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Procedure Code Updates for Durable Medical Equipment

Effective for dates of service on and after January 1, 2007, Wisconsin Medicaid is updating durable medical equipment coverage, policies, and limitations to reflect 2007 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 description changes.
- Non-reimbursable HCPCS procedure codes.

Wisconsin Medicaid has adopted these procedure codes to be consistent with Healthcare Common Procedure Coding System (HCPCS) guidelines. In some cases, the new HCPCS procedure code description may be slightly different from the discontinued procedure code description. Providers are required to use the most appropriate HCPCS procedure code that describes the durable medical equipment (DME) item or service.

Unless indicated, all modifiers applicable to a discontinued procedure code also apply to the new procedure code that replaces it.

Providers can refer to the DME Index for procedure code and modifier changes; these changes will be posted on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/

Medicaid. The DME Index is updated on a quarterly basis.

Reimbursable Procedure Codes

The following procedure codes will be added with a maximum allowable fee:

- A8000-A8001, A8004.
- K0800-K0808.
- L1001.

The following procedure codes will be added with manual pricing:

- A8002-A8003.
- E2373-E2396.
- K0733-K0737.
- K0812-K0899.
- L3806-L3915, L6611, L6624, L6639, L6703, L6706-L6709, L7007-L7009.

Non-Reimbursable Procedure Codes

The following procedure codes will not be reimbursable by Wisconsin Medicaid at this time:

- A4600-A4601 A9279.
- C1820-C1821.
- E0936.
- K0738.
- L5993, L5994, L6704, L8690-L8695.

New Requirement to Use Modifiers “RT” and “LT” on Claims

Effective for dates of service (DOS) on and after January 1, 2007, providers are required to include modifier “RT” (Right side) and/or “LT” (Left side) on claims submitted for procedure codes E2381-E2396. These procedure codes are incomplete without modifier “RT” or “LT.”

If the DME item is needed bilaterally, providers are required to submit two separate details on claims, with modifier “RT” on one detail and modifier “LT” on a second detail. Wisconsin Medicaid will no longer accept modifier “50” (Bilateral) for processing claims for these codes.

New Requests for Prior Authorization

Providers are required to use the current procedure codes for new PA requests that have DOS before (and are received at Wisconsin Medicaid by) January 1, 2007.

For new PA requests received by Medicaid on and after January 1, 2007, with DOS on and after January 1, 2007, providers are required to use new procedure codes.

For approved and modified PA requests currently in effect with grant dates before January 1, 2007, and expiration dates on and after January 1, 2007, providers will be required to amend the PA request to request the procedure codes as needed.

Prior Authorizations Currently in Effect

Discontinued procedure codes will remain effective for DOS before January 1, 2007. For claims related to PA with DOS before January 1, 2007, providers are required to use the discontinued procedure codes.

For More Information

Providers with questions regarding procedure code changes in the DME Index may call Provider Services at (800) 947-9627 or (608) 221-9883.

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/.

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