Attention Provider Type 33:
Temporary Rental for Repair of Durable Medical Equipment During Repair of Recipient-Owned Item

Nevada Medicaid allows HCPCS code K0462 (Temporary replacement for recipient-owned equipment being repaired, any type) 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 this equipment during the repair. A physician’s order and verification of medical necessity are required, which also includes documentation by the supplier justifying the estimated length of time needed for the repair.

Use of this code for non-Medicare related claims requires prior authorization (PA). PAs will be limited to one unit for one month. The PA will be manually priced by HP Enterprise Services (HPES) during the approval process at the rental rate established in the DMEPOS PT 33 Fee Schedule for the equipment being repaired. Therefore, the provider must additionally indicate the HCPCS code of the item being repaired along with using RR modifiers. If that equipment’s code does not have pricing in the DMEPOS PT 33 Fee Schedule, the provider must also include the manufacturer’s invoice for that item and the MSRP. The provider will be reimbursed at 62% of usual and customary billed charges unless otherwise noted in policy.