

TO: Providers of Prosthetic and Orthotic Services

SUBJECT: HCPCS Procedure Codes and Maximum Fee Allowance;
Prior Authorization Instructions.

EFFECTIVE: Immediately

Attached is an updated listing of HCPCS procedure codes and the maximum fee allowance.

Prosthetic and orthotic appliances requiring prior authorization, as outlined during the Fiscal Agent training sessions, are summarized below. It is important that providers follow these instructions.

1. All prosthetic appliances (except for preparatory (temporary) upper and lower prostheses) for which the provider's charge is \$1,000.00 or more.
2. All orthotic appliances for which the provider's charge is \$500.00 or more.
3. All labor charges for repairs and/or replacement of parts which involve solely the mechanical aspects of an appliance (breakage, and so forth) and for which the provider's charge is \$250.00 or more (repairs or parts) except in an emergency.

NOTE:RP modifier must be used to indicate repair and/or replacement of prosthetic and orthotic devices.

An FD-357 form (Request for Prior Authorization for Prosthetic and Orthotic Services) with an acceptable prescription attached should be submitted as indicated below. The FD-357 form must be completed as described in the Fiscal Agent Billing Supplement.

1. Orthopedic footwear and foot orthotic appliances requests must be forwarded to the Podiatric Consultant, Division of Medical

Assistance and Health Services, CN-712, Trenton, New Jersey 08625-0712.

PLEASE NOTE: Orthopedic footwear attached to a bar or brace (including the bar, brace and/or shoe) request must be forwarded to the appropriate MDO.

2. Forward all prosthetic and orthotic requests for authorization to the appropriate Medicaid District Office (MDO).

MANUAL MAINTENANCE: The enclosed Subchapter 3 HCPCS of the Prosthetic and Orthotic Services Manual (Rev. 7/92), replaces Subchapter 3 HCPCS (Rev. 7/89).

If there are any questions concerning this Newsletter, please contact the Prosthetic and Orthotic Consultant at (609) 588-2772 or your Medicaid District Office.