

Affected Programs: BadgerCare Plus, Medicaid

To: Individual Medical Supply Providers, Medical Equipment Vendors, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

Changes to Orthotic Policies

Effective for dates of service on and after May 1, 2013, policies regarding ForwardHealth's coverage of orthotics are changing as outlined in this *ForwardHealth Update*.

Changes to Orthotics Policies

This *ForwardHealth Update* outlines the changes to the coverage of orthotics, effective for dates of service (DOS) on and after May 1, 2013.

Arch Supports

Effective for DOS on and after May 1, 2013, ForwardHealth will not cover arch supports (identified by procedure codes L3040, L3050, L3060, L3070, L3080, and L3090). Per DHS 107.24(2)(c)2, Wis. Admin. Code, arch supports are not covered as they are not considered a brace for an orthopedic or corrective shoe.

Note: Over-the-counter arch supports are considered to be for the comfort and convenience of the member and, therefore, are not considered medically necessary by ForwardHealth.

Ankle Foot Orthotics

Effective for DOS on and after May 1, 2013, life expectancy for most ankle foot orthotics will be changed to one year. For both children and adult members, ForwardHealth requires documentation in the provider's records that the ankle foot orthotic is broken or no longer meeting the member's medical needs any time a new ankle foot orthotic is delivered to a member.

Note: This new policy does not affect the life expectancy for below-the-knee fracture orthotics.

Affected Codes

Following is the list of ankle foot orthotic procedure codes that are subject to the one-year life expectancy:

- L1900. • L1902. • L1904. • L1906.
- L1907. • L1910. • L1920. • L1930.
- L1940. • L1945. • L1950. • L1951.
- L1960. • L1970. • L1980. • L1990.
- L2200. • L2210. • L2220. • L2230.
- L2232. • L2240. • L2250. • L2260.
- L2270. • L2275. • L2280. • L2320.
- L2340.

In addition, if a provider supplies a member with an orthotic identified by the following list of procedure codes, a claim for supplying any of the other orthotics included in this list within a year of the first orthotic would be denied:

- L1900. • L1902. • L1904. • L1906.
- L1907. • L1910. • L1920. • L1930.
- L1940. • L1945. • L1950. • L1951.
- L1960. • L1970. • L1980. • L1990.

Note: If a member requires a different orthotic, the provider must submit a prior authorization (PA) request.

Requests to Exceed One-Year Life Expectancy

A PA request is required if a new ankle foot orthotic is needed before the one-year life expectancy ends for the following reasons:

- A change in the member's medical needs, such as growth (the specific amount of growth must be documented in the provider's record and on the PA request), a changed foot/ankle position, or loss or gain of significant weight or height (provider is required to be specific in records and on the PA request).
- To replace a broken orthotic. The provider's records and the PA request must document the specific broken part or the reasons for replacement or for a different orthotic (post surgical, etc.).

Note: If a provider replaces an ankle foot orthotic for a fully grown adult after the one-year life expectancy has ended, PA is not required, but the provider is required to document the member's medical needs specifically in his or her records as listed above.

Prior Authorization Requests for Foot Orthotics

Beginning May 1, 2013, when submitting a PA request for orthopedic shoes, providers are encouraged to include a request for up to a maximum of three pairs (one to six individual orthotics) of foot orthotics for the member if the member requires foot orthotics and meets all of the following conditions:

- The orthotics meet the member's medical needs (i.e., the member has one of the diagnoses found in the Orthopedic Shoes, Hightop Orthopedic Shoes, Mismatched Shoes, and Foot Orthotics topic (topic #1855) in the Orthopedic Shoes, Modifications, and Transfers chapter of the Prior Authorization section of the Durable Medical Equipment service area of the Online Handbook).
- The member is stable and has required more than one pair of orthotics in the year of the previously approved PA request for orthopedic shoes.

- The provider's records document the member's condition/medical needs, including an indication that the member's condition has been stable and that only one cast is being made.

Prior authorization is not required for most orthotic devices unless the frequency limitation is exceeded. In this case, the frequency limit would be exceeded in order to supply orthotics for the member for one year; therefore, a PA request is required.

Additional Information Regarding Orthotics

For more information regarding orthotics, including life expectancy, maximum allowable fees, allowable provider types, and whether or not an item is included in the nursing home daily rate, refer to the Portable Document Format (PDF) version of the DME Index, available on the Provider-specific Resources page for medical equipment vendors on the ForwardHealth Portal.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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