

Wisconsin Medicaid update and BadgerCare

July 2001 • No. 2001-23
PHC 1809

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Blood Banks
Home Health Agencies
Individual Medical Supply Providers
Medical Equipment Vendors
Nursing Homes
Personal Care Agencies
Pharmacies
HMOs and Other Managed Care Programs

Changes to the Disposable Medical Supplies Index

Effective for dates of service on and after September 1, 2001, use the disposable medical supplies (DMS) procedure codes included in the attached index.

Disposable medical supplies changes

Effective for dates of service on and after September 1, 2001, Wisconsin Medicaid is making significant changes that will affect disposable medical supplies (DMS) coverage, policies, and limitations. These changes include the following:

- Adding new HCFA Common Procedure Coding System (HCPCS) codes. New codes are designated by “N” under the “New” column of the index.
- Changing some HCPCS and local codes. Codes with changes are designated by “C” under the “New” column of the index.

Deletion of HCPCS and local codes from the Disposable Medical Supplies Index

The following procedure codes and modifiers have been deleted from the DMS Index:

- A4335 — Modifiers 20 and 30.
- A4358 — Modifiers 10, 30, 50, 60, and 70.
- A4361 — Modifier 20.
- A4364 — Modifiers 10, 20, and 30.
- A4367 — Modifier 50.
- A4397 — Modifier 30.

- A4399 — Modifier 30.
- A4421 — Code and all modifiers.
- A4455 — Modifiers 10 and 30.
- A4560.
- A4615 — Modifiers 10 and 20.
- A4616 — Modifiers 10, 20, 30, 40, 50, and 60.
- A4621 — Modifiers 10, 30, 40, and 45.
- A4624 — Modifier 40.
- A4860 — Modifier 20.
- A5052 — Modifiers 30, 60, and 70.
- A5054 — Modifiers 30 and 40.
- A5055 — Modifier 10.
- A5061 — Modifiers 30 and 40.
- A5063 — Modifier 30.
- A5064 — Code and all modifiers.
- A5065.
- A5074.
- A5075.
- K0137 — Code and all modifiers.
- K0138.
- K0139.
- K0168 through K0182.
- K0190 through K0192.
- K0277 through K0283.
- K0400 through K0439.
- W1242 and W1243.
- W1248.
- W1270 through W1272.
- W1326.
- W1333 through W1334.

Attachment

The Attachment of this *Update* lists the procedure codes reimbursable by Wisconsin Medicaid, as well as coverage and limitations applicable to each code. It completely replaces the index dated October 1, 2000, which was mailed as part of the October 2000 *Wisconsin Medicaid and BadgerCare Update* (2000-49), titled “Revised Disposable Medical Supplies Index.” You may obtain additional copies of the *Update* and Index through the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Services performed before September 1, 2001

Providers may want to keep their paper copy of the DMS Index dated October 1, 2000, to bill for services performed before September 1, 2001. However, the old index is available on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Select “Archived (Retired) Updates” under the year in which the index was published or select “Archived Publications” under your provider type.

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

DISPOSABLE MEDICAL SUPPLIES INDEX MAXIMUM ALLOWABLE FEE SCHEDULE

The Disposable Medical Supplies (DMS) Index/Maximum Allowable Fee Schedule (MAFS) contains information necessary for proper billing of DMS supplies. This DMS Index/MAFS completely replaces prior DMS Index.

Wisconsin Medicaid utilizes HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Health Care Financing Administration (HCFA), as well as Wisconsin Medicaid local codes. When using the procedure codes listed in this index, providers must select the procedure code that most accurately identifies the supply or service ordered and dispensed.

In accordance with the Terms of Reimbursement, Wisconsin Medicaid-certified providers are reimbursed for services provided to eligible recipients at the lesser of the billed amount or the maximum allowable fee for the procedure.

Wisconsin Administrative Code HFS 107.24(2)(b) states covered services are limited to supplies contained in the Wisconsin Medicaid DMS Index. Supplies requested which are not contained in the indices require prior authorization (PA). To request PA, complete and submit a Prior Authorization Request Form (PA/RF) and a Prior Authorization Durable Medical Attachment (PA/DMEA) according to instructions given in the Durable Medical Equipment Handbook. Providers are also required to:

- Indicate the code from the DMS Index for a supply item that most closely matches the item to be dispensed in Element 14 of the PA/RF .
- Indicate the modifier “PA” in Element 15 of the PA/RF.
- Include a complete description of the item, product information, and the medical necessity for the service or supply.

When there is no similar service or code listed in the DMS Index, indicate the “not otherwise classified” (NOC) code W6499. Therefore, prior to using the NOC procedure code, you must determine that a specific HCPCS or local procedure code is not available.

If you have questions regarding the information attached, please contact the Division of Health Care Financing (DHCF) Community Services Section by writing to:

DMS Policy Analyst
Community Services Section, DHCF
P.O. Box 309
Madison, WI 53701-0309

**KEY TO READING THE DISPOSABLE MEDICAL SUPPLIES INDEX
MAXIMUM ALLOWABLE FEE SCHEDULE**

CODE: Five-digit alphanumeric HCFA Common Procedure Coding System (HCPCS) National Level II codes developed by the federal Health Care Financing Administration (HCFA), or Wisconsin Medicaid-assigned local procedure codes that identify the Disposable Medical Supplies (DMS).

MOD: Modifiers used by Wisconsin Medicaid to indicate additional entries of procedure codes associated to the HCPCS and Wisconsin Medicaid-assigned base codes.

Y - Indicates modifiers specified must always be used when billing for the procedure code.

N - Indicates modifiers are not required when billing for the procedure code but, if listed, may be used if the modifier indicates a more accurate definition of the supply.

IN NH RATE: YES - Indicates that the item is included in the nursing home daily rate and is not separately reimbursable for Wisconsin Medicaid nursing home residents.

NO - Indicates this item is not included in the nursing home daily rate and is separately reimbursable for Wisconsin Medicaid nursing home recipients.

IN HC RATE: YES - Indicates that the item is included in the home care visit rate and is not separately reimbursable for Wisconsin Medicaid home care recipients.

NO - Indicates this item is not included in the home care visit rate and is separately reimbursable for Wisconsin Medicaid home care recipients.

DESCRIPTION: Base HCPCS or Wisconsin Medicaid-assigned local procedure code. The description that appears in the first row of each procedure code is the description that will appear on Remittance and Status (R/S) Reports, regardless of the modifier used. Providers will need to use the DMS Index/Maximum Allowable Fee Schedule (MAFS) with the R/S Report to verify Wisconsin Medicaid's maximum allowable fee payments.

Descriptions may also indicate quantities of each, package and per box, which is considered one unit. For example, a box may contain multiple items. If "per box of 100" is indicated, the quantity or unit is equal to one (1).

MAX FEE: Maximum allowable fee for each procedure code and modifier.

MAX QTY ALLOWED/MO: Quantity allowed per recipient, per calendar month (January, February, March, etc.) unless a different time period is indicated.

NEW: Current DMS Index/MAFS revisions.

C - indicates changes.

N - indicates new information.