

To:
Federally Qualified
Health Centers
Individual Medical
Supply Providers
Medical Equipment
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Pharmacies
HMOs and Other
Managed Care
Programs

Changes to STAT-PA for orthopedic shoes as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for providers of orthopedic shoes as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Changes to the STAT-PA system

This *Wisconsin Medicaid and BadgerCare Update* introduces changes to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for providers of orthopedic shoes as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These changes include:

- Revising the STAT-PA Orthopedic Shoes Worksheet and instructions.
- Eliminating the personal computer software for submitting STAT-PA requests.

Revisions made to the STAT-PA Orthopedic Shoes Worksheet

Revisions made to the STAT-PA Orthopedic Shoes Worksheet include the following:

- Type of service codes are no longer required.
- Place of service codes have been revised.

The revised STAT-PA Orthopedic Shoes Worksheet, HCF 11052, dated 08/03, and

instructions are included as Attachments 1 and 2 of this *Update*.

Personal computer software no longer available

Since personal computer software is no longer available, the option allowing providers to submit STAT-PA requests via personal computer will no longer be available. Providers may continue to communicate with the STAT-PA system using a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent.

Implementation dates

The following implementation dates will be used for STAT-PA:

- October 10, 2003 — The last day providers may use personal computer software to submit STAT-PA requests. Providers may use personal care software to submit STAT-PA requests until 11:45 p.m.
- October 11-12, 2003 — The STAT-PA system will be unavailable.
- October 13, 2003 — Providers should begin using the revised Orthopedic Shoes Worksheet and instructions.

Note: A STAT-PA request may normally be backdated up to four calendar days; however, for STAT-PA requests submitted on October 13 and 14, 2003, the earliest grant date providers

can request is October 11, 2003, due to HIPAA implementation. If providers need backdating during this time, they should submit a paper PA request. Refer to the August 2003 *Update* (2003-136), titled “Effective dates for claims submission and prior authorization changes as a result of HIPAA for durable medical equipment,” for paper PA submission.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care HIPAA-related changes, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

STAT-PA Orthopedic Shoes Worksheet Instructions

(The "STAT-PA Orthopedic Shoes Worksheet Instructions"
are located on the following pages.)

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WISCONSIN MEDICAID STAT-PA ORTHOPEDIC SHOES WORKSHEET INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement.

The STAT-PA Orthopedic Shoes Worksheet is mandatory for documenting the information needed to request PA for orthopedic shoes.

The Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system is an electronic PA system that allows Medicaid-certified providers to receive PA electronically rather than by mail or fax. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the Wisconsin STAT-PA system by entering requested information on a touch-tone telephone keypad or by calling a STAT-PA help desk correspondent. Providers must have their eight-digit Medicaid provider number to access the Wisconsin STAT-PA system.

The Wisconsin STAT-PA system is available by calling one of the following telephone numbers:

- **Touch-Tone Telephone**
(800) 947-1197
(608) 221-2096
Available from 8:00 a.m. to 11:45 p.m., seven days a week.
- **Help Desk**
(800) 947-1197 and press "0"
(608) 221-2096 and press "0"
Available from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding holidays.

REQUIRED INFORMATION

All providers using STAT-PA are required to provide the following information:

- Eight-digit Medicaid provider number.
- Recipient's 10-digit Medicaid identification number.
- Procedure code of product requested.
- *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code.
- Two-digit place of service (POS) code.
- Requested grant date or date of service (DOS).
- Total number requested.

When a provider is using STAT-PA to request PA for orthopedic shoes, the provider will also need to answer questions about the recipient's previous experience with orthopedic shoes, the manufacturer of the shoes, and the recipient's mobility, diagnosis, and need levels. Refer to the STAT-PA Orthopedic Shoes Worksheet for documenting the information needed to request PA for selected orthopedic shoes.

HOW TO USE WISCONSIN STAT-PA

1. Complete the STAT-PA Orthopedic Shoes Worksheet.
2. Select mode of transmission (touch-tone telephone or help desk).

TOUCH-TONE TELEPHONE REQUESTS

To use a touch-tone telephone to submit a PA request:

1. Call (800) 947-1197 or (608) 221-2096. This connects the provider directly with the STAT-PA system.
2. When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad. The STAT-PA Orthopedic Shoes Worksheet gives the information needed in the order it is requested by the STAT-PA system.

