

Affected Programs: BadgerCare Plus, Medicaid

To: Blood Banks, Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Midwives, Nurses in Independent Practice, Nursing Homes, Occupational Therapists, Personal Care Agencies, Pharmacies, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

Durable Medical Equipment Procedure Code Updates: Spring 2009

ForwardHealth is updating durable medical equipment coverage, policies, and limitations.

ForwardHealth is updating durable medical equipment (DME) coverage, policies, and limitations. Some of the changes are due to the 2009 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. Other changes are to streamline business and reduce paperwork for providers. These changes include the following:

- Adding new HCPCS procedure codes and modifiers.
- Discontinuing certain HCPCS procedure codes and modifiers.
- Adding maximum allowable fees to certain HCPCS procedure codes.
- Changing the prior authorization (PA) requirement for certain HCPCS procedure codes and modifiers.
- Decreasing the life expectancy of certain DME.

Providers are reminded to use the procedure code on claims and PA requests that best describes the item dispensed.

Information in this *ForwardHealth Update* applies to Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and the

BadgerCare Plus Core Plan for Adults with No Dependent Children.

Providers should refer to the Portable Document Format (PDF) version of the DME Index, available on the Fee Schedule page of the ForwardHealth Portal, for information about PA policy for DME. Providers should use the interactive fee schedule for pricing of DME items. Providers are reminded that the interactive fee schedule is updated periodically.

Changes to Pricing and Quantity Limits of Procedure Codes

ForwardHealth will no longer issue *ForwardHealth Updates* when the maximum allowable fees for DME change. Providers should monitor the interactive fee schedules on the Portal at www.forwardhealth.wi.gov/ for the most up-to-date pricing.

New HCPCS Procedure Codes

The following procedure codes are now reimbursable effective for dates of service (DOS) on and after January 1, 2009:

- A6545, A9284.
- E0487, E0656-E0657, E0770, E2230-E2231, E2295.
- K0606-RR, K0672.
- L0113, L6703, L6706-L6709, L6711-L6714, L6721-L6722.

Discontinued HCPCS Procedure Codes

The following procedure codes have been discontinued and are no longer reimbursable on and after January 1, 2009:

- L2860, L3890, L5995.
- L7611-L7614, L7621-L7622.

Providers are reminded it is the provider's responsibility to amend any current, approved or modified PA requests with discontinued procedure codes for DOS on and after January 1, 2009.

Modifier "RP" for Miscellaneous Repair Is Replaced by Modifier "RB"

Effective for DOS on and after January 1, 2009, providers should use modifier "RB" (Replacement of a part of DME furnished as part of a repair) when submitting claims for miscellaneous repair parts for most wheelchair, hospital bed, patient lift, and commode chair procedure codes. Modifier "RP" has been discontinued as of December 31, 2008.

The "RB" modifier may be used with all procedure codes with which the "RP" modifier was used. Effective for DOS on and after January 1, 2009, the "RB" modifier may be used with procedure codes for powered mobility equipment. Refer to Attachment 1 of this *Update* for a complete list of powered mobility equipment procedure codes that may now be used with the "RB" modifier. Refer to the DME service area of the Online Handbook on the Portal for all DME policies and procedures.

Providers are reminded not to use the "RB" modifier with a procedure code if there is a specific procedure code for the requested part (e.g., procedure code E0952 [Toe loop/holder, any type, each]).

Providers should not indicate the "RB" modifier on PA requests or amendments.

Claims Submitted with the "RB" Modifier

Repairs for DME do not require PA if *all* of the following are true:

- The charge for the repair parts is either of the following:
 - ✓ \$50 or less for all DME except powered mobility equipment.
 - ✓ \$100 or less for powered mobility equipment. The powered mobility equipment limit has increased from \$50 to \$100 as of January 1, 2009.
- The DME is more than one year old.
- Wisconsin Medicaid and BadgerCare Plus purchased the equipment.

Claims submitted with the "RB" modifier in the first year following the purchase DOS of the equipment will be denied.

Providers are reminded to submit their usual and customary charges on claims with details that contain the "RB" modifier.

Documentation Requirements Reminder

Provider records must support all services billed for a claim. Providers should retain all documentation for claims. Providers are reminded that they are required to prepare and maintain truthful, accurate, complete, legible and concise documentation of the member's continuing use of the equipment, as well as documentation of all DME services as stated in DHS 106.02(9)(a), Wis. Admin. Code.

Adding Maximum Allowable Fees

ForwardHealth has added maximum allowable fees for certain HCPCS procedure codes that were previously manually priced. Refer to Attachment 2 for a complete list of DME procedure codes that are no longer manually priced.

Changes to Prior Authorization Requirements

Effective immediately, PA is no longer required for the following procedure codes:

- E0271-E0272, E0305-E0310, E0959-E0960, E0974, E1020, E2602-E2607.
- K0015-K0020, K0065.
- L8015.

