

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 on and after January 1, 2005, Wisconsin Medicaid is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2005 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.
- Procedure code changes.
- Enddating HCPCS procedure codes.

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.

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/. 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

Approved and Modified Prior Authorizations Currently in Effect

For approved and modified prior authorizations (PAs) currently in effect with grant dates prior to January 1, 2005, and expiration dates on and after January 1, 2005, Wisconsin Medicaid will identify and convert all discontinued procedure codes. This code conversion will allow providers to submit claims using the new codes for dates of service (DOS) on and after January 1, 2005. For DOS prior to January 1, 2005, providers are required to use the discontinued procedure codes.

Requests for Prior Authorization Currently in Process

Wisconsin Medicaid will not convert PA requests that are in process on January 1, 2005. Providers will be required to convert procedure codes when necessary.

For More Information

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, 2005

Place of Service Codes			
11	Office	99	Other
12	Home		

Modifiers	
22	Unusual Procedural Services
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
Changed Max Fee	A4209			Syringe with needle; sterile 5cc or greater, each		\$0.23				
Changed Max Fee and Quantity	A4256			Normal, low and high calibrator solution/chips		\$11.44		1 per month		
Enddated	A4324		A4349							
Enddated	A4325		A4349							
Changed Description	A4332			Lubricant, individual sterile packet, each						
Added	A4349		A4324, A4325	Male external catheter, with or without adhesive, disposable, each	11, 12, 99	\$1.00	\$0.50	60 per month	Yes	No
Enddated	A4521		T4521							
Enddated	A4522		T4522							
Enddated	A4523		T4523							
Enddated	A4529		T4529							
Enddated	A4531		T4531							
Enddated	A4532		T4532							
Enddated	A4536		T4536							
Added	A4605			Tracheal suction catheter, closed system, each	11, 12, 99	\$14.30	\$1.00	35 per month	Yes	No
Changed Max Fee	A4608			Transtracheal oxygen catheter, each		\$58.15				
Changed Quantity	A4619			Face Tent				1 per month		
Changed Description	A5119			Skin barrier; wipes or swabs, per box 50						
Changed Max Fee	A6402			Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing		\$0.12				
Changed Max Fee	A6442			Conforming bandage, non-elastic, knitted-woven, non-sterile, width less than three inches, per yard		\$0.15				

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
Changed Max Fee	A6443			Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard		\$0.23				
Changed Max Fee	A6444			Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard		\$0.25				
Changed Max Fee	A7522			Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each		\$60.16				
Changed Max Fee	B4086	59		Skin level gastrostomy feeding tube kit (Requires prior authorization)		\$124.65				
Added	T4521		A4521	Adult sized disposable incontinence product, brief/diaper, small, each	11, 12, 99	\$0.51	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4522		A4522	Adult sized disposable incontinence product, brief/diaper, medium, each	11, 12, 99	\$0.55	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4523		A4523	Adult sized disposable incontinence product, brief/diaper, large, each	11, 12, 99	\$0.72	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4529		A4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	11, 12, 99	\$0.50	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4529	22	A4529 modifier 22	Disposable diaper liners, each	11, 12, 99	\$0.04	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4531		A4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	11, 12, 99	\$0.50	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4532		A4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	11, 12, 99	\$0.53	\$.50	300 total per month T4521-T4532	Yes	No
Added	T4536		A4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	11, 12, 99	\$9.45	\$.50	2 per month	Yes	No