



Medical Policies



Policy Number:	E-30		
Policy Name:	Repair, Maintenance, and Replacement of Durable Medical Equipment (DME)		
Policy Type:	Medical	Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025	End Date:	11-02-2025

Description

Durable medical equipment (DME) is equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Criteria

Under the circumstances specified below, benefits may be allowed for repair, maintenance, and replacement of medically required home medical equipment which the individual owns or is purchasing:

- **Repairs** - Repairs are covered when necessary to make the equipment serviceable. The repair charge may include the use of *loaner* equipment where this is required. When the charge for the *loaner* equipment is not included in the repair charge, code K0462 (temporary replacement for individual-owned equipment being repaired, any type) should be used.
- **Maintenance** - Routine periodic servicing, such as testing, cleaning, regulating, and checking of the equipment is not covered. However, more extensive maintenance which, based on the manufacturers' recommendations, is to be performed by authorized technicians, would be covered as repairs.
- **Replacement** - Replacement of equipment is covered in cases of loss or irreparable damage or wear and when required because of a change in the individual's condition. Reasonable Useful Lifetime (RUL) is the expected minimum lifespan for HME. In general, the RUL for HME is established as 5 years. Replacement of HME is covered when the RUL has been met.

Benefits are not available for repair, replacement or upgrade of Home Medical Equipment if items are damaged, destroyed, lost or stolen due to misuse, abuse or carelessness. No benefits are available for replacement or upgrade of Home Medical Equipment when requested for convenience or to upgrade to a newer technology when the current components remain functional.

Procedure Codes

K0462	K0739
-------	-------

Replacement of equipment and supplies related to electric breast pumps, please see the Electric Breast Pumps policy.

Click here for the Electric Breast Pumps Policy: <https://www.bcbsnd.com/providers/policies-precertification/medical-policy/electric-breast-pumps>

Diagnosis Codes

Not Applicable

CURRENT CODING

HCPCS:

K0462	Temporary replacement eqpmnt	Medicaid Expansion
K0739	Repair/svc dme non-oxygen eq	Medicaid Expansion
K0462	Temporary replacement eqpmnt	Commercial
K0739	Repair/svc dme non-oxygen eq	Commercial

References

1. CMS Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 110.2.

Internal Medical Policy Committee 1-22-2020 New Policy *Effective March 2, 2020*

Internal Medical Policy Committee 7-22-2020 *Effective September 7, 2020*

- *Added* Reasonable Useful Lifetime default of five (5) years for HME.

Internal Medical Policy Committee 3-17-2021 Revision *Effective May 3, 2021*

- *Added* statement and reference link for Electric Breast Pump policy.

Internal Medical Policy Committee 3-23-2022 Annual Review-no changes in criteria *Effective May 2, 2022*

Internal Medical Policy Committee 3-23-2023 Annual Review-no changes in criteria *Effective May 1, 2023*

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.