



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"/> Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> One Care (Medicare-Medicaid) (MA) <input checked="" type="checkbox"/> Medicare Preferred (PPO) (MA & RI) <input checked="" type="checkbox"/> Medicare Value (PPO) (MA & RI) <input checked="" type="checkbox"/> Medicare Maximum (HMO D-SNP) (RI) <input checked="" type="checkbox"/> Medicare Excel (HMO POS) (MI) <input checked="" type="checkbox"/> Medicare Maximum (HMO D-SNP) (MI) <input checked="" type="checkbox"/> Medicare Excel (HMO) (CA)	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	Approval Date: 01/06/2022; 02/08/24	Effective Date: 05/07/2022; 02/08/24
Last Revised Date: 02/08/24	Next Annual Review Date: 01/6/2023; 02/08/25	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. **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.**

Senior Care Options and One Care

DEFINITIONS: Senior Care Options and One Care

Durable Medical Equipment (DME): Equipment which;



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

- 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.

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.

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**.

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 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: Senior Care Options and One Care

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.



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

<https://www.mass.gov/doc/rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-effective-july-7-2023-0/download>

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

Clinical Coverage Criteria: Senior Care Options and One Care

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 mobility systems (manual wheelchair, power wheelchair, scooter), including back-up 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.
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 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 backup power wheelchair per calendar year

LIMITATIONS/EXCLUSIONS: Senior Care Options and One Care

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
- 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



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

MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, MI Medicare Excel, MI, MI Medicare Maximum, CA Medicare Excel

DEFINITIONS: MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, MI Medicare Excel, MI, MI Medicare Maximum, CA Medicare Excel

Durable medical equipment: Equipment which:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of an illness or injury; and
- Is appropriate for use in the home.
- The equipment is necessary and reasonable for the treatment of the member's illness or injury or to improve the functioning of his or her malformed body member (§110.1); and
- The equipment is used in the member's home.

Home: A member's home may be their own dwelling, an apartment, a relative's home, a home for the aged, or some other type of institution (such as an assisted living facility, or an intermediate care facility for individuals with intellectual disabilities (ICF/IID)).

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.

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**.

DECISION GUIDELINES: MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, MI Medicare Excel, MI, MI Medicare Maximum, CA Medicare Excel

Clinical Coverage Criteria: MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, MI Medicare Excel, MI, MI Medicare Maximum, CA Medicare Excel

DME providers must submit a prior authorization request for **all** repairs and modifications to DME.

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/modification does not exceed the cost of DME replacement



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

- d. Repair required is not due to repeated failure of a member to use equipment safely and properly
- e. Repair is not covered under any warranty

LIMITATIONS/EXCLUSIONS:

MA Medicare Preferred, MA Medicare Value, RI Medicare Preferred, RI Medicare Value, RI Medicare Maximum, MI Medicare Excel, MI, MI Medicare Maximum, CA Medicare Excel

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
- Repairs or modifications of equipment which was previously denied
- Repairs covered under warranty
- Repair of more than one wheelchair at a time
- Repairs to backup wheelchair
- requirements
- Repairs and modifications of a manual wheelchair, POV and/or PWC which is only for use outside the home
- Repairs that are the result of repeated failure of a member to use equipment safely and properly may not be covered.
- Repairs/modifications that are beneficial primarily in allowing the member to perform leisure or recreational activities

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)



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

- 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.

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 22, 2024.
<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 15, 2024.
<https://www.mass.gov/doc/durable-medical-equipment-regulations/download>
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.
<https://www.mass.gov/doc/rates-for-durable-medical-equipment-oxygen-and-respiratory-therapy-equipment-effective-july-7-2023-0/download>
4. Centers for Medicare and Medicaid Services (CMS). Mobility Assistive Equipment (MAE), National Coverage Determination (NCD) 280.3. Accessed January 18, 2024.
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=219&ncdver=2&keyword=mobility&keywordType=starts&areald=s24&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>
5. Centers for Medicare and Medicaid Services (CMS). Power Mobility Devices, Local Coverage Determination (LCD) L33789. Accessed January 18, 2024.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33789&ver=35&keyword=mobility&keywordType=starts&areald=s24&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>
6. Centers for Medicare and Medicaid Services (CMS). Power Mobility Devices, Policy Article A52498. Accessed January 18, 2024.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52498&ver=57>
7. Centers for Medicare and Medicaid Services (CMS). Manual Wheelchair Bases, Local Coverage Determination (LCD) L33788. Accessed January 24, 2024.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33788&ver=15&keyword=manual%20wheelchair&keywordType=starts&areald=s24&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>



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

8. Centers for Medicare and Medicaid Services (CMS). Manual Wheelchair Bases, Policy Article A52497. Accessed January 24, 2024.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52497&ver=32&keyword=manual%20wheelchair&keywordType=starts&areald=s24&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>
9. Centers for Medicare and Medicaid Services (CMS). Standard Documentation Requirements for All Claims Submitted to DME MACs, Article A55426.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55426>

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.



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

REVISION LOG:

REVISION DATE	DESCRIPTION
2/8/24	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.
12/31/23	Reviewed by Utilization Management Committee

APPROVALS:

David Mello, DO

Senior Medical Director, Utilization Review
and Medical Policy

CCA Senior Clinical Lead [Print]

Title [Print]

David Mello

2/8/24

Signature

Date

CCA Senior Operational Lead [Print]

Title [Print]

Signature

Date



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

Nazlim Hagmann, MD

CCA CMO or Designee [Print]

Chief Medical Officer

Title [Print]

Nazlim Hagmann

Signature

2/8/24

Date