

Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Practitioners, Occupational Therapists, Pharmacies, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Rehabilitation Agencies, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Revision to Durable Medical Equipment Coverage, Policies, and Limitations

Effective for dates of service on and after May 1, 2014, ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations for some Healthcare Common Procedure Code System (HCPCS) procedure codes. These changes include the following:

- Changing maximum allowable fees for certain procedure codes.
- Adding maximum allowable fees for certain procedure codes that were previously manually priced.
- Adding HCPCS procedure code E1007 to the DME Index.
- Changing the prior authorization (PA) requirements for certain HCPCS procedure codes.
- Changing the life expectancy of certain DME.
- Identifying certain procedure codes as noncovered.
- Adding a trial period for mobile arm supports prior to the submission of a PA request for purchase.

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Refer to the Attachment of this *ForwardHealth Update* or the DME Index in the Providers area of the ForwardHealth Portal for detailed information about changes to coverage, policies, and limitations. Providers may also refer to the Durable Medical Equipment service area of the ForwardHealth Online Handbook for current DME policies and procedures.

Maximum Allowable Fees

Effective for DOS on and after May 1, 2014, the maximum allowable fees for certain DME procedure codes have been added or changed.

Changes Regarding Reimbursement

ForwardHealth has changed the maximum allowable fee for certain DME procedure codes. Providers are reminded that the maximum allowable fee schedule is updated periodically. ForwardHealth no longer issues *Updates* when the maximum allowable fees for DME change. Providers may monitor the

fee schedules that are available on the Portal at www.forwardhealth.wi.gov/.

Addition of Maximum Allowable Fees for Certain Procedure Codes

In order to streamline claims processing, ForwardHealth has established maximum allowable fees for certain DME procedure codes that were previously manually priced on PA requests and/or claims. Other policies related to these procedure codes, such as the life expectancy for services represented by each procedure code, have not changed. Services representing the following procedure codes will be reimbursed at the assigned maximum allowable fee as noted in the fee schedules available on the Portal:

- A8002.
- A8003.
- E2201.
- E2202.
- E2340.
- E2341.
- E2342.
- E2343.
- K0813.
- K0814.
- K0815.
- K0816.
- K0826.
- K0827.
- K0830.
- K0835.
- K0838.
- K0848.
- K0862.
- K0884.
- L3764.

HCPCS Procedure Code Added to the Durable Medical Equipment Index

Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (HCPCS procedure code E1007) is now a covered service and has been added to the DME Index effective May 1, 2014.

Changes to Prior Authorization Requirements

The PA requirements for the following services have been changed effective for DOS on and after May 1, 2014.

Prior Authorization No Longer Required

Prior authorization is no longer required for the services represented by the following HCPCS procedure codes:

- E0168.
- E0952.
- E0992.
- L8015.

Prior Authorization Now Required

Prior authorization is now required for the services represented by the following HCPCS procedure codes:

- L3960.
- L3962.
- L5979.

Changes to Equipment Life Expectancy

Effective May 1, 2014, the life expectancies for the services represented by the following HCPCS procedure codes have changed as indicated:

- E0951 — life expectancy decreased to two years.
- E0952 — life expectancy decreased to two years.
- E0973 — life expectancy decreased to three years.
- E2326 — life expectancy decreased to three years.

Noncovered HCPCS Procedure Codes

ForwardHealth will no longer cover the services represented by the following procedure codes:

- A9900 when modifier UC is indicated.
- E0270.

These codes have been moved to the noncovered DME list effective May 1, 2014.

Trial Period Required for Mobile Arm Supports

Effective May 1, 2014, ForwardHealth has added the following mobile arm supports to the list of equipment that requires a trial period prior to the submission of a PA request for purchase:

- E2626.
- E2627.
- E2628.
- E2629.
- E2630.
- E2631.
- E2632.
- E2633.

The PA is required to be submitted with documentation of the trial period that includes the following:

- The length of time the equipment was used on a trial basis.
- Report of the trial period to identify where it was used and the individual(s) involved in training the member how to properly use the equipment, including the credentials of the individual(s).
- Report of the member's specific functional abilities without the equipment.
- Report of the member's specific functional abilities with the use of the equipment.

If the member is involved in a therapy program to increase functional abilities and the record of the therapy service includes the documentation required, the therapy reports may be included in the PA request.

This report of the equipment trial period is required in addition to the documentation required for all DME to support the medical necessity of the requested equipment for the specific clinical condition of the member. The PA request for the mobile arm support equipment must include the following:

- The setting(s) in which the equipment will be used.
- The transportation method that will be used, if the equipment will be transported.

- The method that will be used to store the equipment.
- The individual(s) responsible for care and maintenance of the equipment.

ForwardHealth does not allow reimbursement for rental of the equipment listed above. If reimbursement for the rental of a mobile arm support system is necessary to complete the trial period, a PA request should be submitted using procedure code E1399 (durable medical equipment, miscellaneous) and must specify complete descriptions of the DME. Providers should refer to the Online Handbook on the Portal for information on submitting PA requests.

Documentation Requirements Reminder

Provider records are required to support all services billed on a claim. Providers should retain all documentation for claims. As stated in DHS 106.02(9)(a), Wis. Admin. Code, providers are also reminded that they are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation of the member's continuing use of the equipment, as well as documentation of all DME services.

Medical Necessity

Wisconsin Medicaid reimburses only for services that meet Medicaid's standards of medical necessity, as well as all other Medicaid requirements, as specified in DHS 101-108, Wis. Admin. Code.

