

 Texas Children's®	Durable Medical Equipment (DME) Repair Guideline	
Guideline # 10015	Categories Clinical → Utilization Management UM	This Guideline Applies To: Texas Children's Health Plan, Texas Children's Hospital, Texas Children's Pediatrics, Texas Children's Physician Services Organization, Texas Children's Urgent Care, Texas Children's Women's Specialists, The Center for Children and Women
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GUIDELINE STATEMENT:

TCHP requires prior authorization of Durable Medical Equipment (DME) repairs when more than 35 units will be billed.

DEFINITIONS:

GUIDELINE

1. For DME repairs below 35 units, the referring clinician is responsible for maintaining documentation in the member’s medical record that specifies the repairs and supporting medical necessity.
2. All requests for prior authorization for durable medical equipment repair are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
3. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the DME repair is medically necessary.
4. To document medical necessity for DME repair in excess of 35 units, the requesting provider must supply the following documentation:
 - 4.1. The date of purchase of the equipment to be repaired

- 4.2. A request from the vendor or DME supplier for repair of DME must include an itemized list of the estimated cost of the repairs
- 4.3. The serial number of the current equipment (as applicable)
- 4.4. The cause of the damage or need for repairs
- 4.5. What steps the client or caregiver will take to prevent further damage if repairs are due to an accident. Repairs will not be prior authorized in situations where the equipment has been abused or neglected by the client, client's family, or caregiver.
- 4.6. The cost of purchasing new equipment as opposed to repairing current equipment
- 4.7. Documentation by the treating/ordering physician that the DME item being repaired continues to be medically necessary and that the repair itself is medically necessary.
5. Routine maintenance of rental equipment is the supplier's responsibility and will not be covered.
6. For clients requiring wheelchair repairs only, the date last seen by physician does not need to be filled in on the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form.
7. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy may be followed.
8. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:**

- Texas Medicaid Provider Procedures Manual Accessed August 2020
- http://www.tmhp.com/Manuals_HTML1/TMPPM/Current/index.html#t=TMPPM%2F2_DME_and_Supplies%2F2_DME_and_Supplies.htm&rhsearch=DME%20repair&rhhlterm=DME%20repair&rhsyns=%20

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