

OHCA Guideline

Medical Procedure Class:	Temporary Replacement of Durable Medical Equipment (DME) Being Repaired
Initial Implementation Date:	1/5/2016
Last Review Date:	2/16/2021
Effective Date:	2/22/2021
Next Review/Revision Date:	February 2024
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Description	
<p>Coverage is for the temporary replacement of medically necessary durable medical equipment requiring repair, whether that equipment is owned by the member or the Oklahoma Health Care Authority. <u>Replacements for rented DME are included in the monthly rental fee if equipment is currently being rented.</u></p>	
Covered HCPCS Code Requiring Prior Authorization	
K0462 – Temporary replacement for patient-owned equipment being repaired, any type.	
Approval Criteria	
<u>Guidelines for prior authorization:</u>	
<p>A. Requests for authorization for temporary replacement of equipment while other equipment is being repaired should include ALL of the following:</p> <ol style="list-style-type: none"> 1. Narrative description, manufacturer, brand name/number of equipment being replaced; 2. Current medical necessity of equipment and documentation that the equipment still meets the member's needs; 3. Date of purchase of equipment that needs repair; 4. Expected life of equipment being repaired; 5. Description of what repairs are being done; and 6. Explanation of why repairs will take longer than one day, if applicable; 7. Cost invoice with net cost of item. <p>B. Reimbursement for the temporary replacement equipment is based on the current established monthly rental allowance for the equipment being repaired. Provider will be reimbursed at the level of the least costly, medically appropriate item. Payment will exceed the rental allowance for the item being repaired.</p> <p>C. Cost of replacing the item versus repair will be taken into consideration upon review.</p> <p>D. Note: Additional information may be required after the initial review.</p>	

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1
2. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-5-211.5