

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Temporary Replacement of Durable Medical Equipment (DME) Being Repaired</b>
Initial Implementation Date:	1/5/2016
Last Review Date:	2/27/2025
Effective Date:	3/15/2025
Next Review/Revision Date:	March 2028
* 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.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Description</b>	
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>	
<b>Covered HCPCS Code Requiring Prior Authorization</b>	
<b>K0462</b> – Temporary replacement for patient-owned equipment being repaired, any type.	
<b>Approval Criteria</b>	
<b><u>Guidelines for prior authorization:</u></b>	
<p>A. Requests for authorization for temporary replacement of equipment while other equipment is being repaired should include <b><u>ALL</u></b> the following:</p> <ol style="list-style-type: none"> <li>1. Narrative description, manufacturer, brand name/number of equipment being replaced;</li> <li>2. Current medical necessity of equipment and documentation that the equipment still meets the member's needs;</li> <li>3. Date of purchase of equipment that needs repair;</li> <li>4. Expected life of equipment being repaired;</li> <li>5. Description of what repairs are being done; and</li> <li>6. Explanation of why repairs will take longer than one day, if applicable;</li> <li>7. Cost invoice with net cost of item.</li> </ol> <p>B. Reimbursement for the temporary replacement equipment is based on the currently established monthly rental allowance for the equipment being repaired. The 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. The 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>	
<b>References</b>	

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