Introduction

Equipment that is used to help a patient heal from a certain medical condition and/or illness is called durable medical equipment. The equipment is mainly used for a medical purpose and would not be useful to someone without an illness, disability, or injury. These items are ordered or prescribed by the patient’s doctor or health care provider and are reusable; they may be used in the patient’s home. While there are many others, some examples are canes, crutches, walkers, ventilators, monitors, wheelchairs, and lifts. Sometimes this equipment needs to be repaired or replaced. This policy explains when replacement and/or repair of durable medical equipment is covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines
<table>
<thead>
<tr>
<th>Topic</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>General DME Repairs</td>
<td>Repairs to a covered, member-owned durable medical equipment (DME) item may be considered medically necessary when, due to reasonable wear or due to accidental damage, repairs are required to make the DME item functional.</td>
</tr>
<tr>
<td>Wheelchair Repairs</td>
<td>Repair of a member-owned back-up or second wheelchair/stroller that is not the primary wheelchair/stroller used to meet the patient’s functional needs may not be covered by some benefit plans (see Scope).</td>
</tr>
<tr>
<td>Repair of a member-owned wheelchair is eligible for coverage when:</td>
<td></td>
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<tr>
<td>• Repairs are needed to make the wheelchair functional, due to reasonable wear and usage</td>
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<tr>
<td>• The manufacturer’s warranty has expired</td>
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<tr>
<td>• The repair cost is less than the replacement cost</td>
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<tr>
<td>• The repair is needed due to a change in the patient’s condition</td>
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<tr>
<td>Wheelchair rental during repair or replacement</td>
<td>One-month rental may be covered while a member-owned wheelchair is being repaired or while waiting for a replacement of a current member-owned wheelchair.</td>
</tr>
<tr>
<td>Batteries for powered (electric) wheelchairs</td>
<td>A single deep cycle lead acid battery OR a gel cell battery generally provides adequate power for a power wheelchair. Up to two (2) batteries are allowed at one time.</td>
</tr>
<tr>
<td>PAP Repair</td>
<td>Repair of a member-owned PAP* device is eligible for coverage when:</td>
</tr>
<tr>
<td>• Repairs are needed to make the device functional due to reasonable wear and tear or accidental damage due to a specific incident</td>
<td></td>
</tr>
<tr>
<td>• The manufacturer’s warranty has expired</td>
<td></td>
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<tr>
<td>Note: *PAP-positive airway pressure (this includes CPAP-continuous positive airway pressure, BiPAP-bilevel positive airway pressure, or APAP-automatic positive airway pressure)</td>
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</tr>
<tr>
<td>General DME Replacement</td>
<td>Replacement of a covered, member-owned DME item may be considered medically necessary if due to reasonable deterioration over time* or accidental damage the item is non-functional and cannot be repaired.</td>
</tr>
<tr>
<td>Topic</td>
<td>Medical Necessity</td>
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<tr>
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</tr>
<tr>
<td>Note:</td>
<td>*Reasonable useful lifetime of durable medical equipment is generally considered 4 years (exceptions to this are considered on a case by case basis)</td>
</tr>
</tbody>
</table>
| PAP Replacement | Replacement of a member-owned PAP device is eligible for coverage when:  
- The five-year reasonable useful lifetime (RUL) has passed  
AND  
- The device is not working, and cannot be repaired  
OR  
- During the five-year RUL because of loss, theft, or irreparable damage due to a specific incident  

**Notes:**  
Replacement does not require a new clinical evaluation, sleep test, or 3-month rental period.  
The RA modifier is submitted for replacement of member-owned PAP equipment (see Coding section). |
| Accessory add-ons / upgrades | Accessory add-ons and upgrades of an existing DME item are considered not medically necessary when a current DME item is functional and meets the member’s current basic functional medical needs. |

**Additional Suggested Points to Consider When Reviewing for Benefit Determination**

The durable medical equipment (DME) supplier or repair facility must document the reason for the repair, or replacement if the item cannot be repaired. If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment is made for the amount in excess.

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for repair of rented equipment are not covered.

Repair or replacement of DME that is still under warranty is the responsibility of the manufacturer.
<table>
<thead>
<tr>
<th><strong>Indications</strong></th>
<th><strong>Coverage Guidelines</strong></th>
</tr>
</thead>
</table>
| **Repair of durable medical equipment indications** | • Repairs are needed to make the equipment functional, due to reasonable wear and usage  
• The DME being repaired is member-owned  
• The item needs repair and the manufacturer’s warranty has expired  
• The repair cost is less than the replacement cost  
• The repair is needed due to a change in the member’s medical condition |
| **Replacement of durable medical equipment indications** | • The item cannot be repaired due to reasonable deterioration over time or accidental damage  
• The DME being replaced is member-owned  
• The item cannot be repaired, and the manufacturer’s warranty has expired  
• The replacement cost is less than the repair cost  
• The replacement is needed due to a change in the member’s medical condition or physical changes such as skeletal growth or significant weight changes that makes the current DME no longer useable  
• Replacement of the DME item is subject to review of the supplier’s affidavit stating why the current DME item is no longer useable/repairable  
• The DME item is lost or stolen and not otherwise covered by another insurance (such as a homeowner’s policy) |
| **Rental during repair or replacement** | • One-month rental of equipment may be covered while a member-owned DME item is being repaired or while waiting for a replacement of the current member-owned DME item. |
| **Durable medical equipment not covered** | • It is considered experimental or investigational or used for experimental or investigational therapy or interventions  
• It is associated with athletic, scholastic, educational/vocational training of the member  
• It is available over the counter or off-the-shelf without a prescription  
• Repairs or replacement of the DME that are a result of abuse or neglect |
Documentation Requirements

