

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010

Agency of Human Services
[Phone] 802-879-5903
[Fax] 802-879-5963
[Email] AHS.DVHAClinicalUnit@vermont.gov
www.dvha.vermont.gov

The Department of Vermont Health Access Clinical Criteria

Subject: Repairs/Replacements/Modifications/Labor for Durable Medical Equipment (DME)

Last Review: March 27, 2024*

Past Revisions: January 20, 2022, July 22, 2020, April 4, 2017, May 10, 2016, January 9, 2014, May 3, 2013, February 15, 2012, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Repair: A fix for a damaged part of a DME item.

Replacement: A direct substitute for a damaged part of a DME item.

Modification: A change to a DME item that no longer meets the member's medical needs due to change in size, medical condition, living situation, or ability to perform mobility related activities of daily living.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment (DME)
- 4.210 Wheelchairs, Mobility Devices and Seating Systems
- 4.211 Augmentative Communication Devices/Systems



- 4.212 Prosthetics/orthotics
- 4.213 Audiology Services
- 4.214 Eyewear and Vision Care Services

Coverage Position

A repair/replacement/modification may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding durable medical equipment, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

Repairs may be covered for members when:

- The member's equipment is no longer functioning properly; AND
- The repair cost is less than 50% the cost of replacing the equipment; AND
- The repair does not result in a change in the nature, structure, or function of the equipment as originally intended. Such change would be considered a modification and would require additional documentation from the medical practitioner for the medical necessity of any changes; AND
- The equipment is not under warranty; AND
- The repair is non-routine and must require the skill of a technician; AND
- The repair has been ordered by a physician or other licensed provider who is enrolled in Vermont Medicaid and is working within the scope of their practice; AND
- The repairs are necessary to make the item useful.

Replacements are covered when:

- The member's equipment is no longer functioning properly; AND
- The repair cost is more than 50% the cost of replacing the equipment; AND
- The replacement does not result in a change in the nature, structure, or function of the equipment as originally intended. Such change would be considered a modification and would require additional documentation from the medical practitioner for the medical necessity of any changes; AND
- The equipment is not under warranty; AND
- The existing device or system no longer effectively addresses the member's needs; AND
- Changing circumstances or conditions are sufficient to justify replacement; OR
- The useful lifetime has been reached; OR
- When convincing evidence shows that replacement is medically necessary and appropriate.

Modifications are covered when:

- The member's equipment is no longer fitting properly or meeting the medical need; AND

- The modification requires the skill of a technician; AND
- The modification does not void the warranty; AND
- The modification does not adversely affect the function or the life expectancy of the equipment; AND
- The modification is specifically for the proper fit and/or medically necessary function of the device; AND
- The modification cost is less than 50% of the cost of replacing the equipment.
- Modifications require assessment by a medical professional with expertise in the field specific to the type of device, for example a physician, an audiologist, a speech language pathologist, a physical therapist, or an occupational therapist.
- When substantial modifications are required to a device and it appears that the original prescription was in error, the medical practitioner for the modifications must document collaboration with the original practitioner to ensure seamless care and education.

Notes:

- See [Vermont Medicaid Rule and/or Health Care Administrative Rules](#) for information on specific DME items.
- Payment will not be made for repairs/replacement/modifications to equipment for use in skilled nursing homes, ICFs, ICF-MRs, mental or general hospitals or psychiatric facilities except: when a member resides in a long term care facility and the repair/replacement/modification is to a wheelchair or wheelchair component that is not owned by the facility and is so uniquely constructed or substantially modified to the individual that it would not be useful to other residents.
- **Medicare** For current information regarding dual eligible members and coverage, please refer to the DVHA Durable Medical Equipment supplemental provider manual, dual eligibility section: <https://dvha.vermont.gov/providers/manuals> .
- **Primary Insurance:** If a member had a primary insurance at the time of service delivery of the original device, but subsequently lost the primary insurance coverage and is now a Medicaid member, Medicaid will cover the cost of the repair/replacement/modification provided that the original device meets Medicaid's rules and guidelines as demonstrated by clinical documentation provided by a physician, nurse practitioner, a physician assistant, or a physical, occupational, or speech therapist active with Vermont Medicaid operating within their scope of practice AND the device has been fully inspected and documented as safe and medically necessary for the member. In the case of a modification, medical necessity documentation with specific rationales for each modification must be provided from the above listed practitioner or therapist.
- **Privately purchased devices:** If a member purchased or obtained a device privately, Medicaid will cover the cost of the repair/replacement/modification only if the original device meets Medicaid's rules and guidelines as demonstrated by clinical documentation provided by a physician, nurse practitioner, a physician assistant, or a physical, occupational, or speech therapist active with Vermont Medicaid operating within their scope of practice AND the device has been fully inspected and documented as medically safe and medically necessary for the member by the above listed practitioner, AND as structurally safe by a DME supplying provider active with Vermont Medicaid.
- **Labor Reimbursement:** Per HCAR 4.210, "reimbursement for up to five hours of labor associated with custom fabrication of a seating system or customizing a seating system will be made to the DME provider." Administrative and clerical tasks, even if these tasks

are performed by the technician, are not reimbursable. Prior authorization is required for the labor cost of DME repairs where parts are under warranty.

