

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

Procedure Code Updates for Incontinence Supplies

Effective for dates of service (DOS) on and after July 1, 2004, Wisconsin Medicaid has added and changed several incontinence product procedure codes to ensure compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The newly allowed procedure codes have been added because they represent a more accurate description of the products and will allow providers to indicate the appropriate Healthcare Common Procedure Coding System procedure code. These changes include the following:

- Adding procedure codes previously not used by Wisconsin Medicaid.
- Changing procedure code quantity descriptions.

Medicaid coverage of incontinence supplies has not changed.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes, modifiers, procedure code and modifier descriptions, maximum allowable fees, nursing home reimbursement, and quantity limitations.

Refer to the Disposable Medical Supplies (DMS) 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 Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Refer to this *Update* until the DMS Index is modified.

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

Prior Authorization Requests

Effective on and after July 1, 2004, providers may begin using the new procedure codes on prior authorization (PA) requests with future DOS.

For approved and modified PA requests currently in process, providers do not need to resubmit existing PA requests for incontinence products.

For More Information

For questions about this *Update*, providers may contact 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 Incontinence Supplies

The following Healthcare Common Procedure Coding System procedure codes are effective for dates of service on and after July 1, 2004.

Status	Procedure Code	Modifier	Procedure Code Description + Modifier Description [User Notes]	Max Fee	Copay	Maximum Quantity Allowed per Month	In NH Rate	In HC Rate
Add	A4521		Adult-sized incontinence product, diaper, small size, each	\$0.51	\$0.50	300 TOTAL PER MO. A4521-A4532	Yes	No
Add	A4531		Child-sized incontinence product, brief, small/medium size, each	\$0.50	\$0.50	300 TOTAL PER MO. A4521-A4532	Yes	No
Add	A4532		Child-sized incontinence product, brief, large size, each	\$0.53	\$0.50	300 TOTAL PER MO. A4521-A4532	Yes	No
<i>Changed</i>	A4522		Adult-sized incontinence product, diaper, medium size, each	\$0.55	\$0.50	<i>300 TOTAL PER MO. A4521-A4532</i>	Yes	No
<i>Changed</i>	A4523		Adult-sized incontinence product, diaper, large size, each	\$0.72	\$0.50	<i>300 TOTAL PER MO. A4521-A4532</i>	Yes	No
<i>Changed</i>	A4529		Child-sized incontinence product, diaper, small/medium size, each	\$0.50	\$0.50	<i>300 TOTAL PER MO. A4521-A4532</i>	Yes	No
<i>Changed</i>	A4529	22	Child-sized incontinence product, diaper, small/medium size, each + Unusual procedural services modifier [Disposable diaper liners, each]	\$0.04	\$0.50	<i>300 TOTAL PER MO. A4521-A4532</i>	Yes	No