

The ForwardHealth Durable Medical Equipment (DME) Index and Maximum Fee Schedules

ForwardHealth utilizes Healthcare Common Procedure Coding System (HCPCS) National Level codes developed by the Centers for Medicare and Medicaid Services (CMS.) Wisconsin Administrative Code DHS 107.24 (2)(b) states that **covered services are limited to those items listed in the DME Index.** National HCPCS codes that are not used by ForwardHealth because they are not covered or have been discontinued are listed in a separate table "Invalid HCPCS."

Attached is the ForwardHealth Durable Medical Equipment (DME) Index. The DME Index is divided into categories of equipment as follows:

- ♦ **Home Health Equipment:** Gradient compression garments and burn garments; protective helmets; adaptive equipment; ambulation aids; bathing and hygiene equipment; hospital beds; decubitus care; patient lifts; augmentative communication devices; breast pumps, traction and positioning equipment; pneumatic pumps; modality equipment
- ♦ **Respiratory and Oxygen Equipment:** Oxygen systems; concentrators; humidifiers; compressors; nebulizers; suction equipment; ventilators; respiratory assist devices; airway clearance equipment
- ♦ **Wheelchair Equipment:** Manual wheelchairs, manual wheelchair accessories and features; power operated vehicles; power wheelchairs; power wheelchair accessories and features; wheelchair seating
- ♦ **Orthotics:** Cervical collars; diabetic and orthopedic shoes and inserts; splints and braces-upper and lower extremity orthotics, repair.
- ♦ **Prosthetics:** Upper and lower extremity prosthetic equipment, repair.
- ♦ **Specialty Equipment:** Implantable equipment such as catheters, pumps, stimulators, cochlear devices and osseointegrated equipment; Halo equipment; automatic external defibrillators; cranial remolding orthotics.

The **Policy Notes** in the DME Index key are only reminders and do not represent all of the rules and regulations that govern provider issue of medical equipment to members. Please see Wisconsin Administrative Code, the Online Handbook and all other Provider publications for additional information.

Providers must select the procedure codes that most accurately identify the equipment or service ordered by the prescriber. Most procedure codes listed in this Index are inclusive of all components necessary to the functioning of the part or equipment. Billing additionally or separately for these components, when provided at the same time when a more inclusive code exists, could result in prior authorization denials or claim adjustments and/or recoupments from ForwardHealth.

If an item is not listed in the DME Index, or a "not otherwise classified" (NOC) or miscellaneous procedure code, may be used but prior authorization may be required. (Please see prior dollar amount limits for authorization requirements for specific NOC procedure codes in the DME Index.) Documentation submitted with a complete prior authorization request must include a complete description of the nature, extent and member-specific medical need for the equipment. Manufacturer product information, with brand and/or model and pricing, should be sent as an attachment to the prior authorization request.

If you have questions regarding the following information, please contact the Division of Medicaid Services policy unit in writing

DME Policy Analyst
Policy Section
Division of Medicaid Services
P. O. Box 309
Madison, WI 53701-0309

Changes to the DME Index tables will be updated on a quarterly basis. As a reminder maximum allowable fees can be changed at any time without notification to providers. Providers should refer to the interactive maximum allowable fee schedule for durable medical equipment on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for the most current reimbursement rates.

