

To:
Blood Banks
Home Health Agencies
Individual Medical Supply Providers
Medical Equipment Vendors
Nurses in Independent Practice
Nursing Homes
Personal Care Agencies
Pharmacies
HMOs and Other Managed Care Programs

Procedure code updates for disposable medical supplies

Effective for dates of service (DOS) on and after January 1, 2004, Wisconsin Medicaid is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2004 Healthcare Common Procedure Coding System (HCPCS) procedure code changes from the Centers for Medicare and Medicaid Services. These changes include the following:

- Adding new HCPCS procedure codes.
- Enddating HCPCS procedure codes that are not on the national code list.
- Adding procedure code changes.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes, procedure code descriptions, procedure code status, copayment amounts, maximum fees, nursing home reimbursement status, and procedure code requirements.

The procedure code changes listed in the attachment affect the following providers:

- Blood Banks.
- Home Health Agencies.
- Individual Medical Supply Providers.
- Medical Equipment Vendors.
- Nurses in Independent Practice.
- Nursing Homes.
- Personal Care Agencies.
- Pharmacies.

Refer to the Disposable Medical Supply Index for a complete list of reimbursable DMS procedure codes.

Changes to the DMS Index are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

For specific coverage limitations on the procedure codes listed in this *Update*, refer to provider-specific *Updates* and handbooks.

Prior authorization

New requests for prior authorization

Effective immediately, providers must use the new procedure codes for new requests for prior authorization (PA) (with future DOS) received by Wisconsin Medicaid.

Approved and modified prior authorizations currently in effect

For approved and modified PAs currently in effect with *grant dates before* January 1, 2004, and *expiration dates on and after* April 1, 2004, Wisconsin Medicaid will identify and convert all discontinued procedure codes. The discontinued procedure codes will remain effective for DOS before April 1, 2004; however, the converted procedure codes will be effective for DOS on and after April 1, 2004. Quantities that have been approved on the

original Prior Authorization Request Form (PA/RF) are not to be exceeded.

The procedure code and modifier conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12 details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes. If a provider has not received notification by April 1, 2004, the conversion did not result in more than 12 details.

Because the procedure codes and modifiers will be converted on these requests for PA, providers must submit claims using the new codes that replace the discontinued codes for DOS on and after April 1, 2004. For claims related to PAs with DOS before April 1, 2004, providers must use the discontinued procedure codes.

Requests for prior authorization currently in process

Requests for PA that are returned by Wisconsin Medicaid to the provider for more information on and after March 1, 2004, will not be converted by Wisconsin Medicaid. For returned requests that are received by Wisconsin Medicaid on and after March 1, 2004, providers must use the new procedure codes.

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT

HCPCS codes for disposable medical supplies

Effective for dates of service on and after January 1, 2004

Place of service codes			
11	Office	32	Nursing Facility
12	Home	99	Other
31	Skilled Nursing Facility		

Modifiers	
22	Unusual Procedural Service
59	Distinct Procedural Service

Status	Procedure code	Allowable modifier	Replaces or is replaced by code(s)	Description	Place of service	Max fee	Copay	Maximum quantity allowed per month	In NH rate	In HC rate
Added	A4216			Sterile water/saline, 10 ml	11, 12, 31, 32, 99	\$0.12	\$0.50	100 per month	Yes	No
Added	A4217			Sterile water/saline, 500 ml	11, 12, 31, 32, 99	\$1.84	\$0.50	35 per month	Yes	No
Enddated	A4319		A7018 modifier 22							
Enddated	A4323		A7018 modifier 59							
Changed	A4326			Male external catheter specialty type with integral collection chamber, each						No
Added	A4366			Ostomy vent, any type, each	11, 12, 31, 32, 99	\$0.91	\$0.50	20 per month	No	No
Added	A4416			Ostomy pouch, closed, with barrier attached, with filter (one piece), each	11, 12, 31, 32, 99	\$1.94	\$0.50	35 per month	No	No
Added	A4417			Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	11, 12, 31, 32, 99	\$3.96	\$0.50	35 per month	No	No
Added	A4418			Ostomy pouch, closed; without barrier attached, with filter (one piece), each	11, 12, 31, 32, 99	\$1.44	\$0.50	35 per month	No	No
Added	A4419			Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	11, 12, 31, 32, 99	\$1.62	\$0.50	35 per month	No	No
Added	A4420			Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	11, 12, 31, 32, 99	\$1.68	\$0.50	35 per month	No	No
Added	A4423			Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	11, 12, 31, 32, 99	\$1.65	\$0.50	35 per month	No	No
Added	A4424			Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	11, 12, 31, 32, 99	\$2.80	\$0.50	20 per month	No	No
Added	A4425			Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each	11, 12, 31, 32, 99	\$2.26	\$0.50	20 per month	No	No
Added	A4426			Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each	11, 12, 31, 32, 99	\$2.32	\$0.50	20 per month	No	No

