

**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

## Changes to Coverage of Disposable Medical Supplies Under the BadgerCare Plus Benchmark Plan

This *BadgerCare Plus Update* lists disposable medical supplies (DMS) covered under the BadgerCare Plus Benchmark Plan for dates of service on and after June 1, 2008, and revises copayment policy for DMS under the Benchmark Plan. The *Update* also clarifies policy regarding hearing aid batteries, which are not covered under the Benchmark Plan.

Effective for dates of service (DOS) on and after June 1, 2008, the coverage for disposable medical supplies (DMS) under the BadgerCare Plus Benchmark Plan will reflect the information in this *BadgerCare Plus Update*. The Benchmark Plan has added new Healthcare Common Procedure Coding System (HCPCS) procedure codes to the list of covered DMS. Hearing aid batteries are not covered under the Benchmark Plan. There are no copayments for DMS covered under the Benchmark Plan.

### Changes to HCPCS Procedure Codes Covered Under the Benchmark Plan

The Attachment of this *Update* provides a complete and updated list of DMS covered under the Benchmark Plan. Providers should be aware that the DMS Index, available at [dhfs.wisconsin.gov/medicaid4/maxfees/maxfee.htm](http://dhfs.wisconsin.gov/medicaid4/maxfees/maxfee.htm), lists current maximum allowable fees and monthly limitations for DMS but does not reflect current Benchmark Plan coverage of DMS items that are included in this *Update*.

The following HCPCS procedure codes have been added to the list of covered DMS under the Benchmark Plan, effective for DOS on and after June 1, 2008:

- A4250 (Urine test or reagent strips or tablets [100 tablets or strips]).
- A4258 (Spring-powered device for lancet, each).
- A4258 with modifier “22” (Insulin pen).
- A4624 (Tracheal suction catheter, any type other than closed system, each).
- 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).
- S8490 (Insulin syringes [100 syringes, any size]).

The following HCPCS procedure codes are considered noncovered DMS under the Benchmark Plan for DOS on and after June 1, 2008:

- A4206 (Syringe with needle; sterile 1cc or less, 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)
- A4213 with modifier “59” (Syringe, 50/60 cc).

Beginning on June 1, 2008, providers may bill Benchmark Plan members for the noncovered services listed above.

## **Policy Correction Regarding Hearing Aid Batteries Under the Benchmark Plan**

Hearing aid batteries, HCPCS code V5266 (battery for use in hearing device), **are not covered** under the Benchmark Plan. This policy was effective with the February 1, 2008, implementation of BadgerCare Plus.

## **Copayments Under the Benchmark Plan**

The Benchmark Plan does not charge copayments for covered DMS.

## **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 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/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Disposable Medical Supplies Covered Under the BadgerCare Plus Benchmark Plan

The following table lists Healthcare Common Procedure Coding System procedure codes (including modifiers) for disposable medical supplies (DMS) covered under the BadgerCare Plus Benchmark Plan for dates of service on and after June 1, 2008. Refer to the current DMS Index for coverage limitations and maximum allowable fees for the following procedure codes.

Procedure Code	Modifier	Description
A4215	—	Needle, sterile, any size, each
A4215	22	Insulin pen needles
A4215	59	Huber needles
A4230	—	Infusion set for external insulin pump, non needle cannula type
A4230	22	IV Administration set with or without filter, specialty type
A4231	—	Infusion set for external insulin pump, needle type
A4231	22	IV Administration set with or without filter, standard type
A4232	—	Syringe with needle for external insulin pump, sterile 3cc
A4232	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
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

<b>Procedure Code</b>	<b>Modifier</b>	<b>Description</b>
A4606	—	Oxygen probe for use with oximeter device, replacement
A4624	—	Tracheal suction catheter, any type other than closed system, each
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
A7013	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	—	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

<b>Procedure Code</b>	<b>Modifier</b>	<b>Description</b>
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
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)