KEY TO DME INDEX and POLICY

Field Heading	Description and Policy notes
Procedure Code and Full Description	5 alpha-numeric character national HCPCS code followed by a full narrative description (additional service information if applicable)
Modifiers	<p>ForwardHealth uses a number of modifiers for DME items. If a modifier is allowable for use, either required or only when applicable for the specific procedure code with which it is used, it will be listed in the modifier column.</p> <p>KH Identifies an initial claim for purchase or first month of rental for DME.</p> <p>RT Designates 'right' If the procedure code in the DME Index lists this modifier for the code, this modifier is required to be used.</p> <p>LT Designates 'left' If the procedure code in the DME Index lists this modifier for the code, this modifier is required to be used.</p> <p>*Policy Note: If requesting or billing compression garments or burn garments, please see ForwardHealth Updates or the Online Handbook on the use of RT and LT modifiers.*</p> <p>RR Indicates rental reimbursement is available for this code. Providers indicate this modifier on claims and PA requests with the number of rental days provided/requested. The modifier is required for certain equipment such as oxygen that is only reimbursed for rental.</p> <p>QE Prescribed Amount Of Stationary Oxygen While At Rest Is Less Than 1 Liter Per Minute (lpm)</p> <p>QG Prescribed Amount Of Stationary Oxygen While At Rest Is Greater Than 4 Liters Per Minute (lpm)</p> <p>RA Identifies 'replacement' and is used with re-orders for gradient compression garments and compression burn garments.</p> <p>RB Identifies 'repair without prior approval' for patient owned equipment. This indicates that PA is not required for repair with miscellaneous parts on specific procedure codes that list this modifier in the DME Index, if the billed amount is less than the dollar amount listed with the RB modifier. For example, a hospital bed E0260 may be repaired for miscellaneous parts without PA if the dollar amount billed will be less than \$50.00. Please see additional publications for limitations on the use of</p> <p>TW Identifies 'backup equipment' and is used when an item is ordered as a backup or secondary to an initial same or similar piece of equipment. Always requires PA.</p> <p>U1-U9, UA-UC These sequence modifiers are assigned on the PA request or claim to designate unique separate items when the same procedure code is used, generally a 'not otherwise classified' or miscellaneous procedure code such as E1399 or L3999. In some cases, this modifier used with a specific HCPCS procedure code identifies a specific item as listed in the additional service description of the DME Index. For the complete list of U sequence modifiers, please see the DME service area of the Online</p> <p>UD Identifies 'CRT repairs' and is used for claims requests for repair of certified rehab technology equipment that has been previously approved and paid for by WI Medicaid. Please note HCPCS codes using this modifier that are priced on claim will require an attachment with the following information: manufacturer make/model and serial number of CRT item, date of purchase, description and MSRP of item utilized for repair.</p> <p>52 Identifies 'extended rental equipment' and is used with rental equipment that has met the maximum fee, but is not purchased. Always requires PA.</p>
Rental	<p>"RR" is the modifier to be used with a procedure code to identify rental.</p> <p>If "RR" is not listed, reimbursement for rental of this HCPCS code is not available.</p> <p>A number with a dollar amount indicates that the HCPCS code may be rented for the allowed number of days BEFORE prior authorization is required; the dollar amount that follows is the maximum allowable fee for daily rental. For example, 60 / \$3.62 in the rental column indicates the service may be rented for 60 days without prior approval, and the reimbursement is \$3.62 per day.</p> <p>A zero (0) number of days indicates PA is needed prior to dispense of equipment.</p> <p>Policy Note: Rental services billed to ForwardHealth must have "from" and "to" dates of service. Rental items must be ranged within the same calendar month on claims. The number of days indicated must equal the number of days within the range.</p> <p>Policy Note: Orthotics and prosthetics do not have a rental column as they are for purchase only.</p>

