

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

## Repairs/Replacement of Durable Medical Equipment/Supplies

**MP9106**

**Covered Service:** Coverage may vary according to the terms of the Member Certificate or Summary Plan Description (SPD).

**Prior Authorization  
Required:** No

**Additional  
Information:** Reimbursement or repair of any covered item that is damaged and/or destroyed by member carelessness, misuse, abuse, loss or theft is not covered. For additional information refer to the specific DME medical policies. Temporary replacement equipment (K0462) **does not** require prior authorization.

For BiPAP, APAP or CPAP repair or replacement refer to [Home Use of Continuous Positive Airway Pressure \(CPAP\) and Bilevel Positive Airway Pressure \(BiPAP\) for Sleep Apnea MP9239](#)

For manual wheelchairs refer to [Wheelchair: Manual and Accessories MP9639](#); For powered wheelchairs refer to [Wheelchair: Powered and Accessories MP9640](#); For scooters refer to [Scooters and Accessories MP9641](#).

### Prevea360 Health Plan Medical Policy:

- 1.0 Coverage of repairs or replacement of durable medical equipment (DME)/supplies does not **require** prior authorization through the Health Services Division. Only a limited selection and, in some cases, quantity of DME and certain related medical supplies that meet criteria established by the Health Plan may be covered.
- 2.0 Repair or replacement of durable medical equipment/supplies is **covered** according to the Member Certificate or Summary Plan Description in the following situations (this is not an all-inclusive list):
  - 2.1 Rental charges for medically necessary equipment may be approved if the equipment can be rented for a cost less than the purchase price of the equipment.
  - 2.2 Purchase of medically necessary equipment may be approved when purchase price is less expensive than the rental fees for the expected duration of use, or when rental of equipment is unavailable
  - 2.3 Medical supplies and certain other related supplies may be approved when necessary to make the primary device medically effective or operational, provided the DME device is a covered item and medically necessary.

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- 2.4 Maintenance and repairs of purchased DME equipment may be covered unless a manufacturer's warranty/purchase agreement is in effect. This is appropriate when the repair and/or maintenance is more cost-effective than replacement
- 2.5 Rental of medically necessary equipment may be covered while the member's owned equipment is being repaired. Note: if the item is being rented, the provider will provide a replacement during the repair without cost for additional rental.
- 2.6 Replacement of a DME device due to normal wear and use or when a written physician's statement documents a change in the member's medical condition warranting a different type of device.
- 3.0 Repair or replacement of durable medical equipment/supplies is **not covered** according to the terms of the Member Certificate or Summary Plan Description. Some situations in which repair or replacement may not be covered (this list is not all-inclusive):
  - 3.1 Covered items are damaged and/or destroyed by member carelessness, misuse, abuse, loss or theft.
  - 3.2 Request is for duplicate, back up, or similar DME, prosthetics or hearing aids, including repair, replacement or revision of duplicate items
  - 3.3 Items are primarily educational, recreational, or used for comfort and convenience (see [Medical Supplies/Durable Medical Equipment MP9347](#), for more details)
  - 3.4 DME purchases from online retailers
- 4.0 Insulin infusion pumps may be replaced when determined to be medically necessary, no more frequently than once per year.

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