# May 200

May 2002 • No. 2002-17 PHC 1862

Wisconsin Medicaid and BadgerCare Information for Providers

To:

- Federally Qualified Health Centers Nurse Practitioners Physician Assistants Physician Clinics Physicians Rural Health Clinics HMOs and Other
- Managed Care Programs

# Coverage of anti-emetic drugs

Effective for dates of service on and after July 1, 2001, providers submitting claims for anti-emetic drugs for Medicaid recipients receiving chemotherapy should use HCFA Common Procedure Coding System (HCPCS) "Q" codes.

### Submitting claims for anti-emetic drugs

Effective for dates of service (DOS) on and after *July 1, 2001*, physicians, physician assistants, and nurse practitioners submitting claims for anti-emetic drugs for recipients receiving chemotherapy should use the HCFA Common Procedure Coding System (HCPCS) "Q" codes listed in the Attachment of this *Wisconsin Medicaid and BadgerCare Update.* The "Q" codes listed in the Attachment should be used instead of procedure codes J3490 and J8499.

Providers who may receive reimbursement for these "Q" codes include:

- Physicians.
- Physician assistants.
- Nurse practitioners.

These providers should not submit claims to Wisconsin Medicaid for these services if a pharmacy has already been reimbursed for the same service under the National Drug Code or if the provider was previously reimbursed for the service under procedure codes J3490 or J8499. Before submitting a claim, providers are responsible for verifying that a pharmacy is not already billing for an anti-emetic drug given to a recipient for the same DOS.

## 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 Wisconsin Medicaid-covered anti-emetic procedure codes

Effective for dates of service on and after July 1, 2001, providers submitting claims for Medicaid anti-emetic drugs for Medicaid recipients during chemotherapy should use the following HCFA Common Procedure Coding System (HCPCS) "Q" codes. Refer to HCPCS for full descriptions of these procedure codes. The type of service code "1" (medical) applies to all the following procedure codes. These codes will be included in the Physician Services Maximum Allowable Fee Schedule at a later date.

Procedure code	Description	Maximum allowable fee as of July 1, 2001
Q0163	Diphenhydramine HCI, 50 mg	\$0.02
Q0164	Prochlorperazine maleate, 5 mg	\$0.34
Q0165	Prochlorperazine maleate, 10 mg	\$0.49
Q0166	Granisetron HCI, 1 mg	\$41.76
Q0167	Dronabinol, 2.5 mg	\$3.33
Q0168	Dronabinol, 5 mg	\$5.88
Q0169	Promethazine HCI, 12.5 mg	\$0.05
Q0170	Promethazine HCI, 25 mg	\$0.15
Q0171	Chlorpromazine HCl, 10 mg	\$0.24
Q0172	Chlorpromazine HCI, 25 mg	\$0.40
Q0174	Thiethylperazine maleate, 10 mg	\$0.52
Q0175	Perphenzaine, 4 mg	\$0.25
Q0176	Perphenzaine, 8 mg	\$0.32
Q0177	Hydroxyzine pamoate, 25 mg	\$0.06
Q0178	Hydroxyzine pamoate, 50 mg	\$0.08
Q0179	Ondansetron HCl, 8 mg	\$25.64
Q0180	Dolasetron mesylate, 100 mg	\$67.66