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Changes to Repairs and Rentals of Augmentative Communication Devices

Effective for dates of service (DOS) on and after April 1, 2006, Wisconsin Medicaid is changing program requirements for the repair and rental of augmentative communication devices.

Repair

Prior authorization (PA) is required for repairs and modifications performed on augmentative communication devices (V5336) when they exceed \$300. This is a change from the current policy that requires PA for repairs and modifications exceeding \$150.

Providers are reminded that Wisconsin Medicaid does not reimburse for shipping and handling. The \$300 threshold does not include the cost of shipping and handling. When submitting claims for repairs and modifications performed on augmentative communication devices, providers are reminded to indicate their usual and customary charges.

Criteria for Use of V5336

Providers are reminded that procedure code V5336 is used for repairs or modifications due to a mechanical failure or to enhance the physical operating condition of the augmentative communication device. This procedure code does not cover the creation of communication

pages or any other services involved in programming the device by a speech and language pathology provider.

Rental

Prior Authorization

When requesting PA for the rental of any augmentative communication device, providers will be required to indicate the number of days that the rental of a device is requested instead of indicating a quantity of "1.0" for four to eight weeks. A quantity of "1.0" will now equal one day. Providers should continue to indicate modifier "RR" (Rental).

The following augmentative communication devices will no longer require PA for the first 60 days of rental per 365-day period:

- E2506 (Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time).
- E2508 (Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device).
- E2510 (Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access).

The first 60 days of rental per 365-day period may be nonconsecutive. Prior authorization is required in the following situations:

- More than 60 days of rental are required during a 365-day period.
- Another provider has provided the rental of an augmentative communication device to the recipient.
- Starting with the first day of rental for the following procedure codes:
 - ✓ E2500 (Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time).
 - ✓ E2502 (Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time).
 - ✓ E2504 (Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time).
 - ✓ E2511 (Speech generating software program, for personal computer or personal digital assistant).
 - ✓ E2512 (Accessory for speech generating device, mounting system).
 - ✓ E2599 (Accessory for speech generating device, not otherwise classified).

When submitting a PA request for these procedure codes (E2500, E2502, E2504, E2511, E2512, E2599), providers will be required to include a copy of the manufacturer's estimate indicating the list price that will be charged for the device.

Claims

When submitting claims to Wisconsin Medicaid for the rental of any augmentative communication device, providers will be

required to indicate each day a device is rented instead of indicating a quantity of "1.0" for four to eight weeks. A quantity of "1.0" will now equal one day.

Providers may submit claims for the rental of augmentative communication devices by indicating a range of dates. The DOS within the range must be consecutive and within the same calendar month. In addition, the procedure code, modifier, place of service code, diagnosis code, performing provider, and charge must be the same for all DOS. To indicate a range of dates, the provider should enter the first DOS in the "From" field. The last DOS within the range should be indicated in the "To" field by listing only the date of the month. For example, "01/01/06" in the "From" field and "30" in the "To" field would indicate a range from January 1, 2006, to January 30, 2006. In this case, the quantity would equal "30.0."

Providers should continue to indicate modifier "RR" (Rental) when submitting claims for the rental of augmentative communication devices.

Providers are reminded to indicate their usual and customary charge when submitting claims to Wisconsin Medicaid. Wisconsin Medicaid reimburses the lesser of the provider's usual and customary charge or the maximum allowable fee established by Wisconsin Medicaid.

Reimbursement

Maximum allowable fees have been established for the following procedure codes:

- E2506 will be \$7.80 per day.
- E2508 will be \$9 per day.
- E2510 will be \$18 per day.

A quantity of "1.0" will now equal one day.

Reimbursement rates for all other augmentative communication devices will be determined on a case-specific basis when a PA request is approved.

Purchase

Rental charges for augmentative communication devices will continue to be deducted from the Medicaid-allowed amount for the subsequent purchase of the device. When requesting PA for the purchase of an augmentative communication device, providers are reminded that the documentation submitted should indicate all augmentative communication devices tried by the recipient, dates of the trial periods, and the amounts billed to Wisconsin Medicaid for the trial periods.

Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare 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