

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Pharmacies, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

2011 Procedure Code Updates for Durable Medical Equipment

Effective for dates of service on and after January 1, 2011, ForwardHealth is updating durable medical equipment coverage, policies, and limitations to reflect 2011 Healthcare Common Procedure Coding System procedure code changes.

Effective for dates of service (DOS) on and after January 1, 2011, ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2011 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- Adding new HCPCS procedure codes.
- Discontinuing current HCPCS procedure codes.
- Indicating new noncovered HCPCS procedure codes.

Providers may refer to the DME service area of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/ for current DME policies and procedures.

New HCPCS Procedure Codes

The following procedure codes are reimbursable effective for DOS on and after January 1, 2011:

- A4566 (replaces L3675).
- A7020.
- E2622 (replaces K0734).
- E2623 (replaces K0735).
- E2624 (replaces K0736).

- E2625 (replaces K0737).
- L3674 (replaces L3673).
- L4631.
- L5961.
- L8693.

Discontinued HCPCS Procedure Codes

The following procedure codes have been discontinued effective for DOS on and after January 1, 2011:

- K0734 (replaced by E2622).
- K0735 (replaced by E2623).
- K0736 (replaced by E2624).
- K0737 (replaced by E2625).
- L3673 (replaced by L3674).
- L3675 (replaced by A4566).

Noncovered HCPCS Procedure Codes

The following are new HCPCS procedure codes as of January 1, 2011, that are **not** covered by ForwardHealth:

- A9273.
- E0446.
- E1831.
- Q0478.
- Q0479.
- T1505.

Prior Authorizations

New Requests for Prior Authorization

Providers are required to use the new procedure codes for new PA requests for DOS on and after January 1, 2011.

Prior Authorizations Currently in Effect

For an approved or modified PA with an expiration date on and after January 1, 2011, providers are required to amend the PA to request a valid procedure code for DOS on and after January 1, 2011. Discontinued procedure codes are not reimbursable, even if they were prior authorized.

Discontinued procedure codes will remain effective for DOS before January 1, 2011. For claims related to PAs with DOS before January 1, 2011, providers are required to use the discontinued procedure codes.

Reimbursement

Providers should refer to the Attachment of this *ForwardHealth Update* and to the interactive maximum allowable fee schedule on the ForwardHealth Portal for reimbursement information.

Providers are reminded that for DME, the BadgerCare Plus Benchmark Plan and the BadgerCare Plus Core Plan reimburse up to \$2,500 and the BadgerCare Plus Basic Plan reimburses up to \$500 per member per enrollment year. Because DME that exceeds the dollar limit is considered noncovered, any costs exceeding the dollar limit are the member's responsibility.

Copayment

Copayments for DME under the BadgerCare Plus Standard Plan, the Core Plan, and Medicaid are as follows:

- A4566, E2622-E2625, L3674, L4631, L5961, L8693 – up to \$3.00 per item.
- A7020 – up to \$2.00 per item.

Copayment for DME covered under the Basic Plan is up to \$10.00 per item. If the reimbursement amount for an item is

less than the copayment amount, the member should be charged the lesser amount as copayment.

Copayment for DME covered under the Benchmark Plan is up to \$5.00 per item.

Equipment Life Expectancy

Refer to the Attachment for information regarding equipment life expectancy.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Procedure Code Updates for Durable Medical Equipment

Effective for Dates of Service on and After January 1, 2011

Procedure Code	Description	Replaces Code	Prior Authorization Always Required	Life Expectancy	Copayment*	Allowable Modifiers	Maximum Allowable Fee**
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	L3675	no	6 months	\$3.00	RT LT	\$115.20
A7020	Interface for cough stimulating device, includes all components, replacement only		no	6 per year	\$2.00		\$41.56
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	K0734	yes	3 years	\$3.00		\$239.68
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	K0735	yes	3 years	\$3.00		\$304.80
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	K0736	yes	3 years	\$3.00		\$241.60
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	K0737	yes	3 years	\$3.00		\$305.99

Procedure Code	Description	Replaces Code	Prior Authorization Always Required	Life Expectancy	Copayment*	Allowable Modifiers	Maximum Allowable Fee**
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	L3673	yes	2 years	\$3.00	RT LT	\$754.50
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated		no	6 months	\$3.00	RT LT	\$926.80
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion, and/or extension control		yes	5 years	\$3.00	RT LT	\$6,630.00
L8693	Auditory osseointegrated device abutment, any length, replacement only		yes	5 years	\$3.00		\$2,570.00

* These copayment amounts apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, and Medicaid. For members enrolled in the BadgerCare Plus Basic Plan, the copayment amount is up to \$10.00 per item, and for members enrolled in the BadgerCare Plus Benchmark Plan, the copayment amount is up to \$5.00 per item.

** Maximum allowable fees are subject to change. For current reimbursement rates, refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at www.forwardhealth.wi.gov/.