



May 13, 2020

Web Announcement 2195

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):

Claims for Orthotic Devices that Paid in Error Have Been Reprocessed

Claims submitted by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) with the following Healthcare Common Procedure Coding System (HCPCS) codes for orthotic devices that paid in error with no prior authorization present have been automatically reprocessed. The impacted claims were processed on or after February 1, 2019, through March 16, 2020.

The impacted procedure codes are:

HCPCS Code	HCPCS Code Description
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two-position joint, each
L2580	Addition to lower extremity, pelvic control, pelvic sling

Results of the reprocessed claims appear on the remittance advice dated May 8, 2020. Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual \(MSM\) Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

Reminders: Prior authorization (PA) is required for procedure codes L2540, L2550, L2570 and L2580. If the Authorization Criteria Function returns no results or no records found, please verify PA requirements in [MSM Chapter 1300](#).