

**Affected Programs:** BadgerCare Plus and Medicaid

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

## **STAT-PA Discontinued and Policy Changes for Foot Orthotics and Orthopedic or Corrective Shoes**

This *ForwardHealth Update* announces the discontinuation of Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) for orthopedic shoes. This *Update* also describes other policy changes for foot orthotics and orthopedic or corrective shoes effective February 1, 2015.

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Information in this *Update* addresses the following:

- The discontinuation of STAT-PA for orthopedic shoes.
- New reimbursable 2015 Healthcare Common Procedure Coding System (HCPCS) procedure codes for medical equipment vendors for certain off-the-shelf orthotic devices.
- A new prior authorization (PA) requirement for certain HCPCS procedure codes for off-the-shelf orthotic devices.

### **STAT-PA for Orthopedic Shoes Being Discontinued**

Effective February 1, 2015, PA requests for foot orthotics or orthopedic or corrective shoes can no longer be submitted via STAT-PA. As a result, the STAT-PA Orthopedic Shoes Worksheet, F-11052 (10/08), and completion instructions

will be discontinued and no longer available to providers.

For information about which services require PA, refer to the Durable Medical Equipment (DME) Index on the Portal.

### ***Prior Authorization Request Submission Options***

Providers may continue to submit PA requests for foot orthotics or orthopedic or corrective shoes using the following methods:

- ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- Fax to ForwardHealth at (608) 221-8616.
- Mail to the following address:

ForwardHealth  
Prior Authorization  
Ste 88  
313 Blettner Blvd  
Madison WI 53784

- 278 Health Care Services Review — Request for Review and Response electronic transaction.

Providers are encouraged to submit PA requests for foot orthotics, or for orthopedic or corrective shoes, on the Portal. When submitting a PA request for foot orthotics, or for orthopedic or corrective shoes, providers are required to complete the following forms as part of that request:

- Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12).

### **New Reimbursable HCPCS Procedure Codes for Medical Equipment Vendors**

Effective for dates of service on and after February 1, 2015, certain HCPCS procedure codes for off-the-shelf orthotic devices are newly reimbursable for medical equipment vendors. Refer to the Attachment of this *Update* for detailed information on the new reimbursable procedure codes for medical equipment vendors.

#### ***Prior Authorization Required for Certain HCPCS Procedure Codes***

Effective February 1, 2015, due to the cost of the following off-the-shelf orthotic devices, all provider types allowed to submit claims for these items will be required to request PA:

- L0649 (Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf).
- L0650 (Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf).

- L0651 (Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf).

Additional information for these procedure codes can be found in the Attachment of this *Update*.

For more information on PA guidelines and requirements, refer to the Prior Authorization section of the Online Handbook.

### **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/](http://www.forwardhealth.wi.gov/).

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This *Update* was issued on 01/16/2015 and information contained in this *Update* was incorporated into the Online Handbook on 02/02/2015.

# ATTACHMENT

## Procedure Code Changes for Certain Off-the-Shelf Orthotic Devices

The information in this table is effective for dates of service on and after February 1, 2015. For information about specific place of service (POS) and provider type codes, refer to the tables at the end of this attachment.

Status	Procedure Code	Description	Modifiers	PA <sup>1</sup>	POS Code	Provider Type	Copay	Life Expectancy	Max Fee <sup>2</sup>	NH <sup>3</sup>
Added for medical equipment vendors; added PA for all provider types.	L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 25, 53, 77, 78	\$3.00	1 year	\$328.25	Not In Rate

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Added for medical equipment vendors; added PA for all provider types.	L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 25, 53, 77, 78	\$3.00	1 year	\$420.19	Not In Rate
Added for medical equipment vendors; added PA for all provider types.	L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf		Y	01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72	04, 15, 17, 25, 53, 77, 78	\$3.00	1 year	\$453.00	Not In Rate

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
15	Chiropractors
17	Therapy Groups
25	Medical Equipment Vendors
53	Individual Medical Supply Providers
77	Physical Therapists
78	Occupational Therapists

<sup>1</sup> Entries in this column indicate whether or not prior authorization (PA) is required for this item.

<sup>2</sup> 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/](http://www.forwardhealth.wi.gov/).

<sup>3</sup> Entries in this column indicate whether or not the item is included in the nursing home rate. "Not In Rate" indicates that the facility is not responsible to provide this item and reimbursement separate from the facility rate may be considered.