

December, 2016

PROVIDER NAME
PROVIDER ADDRESS 1, PROVIDER ADDRESS 2
City, ST, ZIP

Re: Changes to DME, Orthotics, Prosthetics and Supplies Authorization Requirements Effective 1/1/2017

Dear Healthcare Provider,

We are writing to advise you of some important changes to our DME, Orthotics, Prosthetics and Supplies prior authorization requirements for services provided to members of MHS Health Wisconsin Medicaid SSI and BadgerCare, Network Health Medicaid SSI and BadgerCare and MHS Health Wisconsin Advantage HMO SNP.

Procedure Code	Procedure Description
A4210	NEEDLE-FREE INJECTION DEVICE, EACH
A6511	COMPRS BRN GARMNT LW TRNK LEG OPN
A9277	TRANSMITTER: EXT INTERSTITIAL CONT GLU MON SYS
A9278	RECEIVER MON: EXT INTERSTITIAL CONT GLU MON SYS
E0465	HOME VENT ANY TYPE USED INVASV INTF
E0466	HOME VENT TYPE USED NON-INVASV INTF
E0574	US/ELEC AROSL GEN W/SM VOLUME NEB
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELEC
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST, EACH
E1012	WC ACCESS PWR SEAT SYS CNTR MNT EA
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED
E1806	SPS WRIST DEVICE
E1841	STATIC STR SHLDR DEV ROM ADJ
K0609	AUTOMATIC EXTRNL DFBRLTR, W INTGRTD ELECRDGRM ANALYSIS
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WIT
L2540	ADDTN;THIGH-WEIGHT BEARING,LACER,MOLDED TO PATIENT MODEL
L3981	UE FX ORTH SHOUL CAP FOREARM
L6026	PART HAND MYO EXCLU TERM DEV
L7259	ELECTRONIC WRIST ROTATOR ANY
L7364	TWELVE VOLT BATTERY UTAH/EQU
Q4111	GAMMAGRAFT SKIN SUB
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE(BEHIND EAR)
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED

Please note: this list is not all-inclusive. To avoid claim denials for lack of authorization, please check specific HCPCS codes by using the "Medicaid Pre-Auth Needed?" function on our website:
<http://www.mhswi.com/for-providers/pre-auth-needed/medicaid-pre-auth-needed>.

If you have any questions, please call Provider Services at 1-800-222-9831.