Name of Policy:
Repair of Durable Medical Equipment (DME) and External Prosthetic Devices

Policy #: 352  Latest Review Date: June 2009
Category: Administrative  Policy Grade: NA

Background:
As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:
1. The technology must have final approval from the appropriate government regulatory bodies;
2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;
3. The technology must improve the net health outcome;
4. The technology must be as beneficial as any established alternatives;
5. The improvement must be attainable outside the investigational setting.

Description of Procedure or Service:
Durable medical equipment (DME) is equipment which:
- Can withstand repeated use;
- Used mainly for a medical purpose rather than for comfort or convenience;
- Generally is not useful to a person in the absence of an illness or injury;
- Related to a medical condition and prescribed by a physician for use in the home;
- Is appropriate for use in the home; and
- Is determined to meet medical criteria for coverage to diagnose or treat an illness or injury, help a malformed part of the body or work well, help an impaired part of the body to work within its functional parameters, or keep a condition from becoming worse.

Repairs to equipment owned by a patient may be required to make the DME operational after damage or wear.
Prosthetic appliances are devices that are designed to replace all or part of a permanently inoperative, absent, or malfunctioning body organ. Internal prosthetic devices are surgically implanted and are necessary for anatomical repair or reconstructive purposes. Examples of internal prosthetic devices include cardiac pacemakers, breast implants for post mastectomy reconstruction, implanted cataract lenses, and surgically implanted hardware necessary for joint repair or reconstruction. Internal prosthetic devices are covered under an individual’s medical benefit. External prosthetic devices, which are worn as an anatomic supplement, are used to replace non-functioning or absent body parts. Examples of external prosthetic devices include artificial limbs, removable artificial eyes, external breast prostheses or prosthetic bras for post mastectomy patients, external pacemakers and electronic speech aids for post-laryngectomy patients.

**Policy:**
Repair of durable medical equipment and external prosthetic devices meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when all the following are met:

- The patient owns the equipment or prosthesis; and
- The required repairs are not the result of malicious damage, culpable neglect, or wrongful disposition if the equipment; and
- The expense of the repairs does not exceed the expense of purchasing a new piece of equipment or prosthesis; and
- The equipment or external prosthesis is not currently covered by warranty.

If the patient-owned DME is being repaired, up to one month’s rental for that piece of durable medical equipment meets Blue Cross and Blue Shield of Alabama’s medical criteria for coverage. Payment is based on the type of replacement device that is provided, but will not exceed the rental allowance for the equipment that is being repaired.

*Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members’ contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

**Key Words:**
Durable medical equipment, DME, repair

**Approved by Governing Bodies:**
Not applicable

**Benefit Application:**
Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply
AT&T contracts: No special consideration
FEP contracts: Special benefit consideration may apply. Refer to member’s benefit plan.
Wal-Mart: Special benefit consideration may apply. Refer to member’s benefit plan.
Pre-certification requirements: Not applicable
Pre-determination requirements: Pre-determinations will be performed as a courtesy review at the request of the physician and/or subscriber.

**Coding:**

**HCPCS Codes:**

- **E1340** Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes *(Code deletes effective January 1, 2010)*
- **K0462** Temporary replacement for patient-owned equipment being repaired, any type
- **K0739** Repair or non-routine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes
- **K0740** Repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes

**Policy History:**

Medical Policy Group, March 2009 *(2)*
Medical Policy Administration Committee, May 2009
Available for comment May 12–June 24, 2009
Medical Policy Group, June 2009 *(2)*
Medical Policy Administration Committee, July 2009

*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member’s plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield’s administration of plans contracts.*