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## Modifier Required for Back-up/Secondary Durable Medical Equipment

Effective for dates of service on and after June 1, 2004, providers are required to use modifier "TW" when requesting prior authorization (PA) and submitting claims for back-up or secondary equipment.

### Modifier "TW" for Back-up Durable Medical Equipment

Effective for dates of service (DOS) on and after June 1, 2004, Wisconsin Medicaid requires providers to use modifier "TW" (back-up equipment) when requesting prior authorization (PA) and submitting claims for:

- Two identical or similar pieces of durable medical equipment (DME).
- A back-up/secondary piece of DME that is identical or similar to DME already in use.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes that require the "TW" modifier when requesting PA and submitting claims for back-up or secondary DME. The list includes all DME for which Wisconsin Medicaid allows back-up/secondary reimbursement. If a DME item is not on the list, then Wisconsin Medicaid does not provide back-up/secondary reimbursement for the item.

Back-up or secondary DME is defined as an identical or similar piece of DME to one already in use that is used to meet the same medical

need for the recipient. Wisconsin Medicaid will cover the purchase or rental of a second, identical or similar piece of DME when the medical necessity criteria for its use is met or when it is determined that, if the primary piece of DME breaks down or malfunctions, it could result in immediate life-threatening consequences for the recipient.

The maximum reimbursement for back-up or secondary DME is one-half the maximum allowable fee for purchase or one-half the maximum daily rental reimbursement for the primary piece of DME.

### *Prior Authorization Requirements*

For back-up or secondary DME, PA requirements are:

- When requesting PA for two identical or similar pieces of DME on the same PA request, the provider is required to indicate the pieces of DME on separate detail lines using the "TW" modifier with the back-up or secondary piece of DME.
- If the provider has already had PA granted for the primary DME and is requesting a back-up or secondary piece of identical or similar DME, the provider is required to submit a new PA request with both pieces of DME included on separate detail lines. On the new PA request, the provider is required to request an end date for the

primary DME on the old PA. Prior authorization requests not meeting these conditions will be returned.

- The PA approval criteria that apply to the primary DME, also apply to the back-up/secondary DME.

### **Prior Authorizations and Claims for Dates of Service Between January 1, 2003, and June 1, 2004**

Providers do not need to amend approved PAs for back-up/secondary DME. However, providers are required to use the TW modifier where appropriate for new PAs for back-up/secondary DME for DOS on and after June 1, 2004.

If a PA request for back-up equipment was approved for DOS between January 1, 2003, and June 1, 2004, and the claim was not reimbursed as described in this *Update* or was denied, providers should submit an adjustment or resubmit the claim, adding the “TW” modifier to designate the back-up equipment.

For DOS that are beyond the 365-day timely filing deadline, providers must submit the claim or adjustment to Timely Filing Appeals. Along with the claim or adjustment, include a Timely Filing Appeals Request and a copy of this *Update*. Late claims must be received by Wisconsin Medicaid before September 1, 2004.

Refer to the July 2003 *Update* (2003-64), titled “Wisconsin Medicaid will continue to require timely filing appeals, formerly late billing appeals, to be submitted on paper,” for a copy of the Timely Filing Appeals Request.

If the provider discovers past overpayments for back-up DME, he or she should refer to the Claims Submission section of the All-Provider Handbook regarding return of overpayments. Wisconsin Medicaid recognizes that some providers have already adjusted claims and returned overpayments.

### **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/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Procedure Codes That Require the "TW" Modifier When Requesting Prior Authorization and Submitting Claims for Back-up or Secondary Durable Medical Equipment

Effective for dates of service on and after June 1, 2004, providers are required to use modifier "TW" for the procedure codes listed in the following table when requesting prior authorization and submitting claims for back-up or secondary durable medical equipment.

