

To: Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Pharmacies, Physical Therapists, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Procedure Code Updates for Durable Medical Equipment

Effective for dates of service on and after January 1, 2008, BadgerCare Plus is updating durable medical equipment coverage, policies, and limitations to reflect 2008 Healthcare Common Procedure Coding System procedure code changes.

Effective for dates of service (DOS) on and after January 1, 2008, BadgerCare Plus is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2008 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. These changes include the following:

- Adding new HCPCS procedure codes.
- Discontinuing current HCPCS procedure codes.

BadgerCare Plus has adopted these procedure codes to be consistent with HCPCS guidelines. Providers should use the procedure code that best describes the item dispensed. Providers can refer to the DME Index for reimbursable procedure codes; the index will be posted on the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Providers are reminded the DME Index is updated on a quarterly basis to reflect changes to current procedure codes.

New HCPCS Procedure Codes

The following procedure codes are covered under the BadgerCare Plus Standard Plan and Benchmark Plan:

- E2227-E2228, E2312-E2313, E2397.

- L3925, L3927, L3929, L3931, L7611-L7614, L7621-L7622.

The “E” procedure codes were added as manually priced, and the “L” procedure codes were added with a maximum allowable fee.

Discontinued HCPCS Procedure Codes

The following procedure codes have been discontinued effective for DOS on and after January 1, 2008: L0960, L1855-L1858, L1870-L1880, L3800-L3805, L3810-L3860, L3907, L3910, L3916, L3918, L3920, L3922, L3924, L3926, L3928, L3930, L3932, L3934, L3936-L3954, and L3985-L3986.

New Requests for Prior Authorization

Effective immediately, providers are required to use the new procedure codes for new requests for prior authorization (with future DOS) sent to BadgerCare Plus.

Prior Authorizations Currently in Effect

For an approved and modified PA with discontinued procedure codes currently in effect with grant dates before January 1, 2008, and expiration dates on and after January 1, 2008, providers will be required to amend the PA to request a valid procedure code.

Discontinued procedure codes will remain effective for DOS before January 1, 2008. For claims related to PAs with DOS before January 1, 2008, 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 Managed Care

This *BadgerCare Plus Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 Access and Accountability, 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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