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Purchase of Chest Wall Oscillation Systems

Wisconsin Medicaid coverage of high-frequency chest wall oscillation air-pulse generator systems now includes the purchase of these systems. This *Wisconsin Medicaid and BadgerCare Update* provides information regarding the rental-to-purchase conversion of these systems.

Wisconsin Medicaid Coverage of Chest Wall Oscillation Systems

Wisconsin Medicaid coverage of high-frequency chest wall oscillation air-pulse generator systems now includes the purchase of these systems. This equipment is identified as Healthcare Common Procedure Coding System code E0483 (High frequency chest wall oscillation air-pulse generator system, [includes hoses and vest], each). Wisconsin Medicaid prior authorization and claims submission requirements for chest wall oscillation systems remain unchanged. Refer to durable medical equipment (DME) publications and the DME Index for complete Medicaid policies and procedures. As of October 2006, Wisconsin Medicaid's coverage of these systems has been expanded to include a rental-to-purchase conversion.

Ownership of Chest Wall Oscillation Systems

Under the rental-to-purchase conversion for chest wall oscillation systems, Wisconsin Medicaid will continue to reimburse providers for the daily rental maximum allowable fee rate

until the purchase price max fee has been reached. Once the purchase price max fee has been reached, an extended rental period begins and ownership of the equipment remains with the provider. During the extended rental period, the provider is responsible for the long-term support of the equipment, including the lifetime warranty and all services covered under the warranty such as repairs and any necessary supplies, until the equipment is no longer medically necessary. Once the extended rental period begins, providers will no longer receive reimbursement from Wisconsin Medicaid for this equipment.

Review of Currently Rented Equipment

Effective October 1, 2006, Wisconsin Medicaid will review the payments providers have received for equipment currently being rented to recipients. This review will be used to determine the amount that has been paid to the provider toward the purchase price max fee. The following will occur as a result of this review:

- If the purchase price max fee has been reached, the extended rental period will begin, and Wisconsin Medicaid reimbursement will end for that equipment.
- If the purchase price max fee has not been reached, the daily rental max fee rate will continue to be reimbursed until the purchase price max fee has been paid to the provider.

Maximum Allowable Fees

For information regarding maximum allowable fees and copayment amounts for chest wall oscillation systems, refer to the DME Index. The DME Index is available for reference on the Medicaid Web site at dhfs.wisconsin.gov/medicaid4/maxfees/maxfee.htm. Providers without Internet access may request a hard copy of the DME Index by calling Provider Services at (800) 947-9627 or (608) 221-9883.

Documentation Requirements

Per HFS 106.02(9)(a), Wis. Admin. Code, providers are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation and medical and financial records of the recipient's continuing use of the equipment as well as all DME maintenance and service. Providers are reminded that a current, signed, and dated physician prescription is required for each DME item for each date of service when requesting Medicaid reimbursement.

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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