- **Labor time:** Labor charges include travel time **for those members who are not able to travel to the DME vendor's office or therapy department for the repair/replacement/modification needed.** Travel time coverage is not for convenience but must be for medical necessity. The exception would be if the member requires travel assistance that is more expensive than the DME provider's travel expenses- for example, an ambulance. It is also expected that the vendor, if billing for travel time, will make every effort to utilize travel time as efficaciously as possible by combining trips and by traveling the most direct route. Medicaid can only be billed for the portion of the travel time that involves Medicaid clients. For example, if the technician has 3 client visits, and the second client is a Medicaid member, the expectation is that the technician will bill for travel time only between the first and second client's home. It is advised that providers keep technician's travel logs to demonstrate compliance with this guideline in the event of an audit.
- **Safety:** Caution must be used when an item of DME has been involved in a significant incident such as a motor vehicle accident; such a device may need to be replaced rather than repaired. Special needs car seats must never be repaired after a motor vehicle accident. Damaged car seats must be replaced.
- **Maintenance:** Regular maintenance is recommended and covered to prevent injury and functional limitations resulting from broken devices.
- **Eyewear** repair and replacements are provided by DVHA's contracted vendor.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Repeat services are covered when the DME equipment requires repair/replacement/modification before the DME limitation list time frame. See the DME limitation list on the VT Medicaid Portal under Provider Resources at <http://vtmedicaid.com/#/resources>

If a device requires frequent repair, consideration must be given to more heavy-duty equipment, and/or a discussion with the member regarding careful use of Medicaid-provided equipment. Consideration must also be given to having a therapist provide an assessment to determine if there are more appropriate options.

Type of service or procedure covered

Repair/replacement/modification of Durable Medical Equipment that meets the above guidelines, and labor to repair, replace, or modify DME.

Type of service or procedure not covered (this list may not be all inclusive)

DME that is under warranty.

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

References

- American Academy of Pediatrics. (2023, May 1). *Car seats: Information for families*. Safety & Prevention. Healthychildren.org. <http://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/Car-Safety-Seats-Information-for-Families.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>
- Centers for Medicare & Medicaid Services. (2023). *Medicare benefit policy manual. Chapter 15 – covered medical and other health services*. Retrieved December 26, 2023, from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>
- Centers for Medicare and Medicaid Services. (n.d.). *Early and periodic screening, diagnostic, and treatment*. Medicaid.gov. <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- Fried, J., Kasmer, A., Kuminkoski, A., Larson, J., Pearlman, J., Schmidt, D., & Mhatre, A. (n.d.). Evaluating durability of bushings and bearings for wheelchair use in adverse environments. *RESNA annual conference (2020)*. <https://www.resna.org/sites/default/files/conference/2020/PDFs/SeatingandMobility/104Friled.pdf>
- Fukuoka, K., Suyama, Y., Morita, M., Ikuta, K., Kanayama, H., Umeda, R., Kimura, Y., Donaka, N., Fujii, K., & Yagi, S. (2022). Preventing recurrence after surgical repair of pressure injuries in patients with spinal cord injury: Effects of a presurgical and postsurgical wheelchair seating intervention by experts. *Journal of Tissue Viability*, 31(3). <https://doi.org/10.1016/j.jtv.2022.04.003>
- Greer, N., Brasure, M., & Wilt, T. J. (2012, January 1). *Wheeled Mobility (Wheelchair) Service Delivery*. National Library of Medicine; Agency for Healthcare Research and Quality (US). <https://www.ncbi.nlm.nih.gov/books/NBK83955/>
- Hogaboom, N. S., Worobey, L. A., Houlihan, B. V., Heinemann, A. W., & Boninger, M. L. (2018). Wheelchair breakdowns are associated with pain, pressure injuries, rehospitalization, and self-perceived health in full-time wheelchair users with spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 99(10), 1949–1956. <https://doi.org/10.1016/j.apmr.2018.04.002>
- Kapoor, D., Zaveri, S. R., & Yenarkar, Y. L. (2013). Identification and modification of desired features to improve the performance of manually operated wheelchair address for correspondence. *International Journal of Advanced Engineering Research and Studies*, 91–94.

<http://www.technicaljournalsonline.com/ijaers/VOL%20II/IJAERS%20VOL%20II%20ISSUE%20IV%20JULY%20SEPTEMBER%202013/345.pdf>

- Mhatre, A., Pearlman, J., Schmeler, M., Krider, B., & Fried, J. (2021). Community-based wheelchair caster failures call for improvements in quality and increased frequency of preventative maintenance. *Spinal Cord*, 2022(60). <https://doi.org/10.1038/s41393-021-00689-3>
- Misch, J., & Sprigle, S. (2022). Propulsion cost changes of ultra-lightweight manual wheelchairs after one year of simulated use. *ASME Open Journal of Engineering*, 1. <https://doi.org/10.1115/1.4055629>

This document has been classified as public information.