

Update
June 2011

No. 2011-30

Affected Programs: BadgerCare Plus, Medicaid

To: Individual Medical Supply Providers, Medical Equipment Vendors, HMOS and Other Managed Care Programs

New Maximum Allowable Fees for Certain Prostheses

Effective for dates of service on and after July 1, 2011, ForwardHealth will be changing the maximum allowable fees for certain prostheses to pay up to 80 percent of current Medicare rates. Rate changes apply to services provided to members enrolled in BadgerCare Plus or Wisconsin Medicaid.

The Attachment of this ForwardHealth Update lists the procedure codes with revised maximum allowable fees. 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.

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/.

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ATTACHMENT Procedure Codes with Revised Maximum Allowable Fees

| Procedure Code | Description | Procedure Code | Description |
|-------------------|--|-------------------|--|
| | Nasal prosthesis, provided by a non- | | Partial facial prosthesis, provided by a |
| L8040 | physician | L8046 | non-physician |
| | Midfacial prosthesis, provided by a | | Nasal septal prosthesis, provided by a |
| L8041 | non-physician | L8047 | non-physician |
| | Orbital prosthesis, provided by a non- | | |
| L8042 | physician | L8501 | Tracheotomy speaking valve |
| | Upper facial prosthesis, provided by a | | Tracheo-esophageal voice prosthesis, |
| L8043 | non-physician | L8507 | patient inserted, any type, each |
| | | | Tracheo-esophageal voice prosthesis, |
| | Hemi-facial prosthesis, provided by a | | inserted by a licensed health care |
| L8044 | non-physician | L8509 | provider, any type |
| | Auricular prosthesis, provided by a | | |
| L8045 | non-physician | | |