Vice President, Medical Policy & Utilization Review  
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**Title [Print]**

1/6/2022

**Date**

Lori Tishler, MD  
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**CCA CMO or Designee [Print]**



**Signature**

Senior Vice President, Medical Services  
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1/6/2022

**Date**