5101:3-10-08 **Repair of medical equipment.**

(A) Durable medical equipment~~, orthoses and prostheses,~~ (excluding hearing aids).

(1) ~~Separate codes have been established for major and minor repairs to orthoses, prostheses, and durable medical equipment~~Department coverage for repair of medical equipment has been established for major and minor repairs.

(a) "Major repairs" are defined as those repairs for which the combined charges for materials and labor exceed one hundred dollars. Prior authorization is required for major repairs to durable medical equipment~~, orthoses and prostheses~~.

(b) "Minor repairs" are defined as those repairs for which the combined charges for materials and labor are one hundred dollars or less. For a maximum of one repair per recipient per one hundred twenty-day period, prior authorization is not required for minor repairs to durable medical equipment~~, orthoses, or prostheses~~. Prior authorization must be obtained for minor repairs in excess of one per recipient per one hundred twenty-day period.

(c) Providers must submit the appropriate procedure code(s) for all equipment repair requests and claim submissions with complete itemization of parts and labor.

(i) For the reimbursement of repairs or replacement of parts without a specific procedure code, use code E1399 in combination with labor code E1340 as appropriate.

(ii) For the reimbursement of repairs requiring only time of a technician, use labor code E1340.

(d) The "U8" modifier must be billed with the appropriate repair or parts code for all major repair claim submissions.

(e) Charges billed to the department shall not exceed one hundred ten per cent of the provider's cost as indicated on the invoice for repair issued to the provider when the provider does not perform the repair. If the invoice indicates that there is no charge for the repair, billed charges shall not exceed ten per cent of the maximum allowable reimbursement for a minor repair, not to exceed the medicaid maximum.

(2) A written prescription is required if the item requiring repair:

(a) Was not paid for by the department; or,

(b) Was originally approved through the department's prior authorization procedure and the repair would substantially change the appearance or function of the item; or,

(c) Did not require prior authorization, but was paid for by the department and is a major repair.

(3) A verbal or written prescription is required if the item requiring repair did not require prior authorization, but was paid for by the department and is a minor repair.

(4) "Labor" is defined as the time required by a technician to repair, refurbish, or provide nonroutine service on medical equipment more than ninety days after the dispensing date of that equipment and after the expiration of any applicable warranty.

(5) Requests for prior authorization of repairs (both minor repairs in excess of one per one hundred twenty days and major repairs) must itemize parts and labor separately. Prior-authorized labor will be reimbursed at the lesser of the billed hourly rate or thirty-six dollars per hour, prorated for periods of less than one hour.

(6) Requests for prior authorization of major repairs for durable medical equipment must specify who owns the equipment, the date of purchase or the approximate age of the equipment, and the applicable warranty period.

(7) No reimbursement may be made for:

(a) Any repairs covered under manufacturer or dealer warranty; or,

(b) Repair of rental equipment covered by the rental payment; or,

(c) Costs associated with postage, pick-up, delivery and set-up or installation.

(8) Reimbursement may be provided for major repair of medical equipment not purchased by the department only if that equipment is determined by the department to be medically necessary, evidence of expiration of warranty is submitted with the "Prior Authorization" request, and the department has not provided reimbursement for repair of duplicate or conflicting equipment in the prior twelve months.

(9) The department will not cover new items when simple repairs are all that are necessary. However, providers shall advise the department when, in their professional opinion, replacement of an item would be more cost-effective than repair.

(10) Repair of recipient-owned durable medical equipment~~, orthoses, and prostheses~~ which are eligible for direct reimbursement for recipients residing in nursing facilities (NFs) or intermediate care facilities for the mentally retarded (ICFs-MR) may be billed to the department.

~~(11)~~

~~(12)~~(11) No charge for labor will be reimbursed for repair or replacement of items identified by an asterisk in appendix A of rule 5101:3-10-20 of the Administrative Code.

~~(13)~~(12) Routine maintenance on equipment owned by the recipient is the responsibility of the recipient or the recipient's caretaker. Routine maintenance is defined as those things described in the equipment owner's manual as routine and necessary to maintain optimum functioning of the equipment, and which do not require a skilled or trained technician to perform.

(B) Hearing aids.

(1) "Major repair of hearing aids" is defined as a repair for which the combined charges for materials and labor exceed ~~twenty dollars~~ one hundred dollars. No more than one major repair may be reimbursed in any three hundred sixty-five-day period. Prior authorization is required for major repairs to hearing aids. Payment for a major repair of a hearing aid includes a ~~one year~~ warranty described in rule 5101:3-10-11 of the Administrative Code to cover all repairs and all related service calls and follow-up during the ~~one year~~ warranty period. Charges billed to the department shall not exceed:

(a) The provider's usual and customary combined charges when the provider performs the repairs; or,

(b) One hundred ten per cent of the provider's cost as indicated on the invoice for repair issued to the provider when the provider does not perform the repairs. If the invoice indicates that there is no charge for the repair, billed charges shall not exceed ten per cent of the maximum allowable reimbursement for a hearing aid major repair, not to exceed the

medicaid maximum.

(2) "Minor repair of hearing aids" is defined as a repair for which the combined charges for materials and labor ~~are twenty dollars or less~~ are equal to or less than the medicaid maximum for a hearing aid repair listed in rule 5101:3-1-60 of the Administrative Code . No more than ~~two~~ one minor ~~repairs~~ repair may be reimbursed in any three hundred sixty-five-day period. Charges billed to the department shall not exceed:

(a) The provider's usual and customary combined charges when the provider performs the repairs; or,

(b) One hundred ten per cent of the provider's cost as indicated on the invoice for repair issued to the provider when the provider does not perform the repairs. If the invoice indicates that there is no charge for the repair, billed charges shall not exceed fifty per cent of the maximum allowable reimbursement for a hearing aid minor repair, not to exceed the medicaid maximum for a hearing aid repair listed in rule 5101:3-1-60 of the Administrative Code.

(3) To bill for the repair of a hearing aid providers should use the code for a hearing aid repair, V5014. If the claim is for a minor repair, providers should bill the code unmodified. If the claim is for a major repair, providers should bill the code modified by U8.

~~(3)~~(4) The cost of postage, pick-up, or delivery of a hearing aid is considered a cost of doing business and may not be billed separately.

~~(4)~~(5) Routine maintenance of hearing aids is the responsibility of the recipient or the recipient's caretaker. "Routine maintenance of hearing aids" is defined as those things described in the owner's manual as routine and necessary to maintain optimum functioning of the hearing aid, including cleaning and checking.

~~(5)~~(6) Requests for prior authorization of repairs ~~(both minor repairs in excess of two per three hundred sixty-five days and major repairs)~~ must specify the nature of the repair, the date of purchase or the approximate age of the equipment, and previous dates of both major and minor repair services.

(C) Orthotic and prosthetic devices.

(1) Coverage and claims submission for the repair or replacement of parts for orthotic devices is specifically defined in paragraph (F) (1) of rule

5101:3-10-20 of the Administrative Code.

(2) Coverage and claims submission for the repair or replacement of parts for prosthetic devices is specifically defined in paragraph (F) (2) of rule 5101:3-10-20 of the Administrative Code.

Effective:

R.C. 119.032 review dates: 07/16/2004

_____

Certification

_____

Date

Promulgated Under:	119.03
Statutory Authority:	5111.02
Rule Amplifies:	5111.01, 5111.02
Prior Effective Dates:	4/7/77, 12/21/77, 1/1/80, 3/1/84, 10/1/88, 5/15/89, 5/1/90, 12/10/93, 1/1/95, 9/1/02