

**Affected Programs:** BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid, TB Services Only Benefit  
**To:** Federally Qualified Health Centers, HealthCheck Providers, Home Health Agencies, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Prenatal Care Coordination Providers, Rehabilitation Agencies, HMOs and Other Managed Care Programs

## New Procedure Code for Directly Observed Therapy for Tuberculosis Treatment

Effective for dates of service on and after January 1, 2011, a new procedure code is available for billing for direct observation of the taking of oral tuberculosis (TB) medication for members undergoing TB treatment under Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and the Tuberculosis-Related Services-Only benefit.

### Separate Procedure Codes Required for Directly Observed Therapy and Tuberculosis Symptom and Treatment Monitoring

Effective for dates of service (DOS) on and after January 1, 2011, providers will be required to indicate separate Healthcare Common Procedure Coding System (HCPCS) procedure codes for directly observed therapy (DOT) and tuberculosis (TB) symptom and treatment monitoring.

Providers are required to indicate HCPCS procedure code H0033 (Oral medication administration, direct observation) on claims for DOT services for members receiving TB treatment covered by Wisconsin Medicaid, the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and Tuberculosis-Related Services-Only (TB-Only). This procedure code is only covered for providers who observe the ingestion of TB medications for members receiving TB treatment. A valid TB-related diagnosis must be indicated on claims billing procedure code H0033.

Procedure code H0033 has been added as a reimbursable procedure code to aid in separate and accurate reporting of DOT services. Currently, providers use one of four *Current Procedural Terminology* (CPT) codes that are defined as preventive medicine counseling and/or risk factor reduction intervention to bill for DOT services.

Providers should continue to use one unit of the following CPT codes when billing for symptom and treatment monitoring, which now excludes the time for DOT:

- 99401 (Preventive medicine counseling and/or risk factor reduction intervention[s] provided to an individual [separate procedure]; approximately 15 minutes).
- 99402 (Preventive medicine counseling and/or risk factor reduction intervention[s] provided to an individual [separate procedure]; approximately 30 minutes).
- 99403 (Preventive medicine counseling and/or risk factor reduction intervention[s] provided to an individual [separate procedure]; approximately 45 minutes).
- 99404 (Preventive medicine counseling and/or risk factor reduction intervention[s] provided to an individual [separate procedure]; approximately 60 minutes).

Procedure code H0033 may be billed on claims for the same DOS as the above procedure codes for symptom and

treatment monitoring and S9445 (Patient education, not otherwise classified, non-physician provider, individual, per session); however, codes 99401–99404 are not reimbursable for the same DOS as S9445.

The need for DOT services, including the treatment course as indicated in the treatment plan, must be documented in the member’s medical record. Family members should not be used for DOT. The provider may not bill for services rendered by family members or be reimbursed for family member time.

### **Service Limitations**

Procedure code H0033 is limited to 12 units per DOS. One unit is equal to 15 minutes.

### **Reimbursement**

The maximum allowable fee for DOT services is \$9.40 per unit.

### **Copayment**

There is no copayment requirement for DOT services.

### **Information Regarding Managed Care Organizations**

This *ForwardHealth 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/](http://www.forwardhealth.wi.gov/).

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