

Affected Programs: BadgerCare Plus, Medicaid

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

Disposable Medical Supplies Covered Under the BadgerCare Plus Core Plan for Childless Adults

The BadgerCare Plus Core Plan for Childless Adults will be implemented on January 1, 2009, as part of Wisconsin's comprehensive health care reform. This *ForwardHealth Update* describes the coverage and policies for disposable medical supplies under the Core Plan.

As a result of the recent downturn in the national economy, the expansion of the Core Plan will be implemented in phases. Phase I, which includes individuals currently enrolled in Milwaukee County's General Assistance Medical Program (GAMP) and other counties' general assistance medical programs, will begin on January 1, 2009. The timeframe for adding new phases will be determined as the Department of Health Services moves forward.

Refer to the December 2008 *Update* (2008-199), titled "Introducing the BadgerCare Plus Core Plan for Childless Adults," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

BadgerCare Plus Core Plan Overview

The BadgerCare Plus Core Plan for Childless Adults covers basic health care services including primary and preventive care, generic drugs, and a limited number of brand name prescription drugs.

In Milwaukee County, members will receive benefits under the Core Plan on a fee-for-service basis from January 1, 2009, through March 31, 2009. Effective April

1, 2009, Core Plan members in Milwaukee County will be enrolled in the state-contracted HMOs that serve Wisconsin's Medicaid and BadgerCare Plus population. Members will be sent enrollment choice materials beginning in January 2009 and will enroll through Automated Health Systems, Inc., the State's enrollment broker, as they currently do with the BadgerCare Plus population.

Individuals who are converting to the Core Plan from non-Milwaukee County general assistance programs will receive their Core Plan benefits on a fee-for-service basis.

All members enrolled in the Core Plan will receive a ForwardHealth identification card.

Covered and Noncovered Services

The Core Plan covers the disposable medical supplies (DMS) listed in the Attachment of this *Update*. Coverage limitations applicable to the procedure codes listed in the attachment are the same as those established under the BadgerCare Plus Benchmark Plan. Refer to the current DMS Index for coverage limitations. The Online Handbook on the ForwardHealth Portal provides information about policies and procedures for DMS.

Prior Authorization

Prior authorization (PA) policy and procedures are the same under the Core Plan as they are under the BadgerCare Plus Standard Plan.

Providers are required to obtain PA separately for the Core Plan, the Standard Plan, and the Benchmark Plan for the same or similar services. If a member's enrollment status changes, PA granted under one plan will not be valid for the other plans. Providers are required to submit new PA requests in these cases to obtain a valid PA for the member. Separate PAs are required due to differences in coverage between the Core Plan, the Standard Plan, and the Benchmark Plan.

Reimbursement

Providers will be reimbursed for services provided to members enrolled in the Core Plan at the current Wisconsin Medicaid rate of reimbursement for covered services.

Copayments

There is a \$0.50-\$3.00 per priced unit copayment for DMS under the Core Plan. Copayments under the Core Plan are applied the same way they are under the Standard Plan.

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

Enrollment Verification

It is imperative that providers verify a member's enrollment to determine if they are covered and in which plan the member is enrolled. Providers are reminded to *always* verify a member's enrollment *before* providing services, both to determine that the individual is enrolled for the current date and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the Online Handbook for more

information. Refer to the December 2008 *Update* (2008-200), titled "Member Enrollment Verification for BadgerCare Plus Core Plan for Childless Adults," for more information.

For More Information

For more information or questions regarding the Core Plan, providers may call Provider Services at (800) 947-9627.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Disposable Medical Supplies Covered Under the BadgerCare Plus Core Plan for Childless Adults

The following table lists Healthcare Common Procedure Coding System procedure codes (including modifiers) for disposable medical supplies (DMS) covered under the BadgerCare Plus Core Plan for Childless Adults. Refer to the DMS Index for coverage limitations and maximum allowable fees for the following procedure codes.

Disposable medical supplies covered under the Core Plan are subject to change. Providers should refer to the maximum allowable fee page of the ForwardHealth Portal for a current list of covered DMS.

Procedure Code	Modifier	Description
A4215	22	Insulin pen needles
A4230	—	Infusion set for external insulin pump, non needle cannula type
A4231	—	Infusion set for external insulin pump, needle type
A4232	—	Syringe with needle for external insulin pump, sterile, 3cc
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
A4250	—	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	KS	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips TYPE II Diabetics
A4253	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
A4258	—	Spring powered device for lancet, each
A4258	22	Insulin pen
A4259	KS	Lancets, per box of 100 TYPE II Diabetics
A4259	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
A4624	—	Tracheal suction catheter, any type other than closed system, each

Procedure Code	Modifier	Description
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 nonfiltered 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
A7007	22	Sterile water or sterile saline, 1000 ml used with large volume nebulizer
A7008	—	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7008	22	Sterile water, heated humidifier use 1650 - 2000 cc
A7008	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
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	—	Water, distilled, used with large volume nebulizer, 1000 ml
A7027	—	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028	—	Oral cushion for combination oral/nasal mask, replacement only, each
A7029	—	Nasal pillows for combination oral/nasal mask, replacement only, pair
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	—	Chinstrap 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

Procedure Code	Modifier	Description
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
S8490	—	Insulin syringes (100 syringes, any size)