

When Will My Medical Equipment Be Delivered?

This handout will explain the insurance approval and timeline for getting your medical equipment. During the past several years there have been many changes in the healthcare industry involving **Durable Medical Equipment** (**DME**) and **Complex Rehab Technology**. This includes, but is not limited to, all types of:

- Wheelchairs
- Strollers
- Power-operated vehicles
- Bath equipment
- Specialized walkers
- Beds
- And many other items

What does my provider send to my insurance company to request my equipment?

First, most insurance companies require very detailed justification, such as a **Letter of Medical Necessity (LMN)** for the purchase of DME. They require either a Physical Therapist, Occupational Therapist, or a Doctor to write the justification. Most often a Therapist does this because they have extensive training in both the physical needs and capabilities of the patient as well as having knowledge of the equipment being requested.

Most insurances require the provider who is writing an LMN to list every item being requested. For example on a wheelchair: arm style, footrest, back style, cushion or seating needs, anti-tippers, flat free inserts, style of batteries. Then they require justification for why each item is medically necessary. In addition

to this LMN, some insurance companies require additional forms and documentation. This is most often filled out by the Doctor or Physical Therapist and then signed by the Doctor. In total, this may take 3-4 weeks.

What is prior approval?

Once this is done, we can proceed with the prior approval process of the equipment. **Prior approval** is a process used by insurance companies to let you know whether your equipment is eligible for coverage before we bill them.

What if my insurance doesn't give prior approval?

There are some insurances that will not provide a prior authorization. For example, Blue Cross Blue Shield of Michigan (BCBSM) will rarely provide a prior authorization, except when the patient has a case manager. Another exception in the approval process is Medicare. Medicare only allows prior authorizations to be completed in situations where specific criteria are met. If your insurance won't provide prior authorization, we will send you a patient authorization form to secure funding in the event that your insurance denies the equipment.

How long will my order take?

Below are timeline estimates to show you how long an "average" order will take from time of evaluation until delivery of the equipment. Please understand that these timelines are only averages, do not expect that your order will fit this exact time frame. The current average timeline for an order is 3-6 months.

Step:	Length of
	time:
1) Complete evaluation, complete equipment write-up, obtain	3 - 5 days
manufacturers' quotes.	
2) Therapist to write LMN & have signed by Doctor.	3 - 4 weeks
3) Receive LMN and doctor order, send prior authorization to	3 - 5 days

insurance	
4) Insurance approval. Order review for quality assurance	2 - 6 weeks
5) Load approval & send to Purchasing	3 days
6) Place order with Manufacturer	3 - 5 days
7) Receive order from Manufacturer (Custom seating takes an	3 - 6 weeks
additional 4-6 weeks in addition to the wheelchair order)	
8) Assemble equipment at Wheelchair Seating Service	1 - 3 days
9) Schedule equipment for delivery (timeframe depends on	2 - 4 weeks
availability of RTS/patient)	

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