Effective for DOS on and after May 1, 2009, PA is required for procedure codes L3900-L3904.

Refer to Attachment 2 for a complete list of changes made regarding PA requirements.

Prior Authorization Is Changed for Wheelchair Repair

Effective immediately, the PA limit for wheelchair repair is changed. Prior authorization is required when one of the following is true:

- Procedure code E1340 is requested for greater than eight units.
- The procedure code needed for the repair requires PA.
- The repair exceeds the limits for use of a claim alone with “RB” modifier.

Changes to Equipment Life Expectancy

Effective immediately, life expectancy for the following procedure codes has changed as described:

- E0960 is decreased to one year.
- E0978 is decreased to two years.
- E2619 is decreased to two years.

Refer to Attachment 2 for a complete list of changes made to equipment life expectancy.

Information Regarding Managed Care Organizations

This *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. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/.

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ATTACHMENT 1

Procedure Codes for Powered Mobility Equipment That May Be Used with the “RB” Modifier

Effective for dates of service on and after January 1, 2009, for powered mobility equipment repairs, the following table lists all of the procedure codes for powered mobility equipment that may now be used on claims with the “RB” modifier. This list applies to Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and the BadgerCare Plus Core Plan for Childless Adults.

| Procedure Codes | | | |
|-----------------|-------|-------|-------|
| E1230 | K0821 | K0842 | K0864 |
| E1230-59 | K0822 | K0843 | K0868 |
| K0010 | K0823 | K0848 | K0869 |
| K0011 | K0824 | K0849 | K0870 |
| K0012 | K0825 | K0850 | K0871 |
| K0014 | K0826 | K0851 | K0877 |
| K0800 | K0827 | K0852 | K0878 |
| K0801 | K0828 | K0853 | K0879 |
| K0802 | K0829 | K0854 | K0880 |
| K0806 | K0830 | K0855 | K0884 |
| K0807 | K0831 | K0856 | K0885 |
| K0808 | K0835 | K0857 | K0886 |
| K0812 | K0836 | K0858 | K0890 |
| K0813 | K0837 | K0859 | K0891 |
| K0814 | K0838 | K0860 | K0899 |
| K0815 | K0839 | K0861 | |
| K0816 | K0840 | K0862 | |
| K0820 | K0841 | K0863 | |

ATTACHMENT 2

Durable Medical Equipment Procedure Code Changes: Spring 2009

The following table summarizes the recent changes made to certain Healthcare Common Procedure Coding System procedure codes. These code changes apply to Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and the BadgerCare Plus Core Plan for Childless Adults. Providers should refer to the maximum allowable fee schedule for pricing.

| Procedure Code | Changes to Prior Authorization Requirements | Changed from Manually Priced to Maximum Allowable Fee | Changes to Equipment Life Expectancy |
|----------------|---|---|--------------------------------------|
| L3806 | | X | |
| L3808 | | X | |
| L3905 | | X | |
| L3967 | | X | |
| L6703 | | X | |
| L6706 | | X | |
| L6707 | | X | |
| L6708 | | X | |
| L6709 | | X | |
| E1003 | | X | |
| E1004 | | X | |
| E2368 | | X | |
| E2369 | | X | |
| E2370 | | X | |
| E2381 | | X | |
| E2382 | | X | |
| E2383 | | X | |
| E2384 | | X | |
| E2385 | | X | |
| E2386 | | X | |
| E2387 | | X | |
| E2388 | | X | |
| E2389 | | X | |
| E2390 | | X | |
| E2391 | | X | |
| E2392 | | X | |
| E2394 | | X | |
| E2395 | | X | |
| E2396 | | X | |

| Procedure Code | Changes to Prior Authorization Requirements | Changed from Manually Priced to Maximum Allowable Fee | Changes to Equipment Life Expectancy |
|-----------------------|--|--|---|
| E2602 | PA no longer required | | |
| E2603 | PA no longer required | | |
| E2604 | PA no longer required | | |
| E2605 | PA no longer required | | |
| E2606 | PA no longer required | | |
| E2607 | PA no longer required | | |
| E0305 | PA no longer required | | |
| E0310 | PA no longer required | | |
| E0272 | PA no longer required | | |
| E0959 | PA no longer required | | |
| E0960 | PA no longer required | | |
| E0974 | PA no longer required | | |
| E1020 | PA no longer required | | |
| K0015 | PA no longer required | | |
| K0017 | PA no longer required | | |
| K0018 | PA no longer required | | |
| K0020 | PA no longer required | | |
| K0065 | PA no longer required | | |
| L3900 | PA is now required | | |
| L3901 | PA is now required | | |
| L3904 | PA is now required | | |
| E0960 | | | Decreased to one year |
| E0978 | | | Decreased to two years |
| E2619 | | | Decreased to two years |