

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

Durable Medical Equipment Index/Maximum Allowable Fee Schedule changes

Effective for dates of service on and after February 1, 2002, Wisconsin Medicaid is making changes that will affect durable medical equipment (DME) coverage, policies, and limitations. These changes are consistent with quarterly HCFA Common Procedure Coding System (HCPCS) changes from the Centers for Medicare and Medicaid Services (CMS), formerly HCFA.

Effective for dates of service on and after February 1, 2002, Wisconsin Medicaid is making changes that will affect durable medical equipment (DME) coverage, policies, and limitations. These changes reflect quarterly HCFA Common Procedure Coding System (HCPCS) changes from the Centers for Medicare and Medicaid Services, formerly HCFA, and the Division of Health Care Financing. The changes include:

- Coverage changes, with certain HCPCS procedure codes being added and others being deleted.
- Prior authorization changes.
- Life expectancy limit changes.

Attachment

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* lists the changes to the DME Index/Maximum Allowable Fee Schedule (MAFS). 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.** Providers may obtain a current

copy of the DME Index/MAFS from the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

You may also purchase copies of the current 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.

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

Durable Medical Equipment HCPCS update – effective February 1, 2002

Action	Procedure Code	TOS	Description	Allowed Provider Types	POS	PAC	Max Fee	PA Req.	Bilateral	Life Expectancy	NH Reimb.	Copay	Comments/Policy	Replaces Codes
Add	K0549	P	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	24 26 44 54 58	3 4	170	\$3393.75	Yes	No	10 yrs		\$3.00		E0298
Add	K0549	R	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	24 26 44 54 58	3 4	170	\$7.54	60 days	No					
Add	K0550	P	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	24 26 44 54 58	3 4	170	\$5400.00	Yes	No	10 yrs		\$3.00		E0298
Add	K0550	R	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	24 26 44 54 58	3 4	170	\$12.00	60 days	No					
Add	K0551	P	Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each	24 26 44 54 58	3 4	11J		Yes	Yes	4 yrs		\$3.00		
Change	L8500	P	Artificial larynx, any type					No		No			Prior Authorization and Life Expectancy no longer required	
Delete	K0008	P	Custom manual wheelchair/base										HCPCS* deleted in 2001	
Delete	K0013	P	Custom motorized/power wheelchair base										HCPCS deleted in 2001	
Delete	E0298	P	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress										HCPCS deleted in 2001	

*HCPCS: HCFA Common Procedure Coding System