September 2, 2026

Nevada Medicaid Web Announcement 3997

Attention Provider Type 33 (Durable Medical Equipment, Disposable, Prosthetics):

Modifier RR is No Longer Required on Claims or Prior Authorization for Temporary Rental of Equipment for Recipient-Owned Item Being Repaired

Update to Web Announcement 650: Effective immediately, modifier RR is no longer required on claims or prior authorization (PA) for HCPCS code K0462 (Temporary replacement for recipient-owned equipment being repaired, any type). This code is used for a one-month rental when the repair will take an excessive length of time to complete (more than a day), and the recipient has a medical need for the equipment during the repair.

The other requirements listed in Web Announcement 650 are still applicable to code K0462. Please refer to Web Announcement 650 for those requirements and to Medicaid Services Manual Chapter 1300 DME Disposable Supplies and Supplements, section 1303.6 for the complete policy on rental equipment.