

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Federally Qualified
Health Centers

Home Health
Agencies

Medical Equipment
Vendors

Occupational
Therapists

Pharmacies

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HMOs and Other
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Adaptive Equipment Covered by Wisconsin Medicaid

This *Wisconsin Medicaid and BadgerCare Update* outlines Wisconsin Medicaid's policy regarding the coverage of adaptive equipment.

Coverage of Adaptive Equipment

Adaptive equipment covered by Wisconsin Medicaid is limited to basic items for independence in self-care tasks. Wisconsin Medicaid covers selected adaptive equipment when the equipment is the following:

- Medically necessary.
- Prescribed by a physician.
- Required for a recipient's independence in self-care tasks.

As stated in HFS 107.24(2)(c), Wis. Admin. Code, adaptive equipment is the category of durable medical equipment (DME) used in the home to assist a person with a disability to achieve independence in performing daily self-care tasks.

Wisconsin Medicaid has assigned modifiers "U1"- "U9" and "UA"- "UD" to Healthcare Common Procedure Coding System (HCPCS) procedure code A9900 (Miscellaneous DME supply, accessory, and/or service component of another HCPCS code). The "U" modifiers used with procedure code A9900 identify specific pieces of adaptive equipment.

Effective for dates of service on and after September 1, 2005, providers should use HCPCS procedure code A9900 and the applicable "U" modifier when submitting claims for covered adaptive equipment.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of adaptive equipment for which providers may submit claims with procedure code A9900. The Attachment also lists the "U" modifiers, life expectancies, maximum allowable fees, and quantity limits for the equipment.

Note: Wisconsin Medicaid does not require prior authorization (PA) for the adaptive equipment listed in the Attachment.

Prior Authorization Required for Other Adaptive Equipment

Wisconsin Medicaid requires PA for other adaptive equipment not listed in the Attachment. Use HCPCS procedure code E1399 (Durable medical equipment, miscellaneous) when submitting PA requests for these items.

Providers are required to complete a Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03), and a Prior Authorization/ Durable Medical Equipment Attachment (PA/DMEA), HCF 11030 (Rev. 6/03). Providers are required to specify a complete description of the DME item on the PA request.

Modifiers “U1”-“U9” and “UA”-“UD” will be used to distinguish between items when HCPCS procedure code E1399 is used more than once. If submitting the PA request via Web PA, providers should specify the requested equipment with the requested charges in the additional space on the PA/DMEA.

The PA request for adaptive equipment should include sufficient information to confirm the medical necessity of the requested item(s), including the following:

- A complete description of the item being requested with brand/model number.
- The recipient’s diagnosis(es) and the date of onset.
- The specific medical condition that necessitates the use of the requested equipment.
- A description of the recipient’s ability to complete activities of daily living independently, with a caregiver, or with adaptive equipment.
- Caregiver information (i.e., availability, duties, and whether the caregiver is a spouse, other family member, home health aid, etc.).
- Specific results of trial use of the adaptive equipment or report of therapy service, if available.

Adaptive Equipment Not Covered by Wisconsin Medicaid

The following adaptive equipment items are not covered:

- Items determined not to be medically necessary, for example:
 - ✓ Duplicative adaptive equipment (more than one item per recipient or items that serve the same purpose).
 - ✓ Items or equipment that may be helpful but do not significantly change the recipient’s level of functional independence.

- Adaptive equipment for homemaking, recreation, or other activities. Examples of adaptive equipment that are not covered include adaptive cutting boards, key holders, page turners, book holders, and doorknob extensions.
- Items that are commercially available, such as pencil grips, elastic shoe laces, jar openers, and flexible mounting hardware to hold appliances, telephones, beverages, etc.

For a more complete list of items not covered by Wisconsin Medicaid, see the September 2004 *Update* (2004-75), titled “Revised List of Noncovered Durable Medical Equipment and Services.”

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/.

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ATTACHMENT

Coverage of Adaptive Equipment

The following table lists the adaptive equipment covered by Wisconsin Medicaid, along with the “U” modifiers, life expectancies, maximum allowable fees, and quantity limits for the equipment. Each “U” modifier assigned with Healthcare Common Procedure Coding System (HCPCS) procedure code A9900 (Miscellaneous DME* supply, accessory, and/or service component of another HCPCS code) represents a specific piece of adaptive equipment. For example, code A9900 with modifier “U6” represents a universal cuff.

Effective for dates of service on and after September 1, 2005, providers should use code A9900 and the applicable “U” modifier when submitting claims for covered adaptive equipment. Prior authorization (PA) is not required for the equipment in the table. The only allowable place of service code for adaptive equipment is “12” (home).

Adaptive Equipment	Procedure Code	Modifier	Life Expectancy	Maximum Allowable Fee	Quantity Limit
Adaptive eating utensil, weighted handle, any size, style, or shape (limit one each: knife, fork, and spoon, as needed)	A9900	U1	2 years	\$7.25	3
Adaptive eating utensil, non-weighted handle, any size, style, or shape (limit one each: knife, fork, and spoon, as needed)	A9900	U2	2 years	\$6.25	3
Rocker knife	A9900	U3	3 years	\$12.24	1
Plate guard	A9900	U4	2 years	\$7.50	1
Scoop dish	A9900	U5	3 years	\$15.00	1
Universal cuff	A9900	U6	1 year	\$6.50	1
Dycem (any size or shape)	A9900	U7	4 years	\$8.75	1
Reacher	A9900	U8	3 years	\$18.50	1
Sock/stocking aid	A9900	U9	3 years	\$8.50	1
Dressing stick	A9900	UA	2 years	\$4.50	1
Long-handled shoe horn	A9900	UB	2 years	\$4.50	1
Hand-held shower (includes diverter spout)	A9900	UC	8 years	\$30.60	1
Adaptive hygiene aids, such as long-handled sponge	A9900	UD	1-3 years	\$5.50	1

Chapter HFS 107.24(2), Wis. Admin. Code, states that covered services are limited to items contained in the Wisconsin Medicaid DME Index. Items not listed in the preceding table require PA; they may be submitted for consideration using procedure code E1399 (Durable medical equipment, miscellaneous). Documentation submitted with the PA request must include a complete description of the nature, extent, and medical need for the equipment.

*DME = Durable medical equipment.