Status	Procedure code	Allowable modifier	Replaces or is replaced by code(s)	Description	Place of service	Max fee	Copay	Maximum quantity allowed per month	In NH rate	In HC rate
Added	A4427			Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each	11, 12, 31, 32, 99	\$2.35	\$0.50	20 per month	No	No
Added	A4428			Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each	11, 12, 31, 32, 99	\$6.51	\$0.50	6 per month	No	No
Added	A4429			Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	11, 12, 31, 32, 99	\$6.73	\$0.50	6 per month	No	No
Added	A4430			Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	11, 12, 31, 32, 99	\$7.07	\$0.50	6 per month	No	No
Added	A4431			Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each	11, 12, 31, 32, 99	\$6.22	\$0.50	6 per month	No	No
Added	A4432			Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each	11, 12, 31, 32, 99	\$3.59	\$0.50	6 per month	No	No
Added	A4433			Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	11, 12, 31, 32, 99	\$3.59	\$0.50	6 per month	No	No
Added	A4434			Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	11, 12, 31, 32, 99	\$3.76	\$0.50	6 per month	No	No
Enddated	A4621		A7525							
Enddated	A4621	59	A7524							
Enddated	A4622		A7521							
Changed	A4623			Tracheostomy, inner cannula						No
Added	A6407			Packing strips, non-impregnated, up to two inches in width, per linear yard	11, 12, 31, 32, 99	\$1.32	\$0.50	35 per month	Yes	No
Added	A6456			Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	11, 12, 31, 32, 99	\$1.27	\$0.50	35 per month	Yes	No
Added	A7004	22	A7019	Saline solution, for use with inhalation drugs, per 10 ml, metered dose dispenser	11, 12, 31, 32, 99	\$0.36	\$0.50	200 per month	No	No
Changed	A7007			Large volume nebulizer, disposable, unfilled, used with aerosol compressor		\$3.36				
Added	A7007	22	A7020	Sterile water or sterile saline, 1000 ml used with large volume nebulizer	11, 12, 31, 32, 99	\$3.49	\$0.50	35 per month	Yes	No
Added	A7008	22	A7020 modifier 22	Sterile water, heated humidifier use 1650 cc-2000 cc	11, 12, 31, 32, 99	\$6.85	\$0.50	35 per month	Yes	No
Added	A7008	59	A7020 modifier 59	Sterile water/autofeed/heated humidifier use 1650 cc-2000 cc	11, 12, 31, 32, 99	\$10.48	\$1.00	10 per month	Yes	No
Added	A7018	22	A4319	Sterile water irrigation solution, 1000 ml	11, 12, 31, 32, 99	\$3.49	\$0.50	35 per month	Yes	No
Added	A7018	59	A4323	Sterile saline irrigation solution, 1000 ml	11, 12, 31, 32, 99	\$4.50	\$0.50	35 per month	Yes	No

Status	Procedure code	Allowable modifier	Replaces or is replaced by code(s)	Description	Place of service	Max fee	Copay	Maximum quantity allowed per month	In NH rate	In HC rate
Enddated	A7019		A7004 modifier 22							
Enddated	A7020		A7007 modifier 22							
Enddated	A7020	22	A7008 modifier 22							
Enddated	A7020	59	A7008 modifier 59							
Added	A7046			Water chamber for humidifier, used with positive airway pressure device, replacement, each	11, 12, 31, 32, 99	\$11.25	\$1.00	4 per month	Yes	No
Added	A7520			Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	11, 12, 31, 32, 99	\$60.16	\$3.00	2 total per 3 months in combination with A7521	Yes	No
Added	A7521		A4622	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	11, 12, 31, 32, 99	\$60.16	\$3.00	2 total per 3 months in combination with A7520	Yes	No
Added	A7522			Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	11, 12, 31, 32, 99	\$85.00	\$3.00	1 per 3 months	Yes	No
Added	A7523			Tracheostomy shower protector, each	11, 12, 31, 32, 99	\$5.81	\$0.50	1 per month	Yes	No
Added	A7524		A4621 modifier 59	Tracheostoma stent/stud/button, each	11, 12, 31, 32, 99	\$6.23	\$0.50	4 per month	Yes	No
Added	A7525		A4621	Tracheostomy mask, each	11, 12, 31, 32, 99	\$1.40	\$0.50	20 per month	Yes	No
Added	A7526		S8181	Tracheostomy tube collar/holder, each	11, 12, 31, 32, 99	\$3.06	\$0.50	35 per month	Yes	No
Enddated	S8181		A7526							