Note: When using a touch-tone telephone to enter the Medicaid provider number, recipient identification number, procedure code, ICD-9-CM diagnosis code, POS code, requested first DOS, and quantity, always press the pound (#) key to mark the end of the data just entered. The pound (#) key signals the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (*) key. For example, a provider is asked to enter a procedure code such as L3216. The first character is an alpha character; therefore, the provider presses the single asterisk (*) key followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key.

For example: Procedure code L3216 should be entered as *53 3 2 1 6.

Alphabet Key:

| | | | | |
|---------|---------|---------|---------|---------|
| A = *21 | G = *41 | M = *61 | S = *73 | Y = *93 |
| B = *22 | H = *42 | N = *62 | T = *81 | Z = *12 |
| C = *23 | I = *43 | O = *63 | U = *82 | |
| D = *31 | J = *51 | P = *71 | V = *83 | |
| E = *32 | K = *52 | Q = *11 | W = *91 | |
| F = *33 | L = *53 | R = *72 | X = *92 | |

- Once all data have been entered completely, STAT-PA begins to process the information and, in minutes, indicates the PA number and, if approved, the authorized level of service.

Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is relaying information. The system automatically proceeds to the next function.

STAT-PA HELP DESK REQUESTS

Providers who do not have a touch-tone telephone may call the STAT-PA help desk. The help desk correspondent accesses STAT-PA and enters the required data requested from the provider. For the help desk, call (800) 947-1197 and press "0" or call (608) 221-2096 and press "0."

The STAT-PA help desk is available to all providers using STAT-PA. Providers may use the help desk to report difficulties with the system.

DOCUMENTATION INFORMATION

Providers are required to retain the assigned PA number for:

- Use in claims submission, if approved.
- Submission of a paper PA request when more clinical documentation is needed.

Providers must maintain all documentation, such as the STAT-PA Orthopedic Shoes Worksheet, that supports medical necessity, claim information, and delivery of the approved service(s) in their records for a period not less than five years. Regardless of what STAT-PA method is used, providers will receive, by mail, a confirmation notice indicating the assigned PA number and the STAT-PA decision. This confirmation notice should be maintained as a permanent record of the transaction.

Helpful Hints

- In touch-tone telephone transactions, the provider is given three attempts at each field to correctly enter the requested data. Failure to enter any data within three minutes ends the telephone connection.
- Providers are allowed five PA requests per connection for touch-tone telephone and help desk.
- The decimal point for diagnosis codes is not required when entering a STAT-PA request by touch-tone telephone; however, all digits of the codes must be entered.
- The first date of service entered by the provider may be up to 31 calendar days in the future.
- In the event that the STAT-PA system is unavailable at the time the shoes are provided, the PA request may be backdated up to four calendar days.
- Providers needing to enddate a PA request due to a change in prescription may do so through the STAT-PA help desk. The help desk correspondent will assist the provider through this process.
- The help desk is available to all STAT-PA users. Providers who are experiencing difficulties with the system may call the help desk.

ATTACHMENT 2

STAT-PA Orthopedic Shoes Worksheet

(The "STAT-PA Orthopedic Shoes Worksheet" is located on the following pages.)

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**WISCONSIN MEDICAID
STAT-PA ORTHOPEDIC SHOES WORKSHEET**

The provider is required to enter all information for each category in the spaces provided. The Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system will ask for the following information in the order listed below.

Name — Recipient _____

Prior Authorization Number _____

(The STAT-PA system will indicate the seven-digit PA number at the end of the transaction. Record the number here.)

STAT-PA REQUIRED INFORMATION

Wisconsin Medicaid Provider Number _____

Enter the provider's eight-digit Medicaid provider number.

Recipient Medicaid Identification Number _____

Enter the recipient's ten-digit Medicaid number. This can be found on the Medicaid Forward card.

Procedure Code of Product Requested _____

Enter **one** requested procedure code per STAT-PA request. For touch-tone telephone users, the code will be entered as follows:

L3216 = *53 3 2 1 6 L3221 = *53 3 2 2 1 A5500 = *21 5 5 0 0

Diagnosis Code _____

Use the recipient's *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) three- to six-digit diagnosis code. The decimal point for diagnosis codes is not required; however, all digits of the code must be entered.

