



Ohio Administrative Code Rule 5160-10-02 DMEPOS: repair.

Effective: January 1, 2024

(A) Definitions.

(1) "Major repair" is a repair for which the combined medicaid allowed amounts for materials and labor exceed one hundred twenty dollars for an orthotic or prosthetic device or one hundred dollars for any other item.

(2) "Minor repair" is a repair for which the combined medicaid allowed amounts for materials and labor do not exceed one hundred twenty dollars for an orthotic or prosthetic device or one hundred dollars for any other item. Reporting a major repair on a claim as a series of minor repairs is not permitted.

(B) Coverage.

(1) Provisions governing the repair of wheelchairs are set forth in rule 5160-10-16 of the Administrative Code.

(2) Need verification is necessary before payment can be made for the following repairs made to a particular item:

(a) The initial repair made to an item that was not purchased by the department;

(b) Major repairs; and

(c) Minor repairs in excess of one per one hundred twenty days.

(3) The default form on which to submit a request for need verification (RNV) is the ODM 01904, "Request for Need Verification: Repair of Durable Medical Equipment (Other Than Wheelchairs), Prostheses, or Orthotic Devices" (rev. 7/2018). An RNV includes the following information:



- (a) Specification of the item, including manufacturer, model, and serial number (if applicable);
 - (b) The date on which the item was originally purchased or dispensed or, if the date is not known, the approximate age of the item;
 - (c) Any warranty period and the type of warranty (manufacturer or dealer);
 - (d) A full description of the wear, damage, or malfunction;
 - (e) A full description of the repair;
 - (f) A description, with dates, of previous repairs (both major and minor);
 - (g) A complete itemization of parts; and
 - (h) An estimate of labor time needed.
- (4) Providers should advise the department when, in their professional opinion, replacement of an item would be more cost-effective than repair.
- (5) No separate payment will be made for the following items or services:
- (a) Temporary replacement ("loaner") equipment provided while an individual's own equipment is being repaired;
 - (b) Repair of an item if within the preceding twelve months medicaid payment has been made for the repair of a duplicate or conflicting item currently in the individual's possession; or
 - (c) Repair of an item that is no longer deemed to be medically necessary.