Allowable Modifiers	
52 = Reduced services	RR = Rental
TW = Back-up equipment	
QE = Prescribed amount of oxygen is less than 1 liter per minute (LPM)	
QG = Prescribed amount of oxygen is greater than 4 liters per minute (LPM)	

Procedure Code	Modifier(s)	Description	Max Fee
<b>B9002</b>	TW	Enteral nutrition infusion pump — with alarm	\$1,127.97
<b>B9002</b>	RR, TW	Enteral nutrition infusion pump — with alarm	\$2.49
<b>B9004</b>	TW	Parenteral nutrition infusion pump, portable	\$2,261.35
<b>B9004</b>	RR, TW	Parenteral nutrition infusion pump, portable	\$4.97
<b>B9006</b>	TW	Parenteral nutrition infusion pump, stationary	\$2,261.35
<b>B9006</b>	RR, TW	Parenteral nutrition infusion pump, stationary	\$4.97
<b>E0424</b>	RR, TW	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$6.80
<b>E0424</b>	RR, TW, QE	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$3.40*
<b>E0424</b>	RR, TW, QG	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$10.20*
<b>E0431</b>	RR, TW	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	\$6.80
<b>E0434</b>	RR, TW	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	\$6.80
<b>E0439</b>	RR, TW	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$6.80
<b>E0439</b>	RR, TW, QE	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$3.40*
<b>E0439</b>	RR, TW, QG	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	\$10.20*
<b>E0450</b>	RR, TW	Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube)	\$15.50
<b>E0450</b>	RR, TW, 52	Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube)	\$7.75*

<b>Procedure Code</b>	<b>Modifier(s)</b>	<b>Description</b>	<b>Max Fee</b>
<b>E0454</b>	RR, TW	Pressure ventilator with pressure control, pressure support and flow triggering features	\$18.10
<b>E0454</b>	RR, TW, 52	Pressure ventilator with pressure control, pressure support and flow triggering features	\$9.05*
<b>E0460</b>	TW	Negative pressure ventilator; portable or stationary	\$894.54
<b>E0460</b>	RR, TW	Negative pressure ventilator; portable or stationary	\$4.85
<b>E0472</b>	TW	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	\$5,104.35
<b>E0472</b>	RR, TW	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	\$13.43
<b>E0472</b>	RR, TW, 52	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	\$6.72*
<b>E0550</b>	TW	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	\$782.80
<b>E0550</b>	RR, TW	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	\$2.71
<b>E0560</b>	TW	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	\$113.67
<b>E0560</b>	RR, TW	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	\$0.67
<b>E0565</b>	TW	Compressor, air power source for equipment which is not self-contained or cylinder driven	\$374.75
<b>E0565</b>	RR, TW	Compressor, air power source for equipment which is not self-contained or cylinder driven	\$2.18
<b>E0570</b>	TW	Nebulizer, with compressor	\$102.27
<b>E0570</b>	RR, TW	Nebulizer, with compressor	\$0.50
<b>E0571</b>	TW	Aerosol compressor, battery powered, for use with small volume nebulizer	\$328.93
<b>E0571</b>	RR, TW	Aerosol compressor, battery powered, for use with small volume nebulizer	\$1.66
<b>E0575</b>	TW	Nebulizer, ultrasonic, large volume	\$503.07
<b>E0575</b>	RR, TW	Nebulizer, ultrasonic, large volume	\$2.59
<b>E0580</b>	TW	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	\$90.27
<b>E0585</b>	TW	Nebulizer, with compressor and heater	\$805.09
<b>E0585</b>	RR, TW	Nebulizer, with compressor and heater	\$3.80

<b>Procedure Code</b>	<b>Modifier(s)</b>	<b>Description</b>	<b>Max Fee</b>
<b>E0600</b>	TW	Respiratory suction pump, home model, portable or stationary, electric	\$399.05
<b>E0600</b>	RR, TW	Respiratory suction pump, home model, portable or stationary, electric	\$1.08
<b>E0776</b>	TW	IV pole	\$139.51
<b>E0776</b>	RR, TW	IV pole	\$0.61
<b>E0781</b>	TW	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	\$3,426.15
<b>E0781</b>	RR, TW	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	\$7.53
<b>E0791</b>	TW	Parenteral infusion pump, stationary, single or multichannel	\$3,594.50
<b>E0791</b>	RR, TW	Parenteral infusion pump, stationary, single or multichannel	\$7.90
<b>E1372</b>	TW	Immersion external heater for nebulizer	\$77.80
<b>E1372</b>	RR, TW	Immersion external heater for nebulizer	\$1.09
<b>E1390</b>	TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$1,442.00
<b>E1390</b>	RR, TW	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$6.80
<b>E1390</b>	RR, TW, QE	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$3.40*
<b>E1390</b>	RR, TW, QG	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	\$10.20*

\*For procedure codes with modifiers "QE," "QG," or "52," reimbursement is half of the modifier max fee amount.