

To: Blood Banks, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Nurses in Independent Practice, Personal Care Agencies, Pharmacies, HMOs and Other Managed Care Programs

Disposable Medical Supplies Under BadgerCare Plus

BadgerCare Plus, the new state-sponsored health care program, will be implemented in February 2008. This *Update* describes the policies for disposable medical supplies under BadgerCare Plus.

BadgerCare Plus Overview

In January 2007, Governor Jim Doyle included in his 2007-09 Biennial Budget proposal an innovative state-sponsored health care program to expand coverage to Wisconsin residents and ensure that all children in Wisconsin have access to affordable health care. This new program is called BadgerCare Plus, and it will start on February 1, 2008.

BadgerCare Plus merges family Medicaid, BadgerCare, and Healthy Start into a single program. BadgerCare Plus will expand enrollment to:

- All uninsured children.
- More pregnant women.
- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

All individuals enrolled in BadgerCare Plus and Wisconsin Medicaid will be referred to as “members.”

BadgerCare Plus is comprised of two benefit plans, the Standard Plan and the Benchmark Plan. The services covered

under the BadgerCare Plus Standard Plan are the same as the current Wisconsin Medicaid program; therefore, the term “Standard Plan” will be used in all future *Updates* to describe the shared policy and billing information. The BadgerCare Plus Benchmark Plan is a more limited plan, modeled after commercial insurance.

New services covered under BadgerCare Plus and Wisconsin Medicaid include over-the-counter tobacco cessation products for all members and mental health and substance abuse screening, preventive mental health counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems. Future *Updates* will describe these new benefits in detail.

Refer to the November 2007 *Update* (2007-79), titled “Introduction to BadgerCare Plus — Wisconsin’s New Health Care Program,” for general information on covered and noncovered services, copayments, and enrollment.

Covered Services

Standard Plan

Disposable medical supplies (DMS) covered under the Standard Plan are the same as those covered under the current Wisconsin Medicaid program. Refer to the current DMS Index located at dhfs.wisconsin.gov/medicaid4/maxfees/maxfee.htm for a complete list of covered services.

Benchmark Plan

The Benchmark Plan covers only the DMS listed in the Attachment of this *Update*. Coverage limitations applicable to the procedure codes listed in the Attachment are the same as those under the current Wisconsin Medicaid program. Refer to the current DMS Index for those limitations.

Prior Authorization

Prior authorization policy and procedures are the same under the Standard Plan and the Benchmark Plan as they are under the current Wisconsin Medicaid program.

Reimbursement

Providers will be reimbursed for services provided to members at the lesser of the provider's usual and customary charge or the current Wisconsin Medicaid maximum allowable fee.

Providers should refer to the current DMS Index for a listing of maximum allowable fees.

Copayments

Standard Plan

Copayment amounts under the Standard Plan are the same as they are under the current Wisconsin Medicaid program. Refer to previously published service-specific publications for more information on copayment amounts and limits.

Policy regarding Standard Plan members who are subject to copayments and members who are exempt from copayments is different than that of the current Wisconsin Medicaid program.

Providers should note that the following Standard Plan members **are subject to copayment** for services where copayment applies:

- Members enrolled in BadgerCare Plus Standard Plan HMOs (previously referred to as Medicaid HMOs).
- Members under 18 years of age with incomes above 100 percent of the Federal Poverty Level (FPL).

Providers are prohibited from collecting copayments from the following Standard Plan members:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.
- Members under 18 years of age with incomes at or below 100 percent of the FPL.

Under the Standard Plan, providers **cannot** deny services if a member fails to make his or her copayment.

Benchmark Plan

Copayment for DMS under the Benchmark Plan only applies to procedure codes A4206-A4215 (syringes and diabetic pens). Copayments do not apply to the other DMS items covered under the Benchmark Plan.

Copayment amounts are the same under the Benchmark Plan as they are under the current Wisconsin Medicaid program. If the copayment amount is greater than the maximum allowable fee for an item, the member should be charged the maximum allowable fee.

The following members are exempt from copayment requirements under the Benchmark Plan:

- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.

No other members are exempt from the copayment requirement under the Benchmark Plan.

Under the Benchmark Plan, a provider has the right to deny services if the member fails to make his or her copayment.

