

Attention DME Providers – New Policy for Repairs and Warranties

Beginning April 1, 2025, Wyoming Medicaid is changing the reimbursement policy for medical equipment maintenance, repairs and warranties.

Repairs

Repairs/modifications are covered to make equipment operable and will not exceed the cost of replacement. Providers should not bill for set up or assembly, however, if they are adding, changing, or modifying components, the provider needs to bill for their time using one of the repair codes. If a piece of equipment is billed with a specific HCPCS code, assembly is included in this reimbursement. A prior authorization for repairs should not be requested before determining the issue. The assessment would be considered part of the repair (an assessment could be billed if, for example, someone needed a new seat due to it no longer fitting).

Repairs/modifications should be billed using the appropriate code with the number of units based on the time the repair or modification takes. Units of service for repairs include basic trouble shooting, problem diagnosis, testing, cleaning, screws, nuts, bolts and cables, and other miscellaneous parts and accessories. The HCPCS code K0108 can no longer be billed separately for repair parts. Items/parts/accessories with unique HCPCS codes may still be billed in addition to the repair code. Example: E2221 - solid caster tire (removable) for a manual wheelchair.

Repair Codes

1. K0739 – repair or non-routine service for DME other than oxygen requiring the skill of a technician, labor component, per 15 minutes.
2. K0740 – repair or non-routine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.

The rate for repair codes is being raised to \$45.00 per unit to include miscellaneous parts and accessories used in the repair/modification. One unit of service equals 15 minutes.

Warranties

All standard DME must have a manufacturer's warranty of a minimum of one (1) year. If the provider supplies equipment that is not covered under a warranty, the provider is responsible for any repairs, replacement, or maintenance that may be required within one (1) year.

DME suppliers must provide a one (1) year warranty of the major components for custom motorized/power wheelchairs unless the manufacturer's warranty is longer.

1. The main electronic controller, motor, gear boxes and remote joystick must have a one (1) year warranty from the date of delivery.
2. Cushions and seating systems must have a one (1) year warranty for full replacement for manufacturer defects, such as if the surface does not remain intact due to normal wear.
3. Powered mobility bases must have a lifetime warranty on the frame against defects in material and workmanship for the lifetime of the member.
4. If the provider supplies a custom motorized/power wheelchair that is not covered under a warranty, the provider is responsible for any repairs, replacement, or maintenance that may be required within one (1) year.

When the item is under warranty and replacement is required, the provider is responsible for repairs and/or replacement. **The warranty begins on the date of the delivery to the member.**

1. The provider must notify a member of warranty coverage and honor all warranties.

2. The provider must not charge the member or the Medicaid program for services covered under warranty.
3. Record of the warranty must be retained in the member's record with the DME provider.

Wyoming Medicaid will only pay for the most cost-effective equipment that meets the needs of the member. Post pay reviews may be completed to ensure a DME provider is determining and documenting that the member has met all criteria.