

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
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Wheelchairs and durable medical equipment: Changes in maximum allowable fees and life expectancies

Wisconsin Medicaid has revised maximum allowable fees and life expectancies for a select list of wheelchair parts and durable medical equipment. This Update includes a list of changes as well as a revised table listing items that are included or are add-ons to the initial issue of a wheelchair.

Medicaid maximum allowable fees have increased for many wheelchair parts. In addition, Wisconsin Medicaid has adjusted maximum allowable fees on several miscellaneous durable medical equipment (DME) codes for rental and purchase. These changes are designed to encourage maintenance of wheelchairs and are consistent with Medicare reimbursement.

Attachment detail

Attachment 1 of this *Update* identifies changes in maximum allowable fees, effective July 1, 2000. Providers are reminded they are required to bill Wisconsin Medicaid their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to Medicaid benefits. Wisconsin Medicaid

reimburses fee-for-service providers the lesser of Medicaid's maximum allowable fee for the service or the provider's usual and customary charge.

Attachment 2 identifies changes in life expectancies of equipment, effective July 1, 2000.

Attachment 3 lists whether a wheelchair option/accessory is allowable at the time of initial issue, later as an add-on, or as a replacement after expiration of life expectancy. This replaces Attachment 3 of *Update* 96-24. New items and changes are displayed in bold.

Attachment 4 lists wheelchair options and accessories and indicates whether they are included in the initial issue of a wheelchair or allowed as an add-on cost. This replaces Attachment 2 of *Update* 99-01. New items and changes are displayed in bold. Please note that several items were deleted from column 2 (*not* considered part of the initial issue of a wheelchair) since the previous attachment was published.

Deletion of wheelchair add-on procedure code

The following item is no longer payable by Wisconsin Medicaid and is being deleted from the DME Index:

K0461 – Power add-on, to convert manual wheelchair to motorized wheelchair, tiller control (type of service, purchase and rental).

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about their billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Maximum Allowable Fees - Changes

Increase in Max Fees:

Procedure Code	Description	Type of Service	New Fee
K0016	Detachable, adjustable height armrest, complete assembly, each	P	\$79.23
K0026	Back upholstery for ultralightweight or high strength lightweight wheelchair	P	\$33.35
K0027	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	P	\$33.35
K0032	Seat upholstery for ultralightweight or high strength lightweight wheelchair	P	\$31.62
K0033	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair	P	\$31.62
K0034	Heel loop, each	P	\$14.46
K0035	Heel loop with ankle strap, each	P	\$21.00
K0036	Toe loop, each	P	\$13.39
K0040	Adjustable angle footplate, each	P	\$60.54
K0043	Footrest, lower extension tube, each	P	\$15.84
K0044	Footrest, upper hanger bracket, each	P	\$13.49
K0045	Footrest, complete assembly	P	\$45.90
K0046	Elevating legrest, lower extension tube, each	P	\$15.84
K0047	Elevating legrest, upper hanger bracket, each	P	\$62.01
K0048	Elevating legrest, complete assembly	P	\$95.21
K0053	Elevating footrests, articulating (telescoping), each	P	\$82.71
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair	P	\$84.84
K0055	Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair	P	\$77.10
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	P	\$100.70
K0058	Seat depth 17" or 18" for motorized/power wheelchair	P	\$48.94
K0065	Spoke protectors, each	P	\$36.05
K0068	Pneumatic tire tube, each	P	\$5.25
K0079	Wheel lock extension, pair	P	\$41.01
K0100	Amputee adapter, pair	P	\$60.94
K0100	Amputee adapter, pair	R	\$0.24

Decreases in Max Fees:

Procedure Code	Description	Type of Service	New Fee
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed; pair, complete with tips and handgrip	P	\$62.91
E0147	Heavy duty, multiple braking system, variable wheel resistance walker	P	\$350.00
E0147	Heavy duty, multiple braking system, variable wheel resistance walker	R	\$1.17
E0156	Seat attachment, walker	P	\$21.43
E0164	Commode chair; mobile, with fixed arms	P	\$173.03
E0164	Commode chair; mobile, with fixed arms	R	\$0.84
E0651	Pneumatic compressor; segmental home model without calibrated gradient pressure	P	\$876.02
E0651	Pneumatic compressor; segmental home model without calibrated gradient pressure	R	\$2.98
E0720	Two lead, localized stimulation	P	\$350.61
E0720	Two lead, localized stimulation	R	\$1.17
E0730	Four lead, larger area/multiple nerve stimulation	P	\$353.45
E0730	Four lead, larger area/multiple nerve stimulation	R	\$1.18
E0776	I.V. pole (not for use with portable pumps)	P	\$136.55
E0776	I.V. pole (not for use with portable pumps)	R	\$0.59
E0942	Cervical head harness/halter	P	\$16.10
K0004	High strength, lightweight wheelchair	P	\$1,050.00
K0004	High strength, lightweight wheelchair	R	\$3.50
K0059	Plastic coated handrim, each	P	\$30.25
K0092	Rear wheel assembly for power wheelchair, complete, each	P	\$70.00
K0093	Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each	P	\$48.00
K0095	Wheel tire tube other than zero pressure for each base, any size, each	P	\$20.00
K0096	Wheel assembly for power base, complete, each	P	\$120.00
K0459	Heavy duty wheeled walker, each (for recipients over 300 lbs.)	P	\$212.89
K0459	Heavy duty wheeled walker, each (for recipients over 300 lbs.)	R	\$0.71
L2102	Ankle-foot-orthosis (AFO); fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient	P	\$374.81
L3815	WHFO, addition to short and long opponens; second M.P. abduction assist	P	\$47.43
L3970	SEO, addition to mobile arm support, elevating proximal arm	P	\$214.29
W6827	Transfer tub bench	P	\$150.00
W6827	Transfer tub bench	R	\$0.84

ATTACHMENT 2

Life Expectancies of Equipment - Changes

Shorter Life Expectancies:

Procedure Code	Description	New Life Expectancy	Type of Service
K0019	Armpad, each	2 years	P
K0021	Anti-tipping device, each	3 years	P
K0035	Heel loop with ankle strap, each	1 year	P
K0036	Toe loop, each	1 year	P
K0040	Adjustable angle footplate, each	3 years	P
K0043	Footrest, lower extension tube, each	2 years	P
K0044	Footrest, upper hanger bracket, each	2 years	P
K0045	Footrest, complete assembly	3 years	P
K0046	Elevating legrest, lower extension tube, each	2 years	P
K0047	Elevating legrest, upper hanger bracket, each	2 years	P
K0048	Elevating legrest, complete assembly	3 years	P
K0049	Calf pad, each	2 years	P
K0066	Solid tire, any size, each	2 years	P
K0067	Pneumatic tire, any size, each	2 years	P
K0068	Pneumatic tire tube, each	1 year	P
K0074	Pneumatic caster tire, any size, each	2 years	P
K0075	Semi-pneumatic caster tire, any size, each	2 years	P
K0076	Solid caster tire, any size, each	2 years	P
K0077	Front caster assembly, complete, with solid tire, each	2 years	P
K0081	Wheel lock assembly, complete, each	1 year	P
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	1 year	P
K0095	Wheel tire tube other than zero pressure for each base, any size, each	1 year	P

Longer Life Expectancies:

K0101	One-arm drive attachment, each	2 years	P
E0277	Powered pressure-reducing air mattress	5 years	P

ATTACHMENT 3

Coverage of Wheelchair Options and Accessories

The following table designates whether a wheelchair option/accessory (designated by an “X” in the applicable column) is allowable at the time of the initial issue of the wheelchair, later as an add-on, or as a replacement following expiration of the Wisconsin Medicaid life expectancy of the option/accessory. All services must be medically necessary. For add-ons and replacements, the date of the wheelchair purchase must be indicated on the Prior Authorization Request Form.

Applicable time frames are calculated based on the following definitions and formula.

“Initial issue” refers to wheelchair options/accessories requested on the same date of service as the initial issue of the wheelchair.