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 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

ATTACHMENT

Changes to Durable Medical Equipment Procedure Codes

The information in the following table is effective for dates of service on and after May 1, 2014. For information on specific place of service (POS) codes and provider type codes, refer to the tables at the end of this Attachment.

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Not covered	A9900		UC								
Added Max Fee	A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories		N	11, 12, 13, 14, 31, 32, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$135.85	Not In Rate	N
Added Max Fee	A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		N	11, 12, 13, 14, 31, 32, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$181.30	Not In Rate	N
Changed PA Requirement	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	RB	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$130.73	In Rate	N
Not covered	E0270										
Changed Life Expectancy	E0951	Heel loop/holder, any type, with or without ankle strap, each	RT, LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$1.00	2 years	\$18.15	Per Policy	N
Changed PA Requirement and Life Expectancy	E0952	Toe loop/holder, any type, each	RT, LT	N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$1.00	2 years	\$13.82	In Rate	N

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Changed Life Expectancy	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	RT, LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	3 years	\$85.95	Per policy	N
Changed PA Requirement	E0992	Manual wheelchair accessory, solid seat insert		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72	05, 24, 25, 53	\$3.00	2 years	\$81.69	In Rate	N
Added	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$6,537.73	Per policy	N
Added Max Fee	E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$310.56	In Rate	N
Added Max Fee	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 33, 49, 50, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$310.45	In Rate	N
Changed Life Expectancy	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	3 years	\$259.16	Not In Rate	N

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Added Max Fee	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 29, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$310.40	Not In Rate	N
Added Max Fee	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 29, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$445.64	Not In Rate	N
Added Max Fee	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 29, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$388.04	Not In Rate	N
Added Max Fee	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 29, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$486.86	Not In Rate	N
Added Trial Requirement	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$181.38	Not In Rate	Y
Added Trial Requirement	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$221.43	Not In Rate	Y

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Added Trial Requirement	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$247.80	Not In Rate	Y
Added Trial Requirement	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$305.80	Not In Rate	Y
Added Trial Requirement	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	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$207.76	Not In Rate	Y
Added Trial Requirement	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$221.13	Not In Rate	Y
Added Trial Requirement	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$121.03	Not In Rate	Y
Added Trial Requirement	E2633	Wheelchair accessory, addition to mobile arm support, supinator	RT, LT	Y	03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 54	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	3 years	\$121.03	Not In Rate	Y

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Added Max Fee	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$3,789.84	Per policy	N
Added Max Fee	K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,619.51	Per policy	N
Added Max Fee	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,838.68	Per policy	N
Added Max Fee	K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,120.85	Per policy	N
Added Max Fee	K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$7,750.00	Per policy	N

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Added Max Fee	K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$6,163.20	Per policy	N
Added Max Fee	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,363.00	Per policy	N
Added Max Fee	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,520.65	Per policy	N
Added Max Fee	K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,738.00	Per policy	N
Added Max Fee	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$4,860.23	Per policy	N

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Added Max Fee	K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$5,744.00	Per policy	N
Added Max Fee	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	RR, RB <\$300	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25	\$3.00	6 years	\$6,383.80	Per policy	N
Added Max Fee	L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	RT, LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$378.13	Not In Rate	N
Changed PA Requirement	L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	RT, LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$395.42	Not In Rate	N
Changed PA Requirement	L3962	Shoulder elbow wrist hand orthosis, abduction positioning, Erbs palsy design, prefabricated, includes fitting and adjustment	RT, LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 05, 17, 24, 25, 53, 77, 78	\$3.00	2 years	\$490.36	Not In Rate	N

Status	Proc. ¹ Code	Description	Mod. ²	PA ³	POS Code	Provider Type	Copay ⁴	Life Expectancy	Max Fee ⁵	NH ⁶	Trial Req. ⁷
Changed PA Requirement	L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system	RT, LT	Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$3.00	5 years	\$1,755.90	Not In Rate	N
Changed PA Requirement	L8015	External breast prosthesis garment, with mastectomy form, post mastectomy		N	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	05, 24, 25, 53	\$2.00	2 per year	\$44.59	Not In Rate	N

Place of Service Codes			
Code	Description	Code	Description
01	Pharmacy	14	Group Home
03	School	31	Skilled Nursing Facility
04	Homeless Shelter	32	Nursing Facility
05	Indian Health Service Free-standing Facility	33	Custodial Care Facility
06	Indian Health Service Provider-based Facility	49	Independent Clinic
07	Tribal 638 Free-standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-based Facility	54	Intermediate Care Facility/Mentally Retarded
11	Office	71	Public Health Clinic
12	Home	72	Rural Health Clinic
13	Assisted Living Facility		

Provider Type Codes	
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

¹ Procedure.

² Modifiers.

³ Entries in this column indicate whether prior authorization (PA) is required for this item.

⁴ The copayment amounts listed apply to members enrolled in BadgerCare Plus and Wisconsin Medicaid.

⁵ Maximum allowable fees are subject to change. For current reimbursement rates, refer to the Durable Medical Equipment (DME) Index on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

⁶ Entries in this column indicate whether or not the item is included in the nursing home rate. "Not In Rate" indicates the facility is not responsible to provide this item and reimbursement separate from the facility rate may be considered. "In Rate" indicates the item is to be provided by the facility and is reimbursed in the facility rate. A DME provider may not bill for reimbursement of this item separate from the facility per diem rate. "Per policy" indicates that the item may be separately reimbursable for members within a facility if policy guidelines are met for that item. Refer to the Online Handbook on the Portal for more information.

⁷ Entries in this column indicate whether a trial period is required to the submission of a PA request for purchase. For more information, refer to the Trial Period Now Required for Mobile Arm Supports section of this *ForwardHealth Update*.