Place of Service Code _____

The place of service codes for orthopedic shoes may be "05" (Indian Health Service Free-Standing Facility), "06" (Indian Health Service Provider-Based Facility), "07" (Tribal 638 Free-Standing Facility), "08" (Tribal 638 Provider-Based Facility), "11" (Office), "12" (Home), "20" (Urgent Care Facility), "31" (Skilled Nursing Facility), "32" (Nursing Facility), "33" (Custodial Care Facility), "34" (Hospice), "50" (Federally Qualified Health Center), "54" (Intermediate Care Facility/Mentally Retarded), "71" (State or Local Public Health Clinic), or "72" (Rural Health Clinic).

Requested First Date of Service _____

Use the eight-digit format MM/DD/YYYY. The first date of service entered may be up to 31 calendar days in the future. In the event that the STAT-PA system is unavailable at the time the shoes are provided, the PA request may be backdated up to four calendar days.

Total Number Requested _____

STAT-PA REQUEST CHECKLIST

All information must be entered for each category, both in the STAT-PA system and on this worksheet.

1. Enter the eight-digit signature date on the prescription in MM/DD/YYYY format. The prescription date cannot be more than six months in the past from the requested grant date.

2. Has the recipient received orthopedic shoes in the past? If yes, enter "1." If no, enter "2." _____

- a. If yes, proceed to question 3.
- b. If no, proceed to question 5.

3. Did the recipient wear orthopedic shoes to the pedorthic examination? If yes, enter "1." If no, enter "2." _____

- a. If yes, proceed to question 4.
- c. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."

STAT-PA REQUEST CHECKLIST (Continued)

4. Are the recipient's current shoes in disrepair? If yes, enter "1." If no, enter "2." ____
a. If yes, proceed to question 5.
b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."
5. Are the requested shoes manufactured by Drew, P.W. Minor, Markell, or Apex? If yes, enter "1." If no, enter "2." ____
a. If yes, proceed to step 6.
b. If no, the provider will receive the following message: "Your prior authorization request requires additional information. Submit your request on paper with complete clinical documentation."
6. Enter the Mobility Level (MBL) that best describes the recipient. ____
MBL 1 — The recipient walks in the community with or without the assistance of another person or an assistive device (enter "1").
MBL 2 — The recipient walks only in his or her place of residence with or without the assistance of another person or an assistive device (enter "2").
MBL 3 — The recipient does not stand up to walk or transfer without maximum assistance or mechanical support (enter "3").
7. Enter the Diagnosis Level (DXL) that best describes the recipient. ____
DXL 1 — The recipient has urinary incontinence or any underlying pathology that results in a flat foot (enter "1").
DXL 2 — The recipient has diabetes with complications such as: gross foot deformity (excluding ICD-9-CM diagnosis code 250.0), history of foot ulcers, or loss of sensation (enter "2").
DXL 3 — The recipient has gross foot deformity(ies) (enter "3").
DXL 4 — The recipient has a chronic disorder or disability, without gross foot deformity, such as: osteoarthritis, rheumatoid arthritis, cerebral palsy, mental retardation, cerebral vascular accident, peripheral vascular disease, cardiovascular disease, diabetes without complications, plantar faciitis, Alzheimer's disease, senile dementia, multiple sclerosis, or Parkinson's disease (enter "4").
8. Enter the recipient's nine-digit Need Level (NDL) number. (Use "1" to indicate a "yes" response to the NDL or "2" to indicate "no" response to the NDL.)

Need Level (NDL)

Response (Yes = 1, No = 2)

- | | |
|---|-------|
| NDL 1 — Are the extra depth shoes necessary for arch supports to treat flat feet? | _____ |
| NDL 2 — Do extra depth shoes require replacement due to soiling from urine? | _____ |
| NDL 3 — Are extra depth shoes necessary to accommodate shoe inserts that will support an orthopedic deformity (other than those in NDL 1)? | _____ |
| NDL 4 — Are extra depth shoes necessary to accommodate AFO/KAFO (other than those in NDL 1)? | _____ |
| NDL 5 — Does the recipient have a leg length discrepancy equal to or greater than ½ inch? | _____ |
| NDL 6 — Are extra depth shoes necessary to provide support for the recipient's gross foot deformity? | _____ |
| NDL 7 — Will the recipient maintain his or her MBL if orthopedic shoes are provided? | _____ |
| NDL 8 — Can the recipient improve at least one full MBL if orthopedic shoes are provided? | _____ |
| NDL 9 — Are mismatch shoes equal to, or greater than, one full size necessary? | _____ |

Enter all nine digits of the Need Level: _____

A PA number will be assigned at the end of the transaction. Enter the assigned PA number in the space provided at the top of the first page of this worksheet below the recipient's name.