“Add-on” refers to wheelchair options/accessories requested one or more days after the date of service of the initial issue of the wheelchair, until the end of the life expectancy limitation of the wheelchair option/accessory as listed in the Durable Medical Equipment (DME) Index. This is calculated from the date of service of the initial issue of the wheelchair.

“Replacement” refers to wheelchair options/accessories requested after the expiration of the life expectancy of the wheelchair option/accessory as listed in the DME Index. This is calculated from the date of service of the initial issue of the wheelchair.

Note: All procedure codes for options and accessories apply to wheelchairs. Procedure codes with an asterisk (*) apply to both wheelchairs and scooters. **New items and changes are displayed in bold.**

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0015	Detachable, non-adjustable height armrest, each			X
K0016	Detachable, adjustable height armrest, complete assembly, each	X	X	X
K0017	Detachable, adjustable height armrest, base, each			X
K0018	Detachable, adjustable height armrest, upper portion each			X
K0019	Arm pad, each			X
K0020	Fixed, adjustable height armrest, pair			X
K0021	Anti-tipping device, each	X	X	X
K0022	Reinforced back upholstery		X	X
K0023	Solid back insert, planar back, single density foam, attached with straps	X	X	X
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	X	X	X
K0025	Hook-on headrest extension	X	X	X
K0026	Back upholstery for ultralightweight or high strength lightweight wheelchair			X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0027	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair			X
K0028	Fully reclining back (manually operated)	X	X	X
K0029	Reinforced seat upholstery		X	X
K0030	Solid seat insert, planar seat, single density foam	X	X	X
K0031	Safety belt/pelvic strap, each	X	X	X
K0032	Seat upholstery for ultralightweight or high strength lightweight wheelchair			X
K0033	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair			X
K0034	Heel loop, each	X	X	X
K0035	Heel loop with ankle strap, each	X	X	X
K0036	Toe loop, each	X	X	X
K0037	High mount flip-up footrest, each	X	X	X
K0038	Leg strap, each	X	X	X
K0039	Leg strap, H style, each	X	X	X
K0040	Adjustable angle footplate, each	X	X	X
K0041	Large size footplate, each	X	X	X
K0042	Standard size footplate, each			X
K0043	Footrest, lower extension tube, each			X
K0044	Footrest, upper hanger bracket, each			X
K0045	Footrest, complete assembly			X
K0046	Elevating legrest, lower extension tube, each			X
K0047	Elevating legrest, upper hanger bracket, each			X
K0048	Elevating legrest, complete assembly	X	X	X
K0049	Calf pad, each			X
K0050	Ratchet assembly			X
K0051	CAM release assembly, footrest or legrest, each			X
K0052	Swingaway, detachable footrests, each			X
K0053	Elevating footrests, articulating (telescoping), each	X	X	X
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultralightweight wheelchair	X		