Purchase Prior Authorization and Max Fee	<p>"Y" for YES, prior authorization is needed for purchase before the provider may issue the equipment to a member; OR</p> <p>"N" for NO, prior approval is not required for purchase;</p> <p>AND</p> <p>\$ Dollar amount is the maximum allowable fee for this item</p> <p>For example, N / \$50.22 identifies that this item may be issued to a member without prior authorization and the established maximum allowable fee is \$50.22.</p> <p>Priced on Claim/PA indicates that the reimbursement for this item is determined on PA, if PA is required; OR on the claim, if PA is not required.</p> <p>Only If Over \$X indicates that PA is required if the billed amount will be more than the identified dollar amount; For example, L3999 only requires PA if the claim will be for more than \$150.</p> <p>Policy note: A provider is required to indicate their usual and customary charge for the item on PA requests and claims. ForwardHealth certified providers are reimbursed at the lesser of their usual and customary charge or the maximum allowable fee, in accordance with the Terms of Reimbursement provider contract. Providers are responsible for collecting copayments from members.</p> <p>Purchase Note: All rental payments paid to the same provider are deducted from the maximum allowable reimbursement for the subsequent purchase.</p>																																		
Life Expectancy	<p>This field identifies the expected life or duration of use anticipated for the item. Prior authorization is always required if the DME item needs to be replaced before the end of the established life expectancy of the item.</p> <p>Policy note: All items reimbursed by ForwardHealth must be medically necessary. An item is not considered medically necessary solely because the life expectancy has been met.</p>																																		
In NH Facility Rate?	<p>"In Rate" indicates the item is to be provided by the nursing facility and is reimbursed in the nursing facility rate. A DME provider may not bill for reimbursement of this item separate from the facility per diem rate. Place of service codes 31, 32, and 54 are facilities with a per diem rate.</p> <p>"Not In Rate" indicates the nursing facility is not responsible to provide this item and reimbursement separate from the facility rate may be considered.</p> <p>"Per Policy" indicates that the item may be separately reimbursable for members within a nursing facility if policy guidelines are met for that item. Please see the Online Handbooks and Provider Publications for more information.</p> <p>Policy Note: Wisconsin Administrative Code DHS 101.03 (50) defines durable medical equipment in part as equipment that "is appropriate for use in the home." For this reason, a provider must document provider confirmation that requested or issued DME meets this program requirement.</p>																																		
Allowable Provider Types	<p>DME may only be issued by certified ForwardHealth providers identified as an allowable provider type for the specific HCPCS code. Allowable provider types for the DME Index tables include:</p> <table> <tr><td>03</td><td>Nursing Facility</td></tr> <tr><td>04</td><td>Rehabilitation Agency</td></tr> <tr><td>05</td><td>Home Health and/or Personal Care Agency</td></tr> <tr><td>15</td><td>Chiropractor - For related DME, refer to the section specific to chiropractors.</td></tr> <tr><td>17</td><td>Therapy Groups</td></tr> <tr><td>24</td><td>Pharmacy</td></tr> <tr><td>25</td><td>Medical Equipment Vendors</td></tr> <tr><td>31</td><td>Physician</td></tr> <tr><td>33</td><td>Physician Group</td></tr> <tr><td>53/540</td><td>Individual Medical Supply - Individual Orthotist</td></tr> <tr><td>53/541</td><td>Individual Medical Supply - Individual Prosthetist</td></tr> <tr><td>53/542</td><td>Individual Medical Supply - Individual Orthotist/Prosthetist</td></tr> <tr><td>57</td><td>Facility for the Developmentally Disabled (FDD)</td></tr> <tr><td>74</td><td>Speech & Hearing Clinic</td></tr> <tr><td>77</td><td>Physical Therapist</td></tr> <tr><td>78</td><td>Occupational Therapist</td></tr> <tr><td>79</td><td>Speech-Language Pathologist</td></tr> </table> <p>If a HCPCS procedure code lists a specific provider type and specialty, ONLY the specified provider type with the assigned contract specialty may provide the applicable DME.</p>	03	Nursing Facility	04	Rehabilitation Agency	05	Home Health and/or Personal Care Agency	15	Chiropractor - For related DME, refer to the section specific to chiropractors.	17	Therapy Groups	24	Pharmacy	25	Medical Equipment Vendors	31	Physician	33	Physician Group	53/540	Individual Medical Supply - Individual Orthotist	53/541	Individual Medical Supply - Individual Prosthetist	53/542	Individual Medical Supply - Individual Orthotist/Prosthetist	57	Facility for the Developmentally Disabled (FDD)	74	Speech & Hearing Clinic	77	Physical Therapist	78	Occupational Therapist	79	Speech-Language Pathologist
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Allowable Place of Service	<p>Equipment may only be provided in an allowable place of service. This column lists the specific place of service codes where a item may be issued. Additional policy notes are listed below. The place of service codes referenced include the following categories:</p> <ul style="list-style-type: none"> 01 Pharmacy 03 School 04 Homeless Shelter 05 Indian Health Service Freestanding Facility 06 Indian Health Service Provider-based Facility 07 Tribal 638 Freestanding Facility 08 Tribal 638 Provider-based Facility 11 Office 12 Home 13 Assisted Living Facility 14 Group Home 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 31* Skilled Nursing Facility 32* Nursing Facility 33 Custodial Care Facility 49 Independent Clinic 50 Federally Qualified Health Center 54* Intermediate Care Facility/Mentally Retarded 71 Public Health Clinic 72 Rural Health Clinic <p>*Skilled nursing facilities and facilities for the developmentally disabled are required to provide equipment that is reasonably associated with the care of residents as stated in the facility "Methods of Implementation." These items may not be billed separately from the facility per diem rate by a DME provider or the facility. The items are to be provided by the facility at no cost to the member, or member's family.</p> <p>Certain place of service codes are not allowable for DME listed in the DME Index Tables. For applicable coverage policy, see the appropriate Handbook areas for individual service areas including Hospice, Rehabilitation Facilities, and End-stage Renal Disease Treatment Facilities.</p> <p>Prison-Correctional Facilities (POS 09) are never covered for DME services.</p> <p>Policy Note: Wisconsin Administrative Code DHS 101.03 (50) defines durable medical equipment in part as equipment that "is appropriate for use in the home." For this reason, a provider must document provider confirmation that requested or issued DME meets this program requirement.</p>
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Effective Date	Identifies the first date when the HCPCS code is available for use by Wisconsin Medicaid, or the most recent date when changes were made for the code.
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Date of Service	Effective for dates of service (DOS) on and after July 1, 2016, when dispensing and shipping or mailing durable medical equipment (DME), ForwardHealth has defined the DOS as stated in ForwardHealth Update 2016-18.
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Cost Sharing	<p>Copayments amounts are NOT listed in the DME Index tables. ForwardHealth requires certified providers to collect copayments for equipment and services when applicable. ForwardHealth establishes the following co-payment amounts for BadgerCare Plus and Wisconsin Medicaid members. Some members may be exempt from copayments.</p> <table border="1"> <thead> <tr> <th>Item Max Fee</th><th>Copayment</th></tr> </thead> <tbody> <tr> <td>\$0.00 - \$10.00</td><td>\$0.50</td></tr> <tr> <td>\$10.01 - \$25.00</td><td>\$1.00</td></tr> <tr> <td>\$25.01 - \$50.00</td><td>\$2.00</td></tr> <tr> <td>\$50.01 and up</td><td>\$3.00</td></tr> </tbody> </table> <p>► Rental equipment is not subject to copayment, but rental payments do count towards the max fee of the item, and copayment is required if the equipment is later purchased.</p>	Item Max Fee	Copayment	\$0.00 - \$10.00	\$0.50	\$10.01 - \$25.00	\$1.00	\$25.01 - \$50.00	\$2.00	\$50.01 and up	\$3.00
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