

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Home Health Agencies
Individual Medical Supply Providers
Medical Equipment Vendors
Nursing Homes
Occupational Therapists
Personal Care Agencies
Pharmacies
Physical Therapists
Rehabilitation Agencies
Speech and Hearing Clinics
Speech-Language Pathologists
Therapy Groups
HMOs and Other Managed Care Programs

Changes to the Durable Medical Equipment Index/Maximum Allowable Fee Schedule

Effective for dates of service on and after September 1, 2001, Wisconsin Medicaid is making changes that will affect durable medical equipment (DME) coverage, policies, and limitations. These changes include:

- Coverage changes, with certain procedure codes being added and others being deleted.
- Prior authorization (PA) changes.
- Life expectancy limit changes.
- Maximum allowable fee changes.

Prior authorization changes

Heavy duty walkers

Prior authorization is now required for the initial purchase of procedure code E0147 — Heavy duty, multiple braking system, variable wheel resistance walker.

Transfer tub benches

Prior authorization is no longer required for the initial purchase of procedure code W6827 — Transfer tub bench.

Attachment

Attachment 1 of this *Update* lists the changes to the DME Index/Maximum Allowable Fee (MAF) Schedule. Abbreviations and column

headings correspond to those listed in the current Medicaid DME Index (pages 2 through 4). Please make a note of these changes in your current index or obtain an updated version from the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

You may also purchase copies of the revised DME Index from Wisconsin Medicaid. Copies are available on paper, tape cartridge, microfiche, or diskette. Refer to the Claims Submission section of the All-Provider Handbook for ordering instructions.

Services performed before September 1, 2001

Providers may want to keep their paper copy of the DME Index dated August 2000, to bill for services performed before September 1, 2001.

Clarification regarding procedure code K0195

Procedure code K0195 (Elevating legrest, pair) was listed in error in Attachment 4 of the June 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-17), titled “Wheelchairs and durable medical equipment: Changes in maximum allowable fees and life expectancies.” Wisconsin Medicaid does not

cover this procedure code except on Medicare crossover claims. Attachment 2 of this *Update* replaces Attachment 4 of *Update* 2000-17.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. 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

Durable Medical Equipment HCPCS Update – Effective September 1, 2001

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copay	Comments/ Policy	Replacement Codes
Add	E0148	P	Walker, heavy duty, without wheels, rigid or folding, any type, each	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$120.00	Yes	No	4 yrs		\$3.00		K0458
Add	E0148	R	Walker, heavy duty, without wheels, rigid or folding, any type, each	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$0.40	60 days	No					K0458
Add	E0149	P	Walker, heavy duty, wheeled, rigid or folding, any type, each	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$212.89	Yes	No	4 yrs		\$3.00		K0459
Add	E0149	R	Walker, heavy duty, wheeled, rigid or folding, any type, each	24 26 34 38 44 54 58 65	0 3 4 7 8	170	\$0.71	60 days	No					K0459
Add	E0168	P	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	24 26 44 54 58	3 4	170	\$144.38	Yes	No	5 yrs		\$3.00		K0457
Add	E0298	P	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	24 26 44 54 58	3 4	11J		Yes	No	8 yrs		\$3.00		K0456
Add	K0541	P	Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0541	R	Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	K0542	P	Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0542	R	Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	K0543	P	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0543	R	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copay	Comments/ Policy	Replacement Codes
Add	K0544	P	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0544	R	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	K0545	P	Speech generating software program, for personal computer or personal digital assistant	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0545	R	Speech generating software program, for personal computer or personal digital assistant	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	K0546	P	Accessory for speech generating device, mounting system	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0546	R	Accessory for speech generating device, mounting system	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	K0547	P	Accessory for speech generating device, not otherwise classified	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R	\$3.00		E1900
Add	K0547	R	Accessory for speech generating device, not otherwise classified	24 26 36 38 44 54 58 65 78	0 3 4 7 8	11J		Yes	No		R			E1900
Add	L3760	P	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	24 26 34 35 38 44 54 58 65	0 3 4 7 8	170	\$326.64	No	Yes	2 years	R	\$3.00		
Add	L3923	P	Hand finger orthosis, without joint(s), prefabricated, includes fitting and adjustments, any type	24 26 34 35 38 44 54 58 65	0 3 4 7 8	170	\$27.19	No	Yes	1 year	R	\$2.00		
Change	E0110	P	Crutches, forearm, includes crutches of various materials, adjustable or fixed; pair complete with tips and handgrip			170	\$70.23						Max fee increased	
Change	E0112	P	Crutches, underarm, wood, adjustable or fixed; pair with pads, tips and handgrip			170	\$30.09						Max fee reduced	
Change	E0113	P	Crutch, underarm, wood, adjustable or fixed; each with pad, tip and handgrip			170	\$17.18						Max fee reduced	
Change	E0114	P	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips			170	\$40.15						Max fee increased	

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb	Copay	Comments/ Policy	Replacement Codes
Change	E0116	P	Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip			170	\$22.56						Max fee increased	
Change	E0130	P	Walker, rigid (pickup), adjustable or fixed height			170	\$57.11						Max fee increased	
Change	E0135	P	Walker, folding (pickup), adjustable or fixed height			170	\$72.18						Max fee increased	
Change	E0141	P	Rigid walker, wheeled, without seat			170	\$99.27						Max fee increased	
Change	E0143	P	Folding walker, wheeled, without seat			170	\$115.02						Max fee increased	
Change	E0147	P	Heavy duty, multiple braking system, variable wheel resistance walker					Yes					Initial purchase requires PA	
Change	E0153	P	Platform attachment; forearm crutch, each			170	\$57.75						Max fee increased	
Change	E0155	P	Wheel attachment, rigid pick-up walker, per pair			170	\$27.18						Max fee increased	
Change	E0158	P	- Leg extensions for walker, per set of four (4)			170	\$26.19						Max fee increased	
Change	E0165	R	Commode chair, stationary, with detachable arms			170	\$0.52						Max fee reduced	
Change	E0570	R	Nebulizer with compressor, (e.g., Devilbiss Pulmo-aid)			170	\$0.49						Max fee reduced	
Change	L8501	P	Tracheostomy speaking valve (each)										Life expectancy removed	
Change	W6827	P	Transfer tub bench					No					PA no longer required on initial purchase	
Delete	E0142	P, R	Rigid walker, wheeled, with seat											
Delete	E0145	P, R	Walker, wheeled, with seat and crutch attachments											
Delete	E0146	P, R	Folding walker, wheeled, with seat											

ATTACHMENT 2

Wheelchair Options and Accessories

This attachment replaces Attachment 4 of the June 2000 *Wisconsin Medicaid and BadgerCare Update 2000-17*. 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