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UTILIZATION MANAGEMENT GUIDELINE– 1.01.526

Durable Medical Equipment Repair/Replacement

Effective Date:	Feb. 1, 2026	RELATED POLICIES/GUIDELINES:
Last Revised:	Jan. 12, 2026	1.01.529 Durable Medical Equipment
Replaces:	N/A	

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Introduction

Equipment that is used to help an individual heal from a certain medical condition, illness, or injury 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 individual's doctor or health care provider and are reusable; they may be used in the individual'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

Topic	Medical Necessity
Repair of durable medical equipment indications (this includes wheelchairs)	**Repairs to a covered, member-owned durable medical equipment (DME) item may be considered medically necessary when ALL of the following criteria are met:** • Repairs are needed to make the equipment functional, due to reasonable wear and usage or accidental damage **OR** • The repair is needed due to a change in the member's medical condition or there have been physical changes such as significant weight changes **AND** • The DME being repaired is member-owned; **and** • The item needs repair and the manufacturer's warranty has expired; **and** • The repair cost is less than the replacement cost **Note**: Repair of a member-owned back-up or second wheelchair/stroller that is not the primary wheelchair/stroller used to meet the individual's functional needs may not be covered by some benefit plans (see **Scope**).
Replacement of durable medical equipment indications (this includes wheelchairs)	**Replacement of a covered, member-owned DME item may be considered medically necessary when All of the following criteria are met:** • The item cannot be repaired due to reasonable deterioration over time* or accidental damage and is no longer functional • 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 there have been physical changes such as skeletal growth or significant weight changes that make 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 **OR**

Topic	Medical Necessity
	• The DME item is lost or stolen and not otherwise covered by another insurance (such as a homeowner's policy) *__Note__: Reasonable useful lifetime of durable medical equipment is generally considered 5 years (exceptions to this are considered on a case-by-case basis)
Rental during repair or replacement (this includes wheelchairs)	**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.**
PAP Repair	**Repair of a member-owned PAP* device is eligible for coverage when:** • Repairs are needed to make the device functional due to reasonable wear and tear or accidental damage due to a specific incident • The manufacturer's warranty has expired ***Note:** PAP-positive airway pressure (this includes CPAP-continuous positive airway pressure, BiPAP-bilevel positive airway pressure, or APAP-automatic positive airway pressure)
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 **Note:** 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.**

Topic	Medical Necessity
Durable medical equipment NOT covered	**Durable medical equipment is considered not covered when:** • 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 • The repairs or replacement of the DME are a result of abuse or neglect

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.
- When a monthly rental charge is being paid for equipment, the supplier must perform all needed repairs and maintenance when a professional is required. The supplier should not charge for this work, thus, 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.

Documentation Requirements

The individual'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

Code	Description
Modifier	
RA	Replacement* of a DME, orthotic or prosthetic item **Notes:** *Replacement of patient-owned durable medical equipment, prosthetics, orthotics, and supplies (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.

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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

1. Medicare Interactive. Durable medical equipment (DME). Get answers. Replacing DME. 2025. Available at URL address: **https://www.medicareinteractive.org/get-answers/medicare-covered-services/durable-medical-equipment-dme/replacing-dme** Accessed December 8, 2025.
2. Medicare Interactive. Durable medical equipment (DME). Get answers. DME repairs and maintenance. 2025. Available at URL address: **https://www.medicareinteractive.org/get-answers/medicare-covered-services/durable-medical-equipment-dme/dme-repairs-and-maintenance**. Accessed December 8, 2025.
3. Medicare Benefit Policy Manual. Chapter 15 – Covered Medical and Other Health Services, Section 110.2 Repairs, Maintenance, Replacement, and Delivery. Effective 02/13/15 Implemented: 07/06/15. Available at URL address: **http://cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf** Accessed December 9, 2025.
4. Noridian Healthcare Solutions DME Jurisdiction D. Repairs, Maintenance and Replacement. Last Updated 06/10/2025. **https://med.noridianmedicare.com/web/jddme/topics/repairs**. Accessed December 9, 2025.

History

Date	Comments
09/09/13	New policy. Policy and policy guidelines detail medical necessary for repair/replacement of covered, member-owned durable medical equipment.
02/21/14	Update Related Policies. Add 1.01.527.
03/17/14	Update Related Policies. Remove 1.01.523 as it was archived.
05/02/14	Update Related Policies. Add 1.01.529.
09/03/14	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.
05/27/15	Annual Review. No new references added. Policy statements unchanged.
01/12/16	Annual Review. No references added. Policy statements unchanged.
02/01/17	Annual Review, approved January 10, 2017. No references added. Policy statements unchanged. Policy moved to new format.
01/01/18	Removed Related Policies 1.01.524 and 2.01.503 as they were archived.
02/01/18	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.
01/01/19	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)".
04/01/19	Annual Review, approved March 19, 2019. Minor edits for clarity; otherwise policy statements unchanged.
04/01/20	Annual Review, approved March 3, 2020. UM Guideline reviewed. No references added. Guideline statement unchanged.
08/01/20	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.
06/01/21	Annual Review, approved May 4, 2021. Utilization management guideline reviewed. Reference added. Guideline statements unchanged.
03/01/22	Annual Review, approved February 7, 2022. Utilization management guideline reviewed and reformatted. Guideline statements unchanged.
01/01/23	Interim Review, approved December 12, 2022. Minor edit and reformatting to repair of a covered, member-owned durable medical equipment criteria: added "or" to the statement that the repair is needed due to a change in the member's medical condition or physical changes to better align with the leader when ALL of the following criteria are met.

Date	Comments
02/01/23	Annual Review, approved January 23, 2023. UM guideline reviewed. References updated. Reasonable useful lifetime of durable medical equipment changed to 5 years from 4 years for guideline consistency. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. UM Guideline reviewed. References updated. Minor edits to guideline statements for greater clarity; guideline intent unchanged.
03/01/25	Annual Review, approved February 24, 2025. UM Guideline reviewed. Reference removed. Guideline statements unchanged.
02/01/26	Annual Review, approved January 12, 2026. UM Guideline reviewed. Guideline statements unchanged.

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). ©2026 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.