

April 1, 2013

Montana Health Care Programs Notice

Durable Medical Equipment

Effective Immediately

Wheelchair Replacement of Equipment

The purpose of this provider notice is to reinforce existing policy and rules in regards to **Replacement Parts (Equipment) For a Wheelchair**. In accordance with Administrative Rules of Montana (ARM) 37.86.1802, Montana Medicaid has adopted Medicare coverage criteria for Medicare covered durable medical equipment as outlined in the Region D Supplier Manual, local coverage determinations (LCDs) and national coverage determinations (NCDs). For prosthetic devices, durable medical equipment, and medical supplies not covered by Medicare coverage will be determined by the Department.

Per Chapter 5 of the Region D Supplier Manual, the reasonable useful lifetime of DME is determined through program instruction. 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. During the reasonable useful lifetime, Medicaid does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the beneficiary. If replacement is required the beneficiary cannot be charged. Equipment which the beneficiary owns or is a capped rental item may be replaced when less than five years old **only** in cases of loss (i.e., theft or irreparable damage). Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood).

Medicaid will require documentation be submitted with the claim to substantiate the age of the piece of equipment being replaced. **If the equipment is being replaced before the five year period, documentation must accompany the claim stating the reason for replacement.**

Do not bill separately for nuts, bolts, screws which are included in the allowance of the item being replaced/repaired.

Chapter 5 of the DME, Prosthetics, Orthotics, and Supplies for Region D can be found on the Noridian website at <https://www.noridianmedicare.com/dme/news/manual/chapter5.html>.

Contact Information

If you have any questions, please contact Donna Shorten at (406) 444-5296 or DShorten@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.