



## PROVIDER POLICIES & PROCEDURES

### REPAIRS AND MODIFICATIONS OF DURABLE MEDICAL EQUIPMENT (DME)

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for repairs and modifications of durable medical equipment (DME). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

The Connecticut Department of Social Services (DSS) provides instruction on requesting repairs and modifications for DME. The Connecticut DSS also provides instruction on which DME components require prior authorization for repairs or modifications via the published DSS Provider Fee Schedule for MEDS-Durable Medical Equipment.

**Effective July 1, 2024, prior authorization is not required for wheelchair repairs. Please refer to DSS [Provider Bulletin 2024-42](#) for additional details.**

**HUSKY Health primarily uses Change Healthcare's InterQual<sup>®</sup> Criteria when reviewing prior authorization requests for coverage of repairs and modifications of DME. HUSKY Health will use this policy to review requests for repairs and modifications of DME for which InterQual<sup>®</sup> Criteria are not available.**

#### CLINICAL GUIDELINE

Coverage guidelines for repairs and modifications of DME are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Repairs of DME, including some Complex Rehabilitation Technology (CRT), may be considered medically necessary when the following criteria are met:

- A. There is a signed prescription from the treating physician, APRN, or PA enrolled in the CMAP; and
- B. There is documentation, i.e., technician report, describing which item(s) require repair and the necessity for the repair or replacement.

Modifications of DME, including some CRT and wheelchairs, may be considered medically necessary when the following criteria are met:

- A. There is documentation, from the treating physician, APRN, or PA supporting the medical need for the modification;

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and

- B. There is a signed prescription for the modification, written within the past 12 months, from the treating physician, APRN, or PA enrolled in the CMAP.

#### NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

#### PROCEDURE

Prior authorization for certain repairs and modifications for DME is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for repairs and modifications of DME. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

#### CRT Repairs

The following information is needed to review requests for repairs of CRT:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription from the treating physician, APRN, or PA enrolled in the CMAP, which is valid for 2 years from the original purchase of the CRT; and
3. Documentation, i.e., technician report, indicating which item(s) require(s) repair and the reason for the part repair or replacement; and
4. Quotation from the DME provider that includes HCPCS codes, manufacturer's suggested retail price (MSRP), the DSS allowable pricing; and
5. Manufacturer's quotation(s) and actual acquisition cost (AAC), as applicable, and as outlined in the [DSS Pricing Policy for MEDS Items](#).

#### DME Repairs

The following information is needed to review requests for repairs of DME:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription, written within the past 12 months, from the treating physician, APRN, or PA enrolled in the CMAP; and
3. Documentation from the treating provider, written within the past 12 months, supporting the medical need for the requested repair(s); and
4. Quotation from the DME provider that includes HCPCS codes, manufacturer's suggested retail price (MSRP), and the DSS allowable pricing; and
5. Manufacturer's quotation(s) and actual acquisition cost (AAC), as applicable, and as outlined in the [DSS Pricing Policy for MEDS Items](#).

#### Wheelchair/CRT Modifications

Clinical documentation requirements for wheelchair and CRT modifications differ for individuals residing within the community and individuals residing within a nursing facility.

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The following is needed to review requests for wheelchair and CRT modifications, for individuals residing within the community:

1. Fully completed authorization request via on-line web portal; and
2. An updated, signed prescription written within the past 12 months, from the treating physician, APRN, or PA enrolled in the CMAP; and
3. A medical progress note addressing the need(s) for the modification from the individual's treating provider completed within 6 months of the modification request date; and
  - a. For modifications requested less than 6 months after the date of the wheelchair or CRT delivery:
    - i. An addendum to the initial wheelchair/CRT prior authorization (PA) request, written by the licensed, evaluating physical/occupational therapist that documents the following:
      - The changes in the individual's medical condition
      - The changes in the individual's functional needs and capabilities
      - The clinical justification for each component outlined in the modification request
    - b. For modifications requested more than 6 months after the date of the delivery:
      - i. Wheelchair modification - A fully completed Letter of Medical Necessity (LMN) form
      - ii. CRT modification – Evaluation by physical/occupational therapist that documents the following:
        - The changes in the individual's medical condition
        - The changes in the individual's functional needs and capabilities
        - The clinical justification for each component outlined in the modification request
4. Quotation from the DME provider that includes HCPCS codes, manufacturer's suggested retail price (MSRP), and the DSS allowable pricing; and
5. Manufacturer's quotation(s) and actual acquisition cost (AAC), as applicable, and as outlined in the [DSS Pricing Policy for MEDS Items](#).

