

MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Durable Medical Equipment Repairs-OH MCD-MM-1579	05/01/2024
Policy Type	
MEDICAL	



A. Subject

Durable Medical Equipment Repairs

B. Background

Durable medical equipment (DME) is equipment that serves a medical purpose, helps complete activities of daily living (ADLS), can withstand repeated use, and is primarily used in the home. DME includes items, such as wheelchairs, hospital beds, continuous positive airway pressure (CPAP), walkers, oxygen tanks, etc. DME is dispensed when medical necessity is established to meet the needs of the member medical condition.

DME is likely to last 3 years or more but may require maintenance, service, or repair periodically. When service is required, the DME provider may request authorization to perform the required maintenance, service, or repair to restore the DME item to working order.

C. Definitions

Durable Medical Equipment (DME) Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Healthcare Common Procedure Coding System (HCPCS) A numeric and alphanumeric code set maintained and distributed by CMS for the uniform designation of certain medical procedures and related services.

Repair The repairs, including the replacement of essential accessories, such as hoses, tubes, mouth pieces, etc., for necessary DME are covered when required to make the item/device serviceable.

Replacement Replacement of DME is for the same or similar type of equipment, which is beyond its reasonable useful life span and has become irreparable.

D. Policy

- I. Prior authorization is required for all DME repairs.
If the DME item was not originally approved by CareSource, medical necessity must be established before any repair is authorized.
- II. Providers should submit ODM form 01904 and must include the following:
 - A. specification of the item, including manufacturer, model, and serial number, if applicable
 - B. date on which the item was originally purchased or dispensed or, if the date is not known, the approximate age of the item
 - C. any warranty period and the type of warranty (manufacturer or dealer)
 - D. a full description of the wear, damage, or malfunction
 - E. a full description of the repair
 - F. a description, with dates, of previous repairs (both major and minor)
 - G. a complete itemization of parts

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