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0055	Seat depth of 15", 17", or 18" for a high strength, lightweight or ultralightweight wheelchair	X		
K0056	Seat height < 17" or > or equal to 21" for a high strength, lightweight or ultralightweight wheelchair	X		
K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	X		
K0058	Seat depth 17" or 18" for motorized/power wheelchair	X		
K0059	Plastic coated handrim, each	X	X	X
K0060	Steel handrim, each			X
K0061	Aluminum handrim, each			X
K0062	Handrim with 8-10 vertical or oblique projections, each	X	X	X
K0063	Handrim with 12-16 vertical or oblique projections, each	X	X	X
K0064	Zero pressure tube (flat free inserts), any size, each	X	X	X
K0065	Spoke protectors, each	X	X	X
K0066	Solid tire, any size, each			X
K0067	Pneumatic tire, any size, each			X
K0068	Pneumatic tire tube, each			X
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each			X
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each			X
K0071	Front caster assembly, complete, with pneumatic tire, each			X
K0072	Front caster assembly, complete, with semi-pneumatic tire, each			X
K0073	Caster pin lock, each			X
K0074	Pneumatic caster tire, any size, each	X	X	X
K0075	Semi-pneumatic caster tire, any size, each			X
K0076	Solid caster tire, any size, each			X
K0077	Front caster assembly, complete, with solid tire, each			X
K0078	Pneumatic caster tire tube, each			X
K0079	Wheel lock extension, pair	X	X	X
K0080	Anti-rollback device, pair	X	X	X
K0081	Wheel lock assembly, complete, each			X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0082	22 NF deep cycle lead acid battery, each (nursing home patients must own wheelchair)	X		X
K0083	22 NF gel cell battery, each	X		X
K0084	Group 24 deep cycle lead acid battery, each (nursing home patients must own wheelchair)	X		X
K0085	Group 24 gel cell battery, each	X		X
K0086	U-1 lead acid battery, each (nursing home patients must own wheelchair)	X		X
K0087	U-1 gel cell battery, each	X		X
K0088	Battery charger, lead acid or gel cell			X
K0090	Rear wheel tire for power wheelchair, any size, each			X
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each			X
K0092	Rear wheel assembly for power wheelchair, complete, each			X
K0093	Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each	X	X	X
K0094	Wheel tire for power base, any size, each			X
K0095	Wheel tire tube other than zero pressure for each base, any size, each			X
K0096	Wheel assembly for power base, complete, each			X
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	X		X
K0098	Drive belt for power wheelchair			X
K0099	Front caster for power wheelchair, each			X
K0100	Amputee adapter, pair	X	X	X
K0101	One-arm drive attachment, each	X	X	X
K0102*	Crutch and cane holder, each	X	X	X
K0103*	Transfer board, < 25"	X	X	X
K0104*	Cylinder tank carrier, each	X	X	X
K0105*	IV hanger	X	X	X
K0106	Arm trough, each	X	X	X
K0107	Wheelchair tray	X	X	X
K0108*	Other accessories	X	X	X

ATTACHMENT 4

Wheelchair Options and Accessories

The wheelchair options and accessories listed in Column II are either included in the reimbursement for the corresponding item(s) in Column I or duplicate the corresponding item(s) in Column I. **New items and changes are displayed in bold.**

Column I	Column II
	Not reimbursable when provided on the same date of service as the corresponding item(s) in Column I.
E1230 - Power operated vehicle (complete), 3 wheel non-highway	K0082, K0083, K0084, K0085, K0086, K0087, K0088
E1230-30 - Rear wheel drive	K0082, K0083, K0084, K0085, K0086, K0087, K0088
K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009 - Manual wheelchair base	K0015, K0017, K0018, K0019, K0020, K0022, K0026, K0027, K0029, K0032, K0033, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, W6804, E1340
K0010, K0011, K0012, K0013, K0014 - Power wheelchair base	K0015, K0017, K0018, K0019, K0029, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0088, K0090, K0092, K0094, K0098, K0099, W6804, E1340
K0016 - Detachable, adjustable height armrest, complete assembly, each	K0017, K0018, K0019
K0035 - Heel loop with ankle strap, each	K0034
K0039 - Leg strap, H style, each	K0038
K0045 - Footrest, complete assembly	K0043, K0044
K0046 - Elevating legrest, lower extension tube, each	K0043
K0047 - Elevating legrest, upper hanger bracket, each	K0044
K0048 - Elevating legrest, complete assembly	K0043, K0044, K0045, K0046, K0047, K0049
K0053 - Elevating footrests, articulating (telescoping), each	K0048
K0069 - Rear wheel assembly, complete, with solid tire, spokes or molded, each	K0066
K0070 - Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	K0067, K0068
K0071 - Front caster assembly, complete, with pneumatic tire, each	K0074, K0078
K0072 - Front caster assembly, complete, with semi-pneumatic tire, each	K0075
K0077 - Front caster assembly, complete, with solid tire, each	K0076
K0090 - Rear wheel tire for power wheelchair, any size, each	K0091
K0092 - Rear wheel assembly for power wheelchair, complete, each	K0090, K0091
K0096 - Wheel assembly for power base, complete, each	K0094, K0095
K0195 - Elevating legrest, pair	K0043, K0044, K0045, K0046, K0047