The following is needed to review requests for wheelchair and CRT modifications, for individuals residing within a nursing facility:

1. Fully completed authorization request via on-line web portal; and
2. An updated, signed prescription written within the past 12 months, from the treating physician, APRN, or PA enrolled in the CMAP; and
3. A medical progress note completed within 60 days of the modification request date; and
  - a. For modifications requested less than 6 months after the date of the wheelchair or CRT delivery:
    - i. An addendum to the initial wheelchair/CRT prior authorization (PA) request, written by the licensed, evaluating physical/occupational therapist that documents the following:
      - The changes in the individual's medical condition
      - The changes in the individual's functional needs and capabilities
      - The clinical justification for each component outlined in the modification request
    - b. For modifications requested more than 6 months after the date of the delivery:
      - i. Wheelchair modification - A fully completed Letter of Medical Necessity (LMN) form
      - ii. CRT modification - Evaluation by physical/occupational therapist that documents the following:

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- The changes in the individual's medical condition
  - The changes in the individual's functional needs and capabilities
  - The clinical justification for each component outlined in the modification request
4. Quotation from the DME provider that includes HCPCS codes, manufacturer's suggested retail price (MSRP), and the DSS allowable pricing; and
  5. Manufacturer's quotation(s) and actual acquisition cost (AAC), as applicable, and as outlined in the [DSS Pricing Policy for MEDS Items](#).

Note: Any modification priced \$1,000.00 or more will also require the signature of the involved physiatrist or orthopedist, in addition to the therapist and ordering provider. Please refer to [DSS Provider Bulletin 2017-36](#) for additional details.

### **DME Modifications**

1. Fully completed authorization request via on-line web portal; and
2. An updated, signed prescription written within the past 12 months, from the treating physician, APRN, or PA enrolled in CMAP; and
3. Medical progress notes from the individual's treating provider completed within 6 months of the DME modification request date; and
4. Documentation from the individual's treating provider and/or physical/occupational therapist with the following:
  - The changes in the individual's medical condition
  - The changes in the individual's functional needs and capabilities
  - The clinical justification for each component outlined in the modification request
5. Quotation from the DME provider that includes HCPCS codes, manufacturer's suggested retail price (MSRP), and the DSS allowable pricing; and
6. Manufacturer's quotation(s) and actual acquisition cost (AAC), as applicable, and as outlined in the [DSS Pricing Policy for MEDS Items](#).

### **EFFECTIVE DATE**

This policy for the prior authorization for repairs and modifications of DME for individuals covered under the HUSKY Health Program is effective November 01, 2024.

### **LIMITATIONS**

Not Applicable

### **CODE:**

A complete listing of DME codes with PA requirements and allowable amounts may be found on the "MEDS-DME Fee Schedule" located on the DSS Connecticut Medical Assistance (CMAP) website [www.ctdssmap.com](http://www.ctdssmap.com), under "Provider Fee Schedule Download".

### **DEFINITIONS**

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

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1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES

- DSS Provider Bulletin 2016-74: Repairs and Modifications for Miscellaneous Wheelchair Components Billed Under Procedure Code K0108, dated August 2016.
- DSS Provider Bulletin 2017-36: Corrected and Updated Policy Regarding Wheeled Mobility Device Policy, Forms and Related Documents, dated June 2017.
- DSS Provider Bulletin 2024-42: (1) Removal of Prior Authorization from Wheelchair Repair Procedure Codes, (2) Manual Pricing Process for Select Wheelchair Repair Codes, dated June 2024.

## PUBLICATION HISTORY

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