

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

2012 Procedure Code Changes for Durable Medical Equipment

Effective for dates of service on and after January 1, 2012, ForwardHealth is updating durable medical equipment coverage, policies, and limitations to reflect 2012 Healthcare Common Procedure Code System (HCPCS) procedure code changes. These changes include the following:

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

Effective for dates of service (DOS) on and after January 1, 2012, ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2012 Healthcare Common Procedure Code System (HCPCS) procedure code changes. These changes include the following:

- Adding new HCPCS procedure codes.
- Discontinuing HCPCS procedure codes. These codes are indicated with a status of “enddated” on the Attachment of this *ForwardHealth Update*.
Note: These codes have been discontinued by the Centers for Medicare and Medicaid Services.
- Indicating new noncovered HCPCS procedure codes.

Refer to the Attachment for detailed information on 2012 HCPCS procedure code changes for DME providers.

Prior Authorizations

New Requests for Prior Authorization

Providers are required to use the new HCPCS procedure codes for new prior authorization (PA) requests for DOS on and after January 1, 2012.

Prior Authorizations Currently in Effect

For an approved or modified PA that includes a discontinued HCPCS procedure code and has an expiration date on and after January 1, 2012, providers are required to amend the PA to request a valid procedure code for DOS on and after the effective date. Procedure codes discontinued on December 31, 2011, are not reimbursable for DOS on and after the effective date, even if they were prior authorized.

Discontinued HCPCS procedure codes remain effective for DOS before January 1, 2012. For claims with DOS before January 1, 2012, providers are required to use the discontinued procedure codes.

Reimbursement

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

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

Copayment

Copayment for the added DME items under the BadgerCare Plus Standard Plan, the Core Plan, and Medicaid is up to \$3.00 per item. Copayment for added DME items covered under the Benchmark Plan is up to \$5.00 per item.

Copayment for added DME items 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.

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 Changes for Durable Medical Equipment

Effective for Dates of Service on and After January 1, 2012

POS* Code	Description
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
54	Intermediate Care Facility/Mentally Retarded
99	Other Place of Service

* Place of Service

Provider Type	Description
04	Rehabilitation Agencies
05	Home Health Agencies
17	Therapy Groups
24	Pharmacies
25	Medical Equipment Vendors
53	Individual Medical Supply Providers
77	Physical Therapists
78	Occupational Therapists

Status	Proc. ¹ Code	Description	Replaces or Is Replaced by Code	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Enddated	E0571		E0570								
Added	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair			Yes	11,12	04, 05, 17, 24, 25, 77, 78	\$3.00	3 years	Manually priced	No
Added	E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each			No	11, 12, 31, 32, 54, 99	24, 25	\$3.00	15 months	Manually priced	Yes
Added	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)			No	11, 12, 31, 32, 54, 99	24, 25	\$3.00	24 months	Manually priced	Yes

Status	Proc. ¹ Code	Description	Replaces or Is Replaced by Code	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$181.38	Yes
Added	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$221.43	Yes
Added	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$247.80	Yes
Added	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$305.80	Yes
Added	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$207.76	Yes
Added	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$221.13	Yes

Status	Proc. ¹ Code	Description	Replaces or Is Replaced by Code	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$121.03	Yes
Added	E2633	Wheelchair accessory, addition to mobile arm support, supinator		RT, LT	Yes	11, 12, 31, 32, 54, 99	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$121.03	Yes
Not covered	K0741										
Not covered	K0742										
Not covered	K0743										
Enddated	L1500										
Enddated	L1510										
Enddated	L1520										
Enddated	L3964										
Enddated	L3965										
Enddated	L3966										
Enddated	L3968										
Enddated	L3969										
Enddated	L3970										
Enddated	L3972										
Enddated	L3974										
Enddated	L4380										
Enddated	L5311		L5312								
Added	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	L5311	RT, LT	No	11, 12, 31, 32, 54	53	\$3.00	5 years	\$3,439.00	Yes
Added	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement		RT, LT	Yes	11,12, 31, 32, 54	53	\$3.00	3 years	Manually priced	Yes

Status	Proc. ¹ Code	Description	Replaces or Is Replaced by Code	Modifiers	PA ²	POS Code	Provider Type	Copay ³	Life Expectancy	Max Fee ⁴	NH ⁵
Added	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)		RT, LT	Yes	11, 12, 31, 32, 54	53	\$3.00	3 years	Manually priced	Yes
Enddated	L7266										
Enddated	L7272										
Enddated	L7274										
Enddated	L7500										
Not covered	S8130										
Not covered	S8131										

¹ Procedure.

² Entries in this column indicate whether prior authorization (PA) is required for this item.

³ The copayment amounts listed apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, and Wisconsin 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.

⁴ 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/.

⁵ Entries in this column indicate whether the item is included in the nursing home rate.