

PROVIDER BULLETIN

NO. 10-17

Date: April 9, 2010

TO: Medicaid **Durable Medical Equipment** Service Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Mike Laughlin
Program Specialist

RE: Change in Prior Authorization for DME Repairs

Effective April 12, 2010, the Department of Health and Human Services (DHHS) will no longer require an approved prior authorization request for payment of any claims for repair of client-owned durable medical equipment when the total claim of all replacement parts in conjunction with the repair (HCPCS codes plus RB Modifier) and labor is \$500 or less. Prior authorization is still required when the total claim for repairs exceeds \$500.

All claim forms for the repair to DME equipment will be included in the \$500 threshold for the repair.

When the part utilized for repair to client owned DME equipment does not have an established rate (RNE) in the Medicaid allowable column on the current, posted DME fee schedule, providers must continue to follow any cost invoice submission and/or prior authorization requirements listed in 471 NAC Chapter 7 and the DME fee schedule.

For questions about this Provider Bulletin, please email Mike Laughlin at mike.laughlin@nebraska.gov.