

## Replacement and Repair of Equipment

### **REPLACEMENT OF EQUIPMENT:**

- Suppliers are reminded that the reasonable useful lifetime of durable medical equipment (DME) is determined through program instructions. In the absence of program instructions, carriers may determine the reasonable useful lifetime of equipment, but in no case can it be less than five years.
- Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment.
- **Replacement due to wear is not covered during the reasonable useful lifetime of the equipment.**
- Cost of repair versus replacement may be taken into consideration upon review.
- Suppliers can also utilize the DME Reuse Program for providing equipment. Information on the program can be found at <http://www.ok.gov/abletech/> under the DME Reuse tab

### **DOCUMENTATION REQUIREMENTS:**

- Pertinent medical history and anticipated course of condition/diagnosis (stable, expected regression, etc.)
- When was the current equipment was obtained
- Provide the history of current equipment use
- Why the current equipment is not meeting the member's needs (be very specific)
  - A. Provide current equipment measurements and features,
  - B. Provide recommended equipment measurements and features
  - C. Can the current equipment be grown to meet the member's needs, if not, why?
  - D. Clearly show how the member has outgrown the equipment
- Living situation/home environment and environments in which new equipment will be used
- Documentation that the member's physician agrees the current device does not meet the member's needs (physician signature on letter of medical necessity)
- Detailed description of limitations within the home environment (including living room, kitchen, bathroom, bedroom)
- Documentation to show the current equipment is beyond repair or that it is more cost effective for replacement versus repair, include price comparison
- Description of recommended products and features considered and/or tried with results

- Length of trial and/or if trial not available, describe methods used to determine recommended product features
- If non-standard features are requested, provide valid reasons as to why a standard device is inadequate to meet the member's needs
- For wheelchair replacement, see [Wheeled Mobility](#)

**PHYSICAL EXAMINATION:**

- Skin integrity with description of current pressure ulcers, if present, and method of current pressure relief method
- Posture in sitting and in gravity eliminated positions (include whether skeletal deformities are fixed or flexible and includes information about pelvis, lower extremities and trunk)
- Sitting and standing balance
- Range of motion limitations of upper and lower extremities
- Coordination and sensation of upper and lower extremities
- Strength of upper and lower extremities
- Respiratory status, include test results (if applicable)
- Cardiac function status, include test results (if applicable)
- Ambulation status, including gait and balance deviations, distance walked independently and with equipment)
- Describe functional goals with the recommended equipment versus current equipment
- Physical measurements (hip width, seat depth, etc.)
- Height and weight

**REPAIR OF EQUIPMENT:**

- **Repairs** may be covered for medically necessary equipment during or beyond the reasonable useful lifetime as long as the equipment is serviceable.
- Cost of replacing the item versus repair may be taken into consideration upon review
- **See also** [ICF/MR PARs](#)

**DOCUMENTATION REQUIREMENTS:**

- Manufacturer, brand name, make/model
- Documentation that the equipment continues to meet the member's medical needs
- Condition of equipment being repaired
- Narrative description of needed repairs/replacements to be done
- Cost of repair versus replacement (If applicable)

**TEMPORARY REPLACEMENT FOR EQUIPMENT BEING REPAIRED:**

- Explanation of why repairs will take longer than one day
- Reimbursement for the temporary replacement equipment is based on the current established monthly rental allowance for the equipment being repaired. Provider can be reimbursed at the level of the least costly, medically appropriate item. Payment will not exceed the rental allowance for the item being repaired.

**EQUIPMENT LOST IN A TRAGIC EVENT:**

- If replacement is due to a tragic event, please include a copy of the police report and/or fire report,
- Homeowners' insurance provider, confirming the tragic event where the equipment was lost.
- If equipment is involved in a custody battle, please contact your local law enforcement agency for assistance in retrieving the medical equipment.

**\*\*PLEASE NOTE - PRIOR AUTHORIZATION SUBMISSION DOES NOT GUARANTEE APPROVAL. Additional Documentation may be required. Supplier generated forms and Physician letters of medical necessity are not a substitute for the comprehensive medical record**