MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Durable Medical Equipment Repairs-OH MCD-MM-1579	11/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are developed from a review of the available evidence-based, clinical information based on and supported by clinical guidelines from medical specialties, peer-reviewed medical and scientific studies, nationally recognized utilization and technology assessment guidelines, and other medical management industry standards to aid in determining the medical necessity of a service. Medically necessary services are defined in the plan-specific Evidence of Coverage, Member Handbooks, Provider Manuals, Medical Policy Statements, and/or other plan policies and procedures.

Medical Policy Statements do not guarantee an authorization or payment of services. Please refer to the plan contract (e.g., Evidence of Coverage, Member Handbook) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Medical Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject
Durable Medical Equipment Repairs

B. Background
Durable medical equipment (DME) is equipment that serves a medical purpose, helps complete activities of daily living (ADLS), can withstand repeated use, and is primarily used in the home. DME includes items, such as wheelchairs, hospital beds, continuous positive airway pressure (CPAP), walkers, oxygen tanks, etc. DME is dispensed when medical necessity is established to meet the needs of the member's medical condition.

DME is likely to last 3 years or more but may require maintenance, service, or repair periodically. When service is required, the DME provider may request authorization to perform the required maintenance, service, or repair to restore the DME item to working order.

C. Definitions
- **Durable Medical Equipment (DME)** – Equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury and is appropriate for use in the home.
- **Healthcare Common Procedure Coding System (HCPCS)** – A numeric and alphanumeric code set maintained and distributed by the Centers for Medicare and Medicaid Services for the uniform designation of certain medical procedures and related services.
- **Repair** – The repairs, including the replacement of essential accessories, such as hoses, tubes, mouth pieces, etc., for necessary DME are covered when required to make the item/device serviceable.
- **Replacement** – Replacement of DME is for the same or similar type of equipment, which is beyond its reasonable useful life span and has become irreparable.

D. Policy
I. A review of medical necessity is required for all DME repairs.

II. If the DME item was not originally approved by CareSource, medical necessity must be established before any repair is authorized.

III. Providers should submit *ODM form 01904* and must include the following:
   A. specification of the item, including manufacturer, model, and serial number, if applicable
   B. date on which the item was originally purchased or dispensed or, if the date is not known, the approximate age of the item
   C. any warranty period and the type of warranty (manufacturer or dealer)
   D. a full description of the wear, damage, or malfunction
   E. a full description of the repair
   F. a description, with dates, of previous repairs (both major and minor)

G. a complete itemization of parts
H. an estimate of labor time needed (Labor should be billed with K0739 for 15-minute increments, 4 units = 60 minutes of labor.)

IV. During the medical necessity review
A. Providers should advise CareSource when, in a professional opinion, replacement of an item would be more cost-effective than repair.
B. CareSource may consider whether the purchase of a new piece of equipment may be more cost-effective than continued repair. CareSource will not reimburse a repair that exceeds the cost of a replacement item.
C. Multiple repairs requested within a short time span may suggest deliberate or malicious damage or destruction. In these cases, repair may be denied.

V. Separate payment will not be made for the following items or services:
A. temporary replacement ("loaner") equipment provided while an individual's own equipment is being repaired
B. repair of an item if within the preceding 12 months Medicaid payment was made for the repair of a duplicate or conflicting item currently in the individual's possession
C. repair of an item that is no longer deemed to be medically necessary
D. maintenance and repair of DME during a rental period

VI. CareSource considers a replacement part as a new equipment purchase and modifier NU should be used instead of modifier RB.

E. Conditions of Coverage
NA

F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	02/14/2024	New policy. Approved at Committee.
Date Revised	01/15/2025 11/05/2025 07/29/2026	Annual review. Updated references and medical necessity language. Approved at Committee. Periodic review. Added D.VD. Updated references. Approved at Committee. Periodic review. Updated references. Approved at Committee.
Date Effective	11/01/2026	
Date Archived		

H. References

1. DMEPOS: Repair, OHIO ADMIN. CODE 5160-10-02 (2024).
2. Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS): General Provisions, OHIO ADMIN. CODE 5160-10-01 (2026).
3. DMEPOS: Wheelchairs, OHIO ADMIN. CODE 5160-10-16 (2021).
4. Definitions, OHIO REV. CODE § 4752.01 (2018).
5. Definitions, 42 U.S.C. § 1395x (2026).

ODM Approved 08/12/2026