

To:

- Home Health Agencies
- Individual Medical Supply Providers
- Medical Equipment Vendors
- Nurse Midwives
- Nurses in Independent Practice
- Nursing Homes
- Personal Care Agencies
- Pharmacies
- HMOs and Other Managed Care Programs

Copayment for disposable medical supplies

This *Wisconsin Medicaid and BadgerCare Update* reiterates current policy regarding recipient copayment for disposable medical supplies (DMS). Providers should collect copayment for DMS based on the maximum allowable fee of the supply for each date of service (DOS). The quantity of the supply dispensed on that DOS is *not* a factor when determining copayment amounts.

Providers should collect copayment for disposable medical supplies (DMS) based on the maximum allowable fee of the supply for each date of service (DOS). The quantity of the supply dispensed on that DOS is *not* a factor when determining copayment amounts.

For example, composite dressings have a maximum allowable fee of \$2.71. The recipient copayment for composite dressings will be \$.50 for each DOS regardless of the quantity dispensed. Refer to the following table for examples of DMS copayment amounts.

Recipient copayment amounts for DMS may change to a different copayment level if the Medicaid maximum allowable fee for that supply changes. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the DMS maximum allowable fee table.

Copayment limitations and requirements

Federal law permits states to charge a recipient copayment for certain services. Providers are required to make a reasonable attempt to collect copayment from the recipient. Providers are not allowed to waive the recipient copayment requirement; however, providers cannot deny services to a recipient who fails to make a copayment. Wisconsin Medicaid has no limitation on the total amount of copayment a recipient may be required to pay in a calendar month for over-the-counter drugs and DMS.

Examples of DMS copayment amounts				
DOS	Procedure code (Supply)	Maximum allowable fee, per procedure code	Quantity dispensed	Copayment amount, per DOS
4/15/04	A6201 (Composite dressing)	\$2.71	3	\$.50
4/25/04	A6201 (Composite dressing)	\$2.71	8	\$.50

Providers are reminded that the following services are exempt from copayment requirements:

- Emergency services.
- Family planning and related supplies.
- Hearing aid batteries.
- Home care services.
- Hospice care services.
- Services covered by a Medicaid managed care program provided to enrollees of the managed care program.
- Services provided to a pregnant woman if the services are related to pregnancy.
- Services provided to nursing home residents.
- Services provided to recipients under 18 years of age.

Obtaining information

The DMS Index lists the supplies covered by Wisconsin Medicaid, the maximum allowable fee for each supply, and the limitations applicable to each. Providers may access an interactive, online version or a Portable Document Format (PDF) version of the DMS Index on the Medicaid Web site at www.dhfs.state.wi.us/medicaid/. Providers may also download the electronic version of the Index from the Medicaid Web site. Contact Provider Services at (800) 947-9627 or (608) 221-9883 to purchase additional copies of the DMS Index, or write to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Information regarding Medicaid HMOs

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/.

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ATTACHMENT

Maximum allowable fees for disposable medical supplies

Providers should collect copayment for disposable medical supplies based on the maximum allowable fee of the supply for each date of service (DOS). Providers are reminded that the quantity of the supply dispensed is *not* a factor when determining copayment amounts.

Maximum allowable fee, per procedure code	Copayment amount, per DOS
Up to \$10.00	\$.50
From \$10.01 to \$25.00	\$1.00
From \$25.01 to \$50.00	\$2.00
Over \$50.00	\$3.00
Urine or blood test strips	\$.50