The patient’s medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Diagnosis/condition
- Cost of repairs and/or replacement
- Explanation of need for repairs and/or replacement

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA</td>
<td>Replacement* of a DME, orthotic or prosthetic item</td>
</tr>
</tbody>
</table>

**Notes:** *Replacement of patient-owned DMEPOS due to the expiration of the equipment’s RUL (reasonable use lifetime) or to loss, irreparable damage, or when the item has been stolen.*

RA only needs to be appended to first month claim, and claims should include a narrative explaining the reason for the replacement.

The RA modifier is used in conjunction with appropriate DME HCPCS codes.

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Benefit Application

Coverage for repair or replacement of member-owned durable medical equipment is subject to the limits and conditions of the member benefit plan (see Scope).

Payment is made for no more than one wheelchair or stroller at a time. Depending upon the limits and conditions of the member’s benefit plan, services for a wheelchair or stroller that is used as a backup to the primary device may not be covered (see Scope).
Repair or replacement of a member-owned duplicate DME item, such as a back-up or redundant DME item that is not the primary device used to meet the member’s functional needs, may not be covered by some benefit plans (see Scope).

Additional Information

DME must be used to meet the primary medical needs of the member, rather than being for comfort or convenience. DME must meet ALL of these criteria:

- The item is durable (long-lasting) and can withstand repeated use
- Not usually useful to a member who isn’t sick/injured/incapacitated
- Used for a medical reason to meet the member’s condition-specific functional impairment
- The item is appropriate for use in the member’s home or for limited use in the community for basic activities of daily living (ADLs)

Evidence Review

Medicare National Coverage

For member owned “Medicare-covered durable medical equipment and other devices, Medicare may cover repairs and replacement parts. Equipment may be replaced if it’s lost, stolen, damaged beyond repair, or used for more than the reasonable useful lifetime of the equipment”.2

References


## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21/14</td>
<td>Update Related Policies. Add 1.01.527.</td>
</tr>
<tr>
<td>03/17/14</td>
<td>Update Related Policies. Remove 1.01.523 as it was archived.</td>
</tr>
<tr>
<td>05/02/14</td>
<td>Update Related Policies. Add 1.01.529.</td>
</tr>
<tr>
<td>09/03/14</td>
<td>Annual Review. Added Policy Guidelines statement that DME is not covered when E/I, for athletic/scholastic/vocational training purposes, or OTC without an RX. Policy reviewed through June 2014; no new references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>05/27/15</td>
<td>Annual Review. No new references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. No references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. No references added. Policy statements unchanged. Policy moved to new format.</td>
</tr>
<tr>
<td>01/01/18</td>
<td>Removed Related Policies 1.01.524 and 2.01.503 as they were archived.</td>
</tr>
<tr>
<td>02/01/18</td>
<td>Annual Review, approved January 9, 2018. Policy reviewed. No change to policy statement. Added reasonable useful lifetime of durable medical equipment is generally considered 4 to 5 years, exceptions are reviewed on a case by case basis under replacement.</td>
</tr>
<tr>
<td>01/01/19</td>
<td>Interim Review, approved December 13, 2018. Added criteria for PAP repair and replacement. Title changed from “Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs and C-Pap/BiPap Machines)” to “Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs)”.</td>
</tr>
<tr>
<td>04/01/19</td>
<td>Annual Review, approved March 19, 2019. Minor edits for clarity; otherwise policy statements unchanged.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
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<tr>
<td>08/01/20</td>
<td>Interim Review, approved July 14, 2020. Added to this policy wheelchair repair when criteria are met. Title changed from Durable Medical Equipment Repair/Replacement (Excluding Wheelchairs) to Durable Medical Equipment Repair/Replacement.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2021 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Oromoo (Cushite):

Lakkoofa bibliiiaa 800-722-1471 (TTY: 800-842-5357) ti biblii.

French (French):

Appelez le 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):
Tsam ntawv tsjaj xo no muaj cov ntsiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb bok kjaj daitw thov kip pav los yoj koj qov pav kip cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnbv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum kip kjuv yaw uau qee yam uas pav kip ku kip ta’iis pib dhau cov caji nyoy uas teev tseg rau hauv daim ntawv no mas kip kjuv yaw uau baiv kip pav cuam khu kip los yoj kip pav tem tej nqi kho mob ntawv.


Ilokano (Ilocano):
Daytoy a pakdaar dik tabaang nga ipagnalit ang iipagnalit nga impormasion. Daytoy a pakdaar dik tabaang nga ipagnalit ang iipagnalit nga impormasion maijapanggi a ngiyapayyo nga coverage babaen ti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pents iit daytoy a pakdaar. Mabalin nga adda rumng nga aramideny nga addang sabbay dagiti partikular a naa naling nga adlaw tapon maapaglalaidayo ti coverage ti salan-atyo nga fung lalup kadagiti gastos. Adda karibgaygo a mangala nga daytoy nga impormasion ken fung lalup ti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente.

Chiamo 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或無法的重要訊息。本通知可能有重要的日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

037338 (07-2016)