Information Regarding BadgerCare Plus HMOs

BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. For managed care policy, contact the appropriate managed care organization.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus 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

Disposable Medical Supplies Covered Under the BadgerCare Plus Benchmark Plan

The following table lists procedure codes (including modifiers) for disposable medical supplies (DMS) covered under the BadgerCare Plus Benchmark Plan. Refer to the current DMS Index for coverage limitations and maximum allowable fees for the following procedure codes.

The procedure codes covered under the BadgerCare Plus Benchmark Plan are subject to change. Providers should refer to the maximum allowable fee page of the Wisconsin Medicaid Web site for a current list of covered DMS.

Procedure Code	Modifier	Description
A4206	—	Syringe with needle; sterile 1cc, each
A4207	—	Syringe with needle; sterile 2cc, each
A4208	—	Syringe with needle; sterile 3cc, each
A4209	—	Syringe with needle; sterile 5cc or greater, each
A4213	—	Syringe, sterile, 20cc or greater, each
	59	Syringe, 50/60 cc
A4215	—	Needle, sterile, any size, each
	22	Insulin pen needles
	59	Huber needles
A4230	—	Infusion set for external insulin pump, non needle cannula type
	22	IV Administration set with or without filter, specialty type
A4231	—	Infusion set for external insulin pump, needle type
	22	IV Administration set with or without filter, standard type
A4232	—	Syringe with needle for external insulin pump, sterile 3cc
	22	IV Catheter or Butterfly
A4233	—	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	—	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	—	Replacement battery, Lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	—	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4253	KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics
	KX	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE I Diabetics
A4256	—	Normal, low and high calibrator solution/chips

Procedure Code	Modifier	Description
A4259	KS	Lancets, per box of 100 TYPE II Diabetics
	KX	Lancets, per box of 100 TYPE I Diabetics
A4556	—	Electrodes (e.g., apnea monitor) per pair
A4557	—	Lead wires, (e.g., apnea monitor) per pair
A4595	—	Electrical stimulator supplies, 2 Lead per month, (e.g. tens, nmes)
A4605	—	Tracheal suction catheter, closed system, each
A4606	—	Oxygen probe for use with oximeter device, replacement
A4628	—	Oropharyngeal suction catheter, each
A7000	—	Canister, disposable, used with suction pump, each
A7001	—	Canister, non-disposable, used with suction pump, each
A7002	—	Tubing, used with suction pump, each
A7003	—	Administration set, with small volume non-filtered pneumatic nebulizer, disposable
A7004	—	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	—	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	—	Administration set, with small volume filtered pneumatic nebulizer
A7007	—	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
	22	Sterile water or sterile saline, 1000 ml used with large volume nebulizer
A7008	—	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
	22	Sterile water, heated humidifier use 1650 - 2000 cc
	59	Sterile water, autofeed/heated humidifier use 1650 - 2000 cc
A7009	—	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010	—	Corrugated tubing, disposable, used with large volume nebulizer 100 feet
A7011	—	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
A7012	—	Water collection device, used with large volume nebulizer
A7013	—	Filter, disposable, used with aerosol compressor
	59	Ventilator bacteria filter
A7014	—	Filter, non-disposable, used with aerosol compressor or ultrasonic generator
A7015	—	Aerosol mask, used with DME nebulizer
A7016	—	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7018	No modifiers allowed	Water, distilled, used with large volume nebulizer, 1000 ml

Procedure Code	Modifier	Description
A7030	—	Full face mask used with positive airway pressure device, each
A7031	—	Face mask interface, replacement for full face mask, each
A7032	—	Cushion for use on nasal mask interface, replacement only, each
A7033	—	Pillow for use on nasal cannula type interface, replacement only, pair
A7034	—	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035	—	Headgear, used with positive airway pressure device
A7036	—	Chin strap used with positive airway pressure device
A7037	—	Tubing used with positive airway pressure device
A7038	—	Filter, disposable, used with positive airway pressure device
A7039	—	Filter, non-disposable, used with positive airway pressure device
A7046	—	Water chamber for humidifier, used with positive airway pressure device, replacement, each
A7525	—	Tracheostomy mask, each
B4035	—	Enteral feeding supply kit; pump fed, per day
V5266	—	Battery for use in hearing device