

Children's Hospital and Health System Chorus Community Health Plans (CCHP) Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: REPLACEMENT, REPAIRS OR ADJUSTMENTS OF DURABLE MEDICAL EQUIPMENT

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

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 - a. This policy will be superseded by any specific repair/replacement policy for the DME item in question.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:

Effective: 9/17

Revised: 11/18

Last reviewed: 10/23

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Developed by: CCHP Medical Directors

- 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

1. ForwardHealth Prior Authorization / Durable Medical Equipment Attachment.
<https://www.forwardhealth.wi.gov/kw/html/PADMEA.html>
2. Wisconsin State Legislature Administrative Code, Department of Health Services (DHS): DHS 107.24(4)(b).

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