Subject: Replacement, Repairs or Adjustments of Durable Medical Equipment

Included Product(s):

- Medicaid
  - BadgerCare Plus
  - Care4Kids Program
- Individual and Family
  - Commercial
  - Marketplace
- BadgerCare Plus
- Commercial
- Care4Kids Program
- Marketplace

Purpose or Description:
The purpose of this policy is to describe the conditions for the appropriate repair or replacement of medically necessary, covered durable medical equipment (DME).

Definitions:
None.

Policy:

1. Scope:
   a. This policy will be superseded by any specific repair/replacement policy for the DME item in question. If CCHP has no specific repair/replacement policy for the DME item in question, then this general policy will apply.

2. Repairs and adjustments:
   a. Repairs and/or adjustments to a covered, member-owned DME item may be considered medically necessary when:
i. Due to reasonable wear, growth of member, alteration of anatomy, or accidental damage, repairs or adjustments are required to make the DME item functional, and

ii. The need for the DME meets the criteria of the applicable CCHP or MCG guideline, and

iii. There has been a clinical evaluation by a medical professional* documenting the ongoing functional need of the DME and the reasons the DME needs repair or adjustment. This evaluation must have been recent enough to support the current need of the DME and must have occurred within at least one year of the request, and

iv. The DME repair or adjustment has been prescribed by a physician or an advanced practice provider within one year of the request.¹,²

3. Replacement:
   a. Replacement of a covered, member-owned DME item may be considered medically necessary when:
      i. Due to reasonable wear, growth of member, alteration of anatomy, or accidental damage, the item is non-functional and cannot be repaired. Accessory add-ons and upgrades of an existing DME item may be considered not medically necessary when a current DME item is functional and meets the member’s current basic medical needs, and
      ii. The need for the DME meets the criteria of the applicable CCHP or MCG guideline, and
      iii. There has been a clinical evaluation by a medical professional* documenting the ongoing functional need. This evaluation must have been recent enough to support the current need of the DME and must have occurred within at least one year of the request, and
      iv. The DME replacement has been prescribed by a physician or an advanced practice provider within one year of the request.¹,²

*The term medical professional may include a physician, an advanced practice provider such as a nurse practitioner or a physician assistant, or a qualified professional with the necessary expertise to properly evaluate the use of the DME requested.

REFERENCES