



Date: 08/03/10

Web Announcement 343

## **Attention PT 33: Announcement Regarding DME Repair Codes K0739 and E1340**

Effective with dates of service on or after Aug. 1, 2010, a maximum allowable Nevada Medicaid rate of \$21.37 per unit has been established for HCPCS code K0739 (repair or non-routine service for durable medical equipment *other than oxygen equipment* requiring the skill of a technician, labor component, per 15 minutes, e.g., breaking down sealed components - 15 minutes equals one unit).

Code K0739 is limited to 3 units per month (45 minutes per month) and is for repairs or non-routine service of recipient-owned durable medical equipment. DMEPOS providers are responsible for the cost of repairs to rented items. A prior authorization (PA) is needed to exceed 3 units per month.

The PA type for K0739 has been 02 (PA to exceed limit or per policy) since April 1, 2009.

Providers were previously notified in [Web Announcement 255](#) that effective April 1, 2009, code E1340 was no longer covered. Claims that previously processed for code E1340 with dates of service on or after April 1, 2009, will be reprocessed to take back payments.

The next revision of the [DMEPOS Fee Schedule](#) will reflect the rate change and PA information.