

To:
Federally Qualified
Health Centers
Home Health
Agencies
Individual Medical
Supply Providers
Medical Equipment
Vendors
Nursing Homes
Occupational
Therapists
Pharmacies
Physical
Therapists
Rehabilitation
Agencies
Speech and
Hearing Clinics
Speech-Language
Pathologists
Therapy Groups
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid Allows Modifier with Procedure Codes for Durable Medical Equipment Repair

Effective for dates of service on and after October 1, 2003, providers may use modifier "RP" when submitting claims for miscellaneous repair parts with most wheelchair, hospital bed, patient lift, and commode chair procedure codes.

Modifier "RP" on Claims for Miscellaneous Repair Parts

Effective for dates of service on and after October 1, 2003, providers may use modifier "RP" (replacement and repair) when submitting claims for miscellaneous repair parts with most wheelchair, hospital bed, patient lift, and commode chair procedure codes. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of applicable procedure codes that can be used with the "RP" modifier.

Use the "RP" modifier instead of procedure code E1399 (durable medical equipment, miscellaneous) to bill for miscellaneous repair parts for durable medical equipment (DME) listed in the Attachment. Do not use the "RP" modifier if there is a specific procedure code in the Durable Medical Equipment Index for the requested part (e.g., procedure code E0952 [toe loop/holder, each]). Providers should continue to use procedure code E1399 for miscellaneous repair parts for DME not listed in the Attachment.

The "RP" modifier is manually priced. Providers are reminded to bill usual and customary charges.

If a claim has been denied, it must be corrected and submitted as a new claim by the provider.

Prior Authorization

Procedures codes with the "RP" modifier do not require prior authorization (PA) if all of the following are true:

- The DME is more than one year old. Claims submitted with the "RP" modifier without PA during the first year will be denied.
- The charge for the repair parts is \$50.00 or less.
- Wisconsin Medicaid purchased the DME being repaired.

Refer to the July 1998 *Update* (98-21), titled "DME Prior Authorization, Coding, and Repairs," for additional PA requirements for repairs.

Documentation Requirements

Providers are reminded that they are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation of the recipient's continuing use of the equipment, as well as documentation of all DME services

as stated in HFS 106.02(9)(a), Wis. Admin. Code.

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

Procedure Codes That May Be Used with the "RP" Modifier

Effective for dates of service (DOS) on and after October 1, 2003, the following table lists the procedure codes providers may use with the "RP" modifier (replacement and repair).

Wheelchairs		
Procedure Code	Modifier	Description
E1230		Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
E1230	59*	Power operated vehicle (rear-wheel drive), specify brand name and model number
K0001		Standard wheelchair
K0002		Standard hemi (low seat) wheelchair
K0003		Lightweight wheelchair
K0004		High strength, lightweight wheelchair
K0005		Ultralightweight wheelchair
K0006		Heavy-duty wheelchair
K0007		Extra heavy-duty wheelchair
K0009		Other manual wheelchair/base
K0010		Standard-weight frame motorized/power wheelchair
K0011		Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012		Lightweight portable motorized/power wheelchair
K0014		Other motorized/power wheelchair base

Hospital Beds		
Procedure Code	Modifier	Description
E0250		Hospital bed, fixed height, with any type side rails, with mattress
E0251		Hospital bed, fixed height, with any type side rails, without mattress
E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256		Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0290		Hospital bed, fixed height, without side rails, with mattress
E0291		Hospital bed, fixed height, without side rails, without mattress
E0292		Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293		Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294		Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295		Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0296		Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297		Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
E0301		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, without mattress
E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303		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
E0304		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress

*59 = Distinct procedural service.

Lifts		
Procedure Code	Modifier	Description
E0630		Patient lift, hydraulic, with seat or sling
E0635		Patient lift, electric, with seat or sling

Commode Chairs		
E0163		Commode chair, stationary, with fixed arms
E0164		Commode chair, mobile, with fixed arms
E0168		Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each
E0240*		Bath/shower chair, with or without wheels, any size
E0247*		Transfer bench for tub or toilet with or without commode opening

*Procedure codes E0240 and E0247 are effective for DOS on and after January 1, 2004.