

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 Basic Plan

The Department of Health Services will begin accepting applications for enrollment in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. This *ForwardHealth Update* describes the coverage and policies for disposable medical supplies under the Basic Plan.

Refer to the June 2010 *Update* (2010-42), titled "Introducing the BadgerCare Plus Basic Plan," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

Overview of BadgerCare Plus Basic Plan Implementation

In October 2009, enrollment in the BadgerCare Plus Core Plan was closed. Enrollment applications submitted to the Core Plan after the cutoff date are not processed, but the individuals are put on a waitlist.

Individuals on the waitlist for the Core Plan can begin enrolling in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. The Basic Plan is a self-funded plan that focuses on providing the Core Plan waitlist members with access to vital, cost-effective primary and preventive care. This option will allow members to have some minimal form of coverage until space becomes available in the Core Plan and will help prevent bankruptcy due to excessive medical debt.

Member participation or non-participation in the Basic Plan does not affect an individual's status on the Core Plan waitlist.

Services for the Basic Plan will be covered under fee-for-service. Basic Plan members will not be enrolled in state-contracted HMOs.

Covered Services

The Basic Plan covers ostomy supplies, disposable medical supplies (DMS) that are required with the use of durable medical equipment, and preferred blood glucose test strips. Non-preferred diabetic supplies are not covered under the Basic Plan.

Refer to Attachment 1 of this *ForwardHealth Update* for a list of Healthcare Common Procedure Coding System (HCPCS) procedure codes for DMS reimbursed under the Basic Plan.

Refer to Attachment 2 for a list of diabetic supplies covered under the Basic Plan. Coverage limitations, diagnosis restrictions, and quantity limits applicable to the diabetic supplies covered under the Basic Plan are the same as those established under the Core Plan.

Lubricant (HCPCS procedure code A4402 [Lubricant, per ounce]) is available through J&B Medical Supply for members enrolled in the Basic Plan. Providers should

refer members to J&B Medical Supply for lubricant. For more information about J&B Medical Supply, refer to the Incontinence and Urological Supply Contract chapter of the Covered and Noncovered Services section of the DMS Online Handbook.

Prior Authorization and Policy Overrides

Under the Basic Plan, prior authorization requests will not be accepted by ForwardHealth for any DMS. Prior authorization is not accepted for non-preferred diabetic supplies. Disposable medical supplies that exceed the quantity limits established under the Basic Plan are considered noncovered and will not be reimbursed by the Basic Plan. If a member requests a noncovered service, the member is responsible for payment.

For diabetic supplies, providers may request a quantity limit override. Refer to the Online Handbook for additional information about quantity limit overrides.

Copayments

Copayment for DMS covered under the Basic Plan is up to \$5.00 per priced unit with no monthly or annual limits.

Copayment for diabetic supplies is \$0.50 per prescription.

If the reimbursement amount for a priced unit or prescription is less than the copayment amount, the member should be charged the lesser amount as copayment.

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

Reimbursement

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

Enrollment Verification

The Basic Plan offers different covered services, noncovered services, and copayments than the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, or the Core Plan. It is imperative that providers verify a member's enrollment and determine the plan under which he or she is covered. Providers are reminded to *always* verify a member's enrollment *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and discover any limitations to the member's coverage.

For More Information

For more information or questions regarding the Basic 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 1

Disposable Medical Supplies Covered Under the BadgerCare Plus Basic Plan

The following table lists Healthcare Common Procedure Coding System procedure codes and modifiers for disposable medical supplies (DMS) reimbursed by the BadgerCare Plus Basic Plan. Refer to the interactive maximum allowable fee schedule, available on the ForwardHealth Portal at www.forwardhealth.wi.gov/, for maximum allowable fees for the following procedure codes. Disposable medical supplies covered under the Basic Plan are subject to change.

Procedure Code	Modifier	Description
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
A4361	—	Ostomy faceplate, each
A4362	—	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	—	Ostomy clamp, any type, replacement only, each
A4364	—	Adhesive, liquid or equal, any type, per oz
A4366	—	Ostomy vent, any type, each
A4367	—	Ostomy belt, each
A4369	—	Ostomy skin barrier, liquid (spray, brush, etc), per oz
A4371	—	Ostomy skin barrier, powder, per oz
A4372	—	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each
A4373	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), with built-in convexity, any size, each
A4375	—	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	—	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	—	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	—	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	—	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	—	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	—	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	—	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	—	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	—	Ostomy faceplate equivalent, silicone ring, each
A4385	—	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each

Procedure Code	Modifier	Description
A4387	—	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each
A4388	—	Ostomy pouch, drainable, with extended wear barrier attached (1 piece), each
A4389	—	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each
A4390	—	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	—	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	—	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	—	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	—	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce
A4395	—	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4397	—	Irrigation supply; sleeve, each
A4398	—	Ostomy irrigation supply; bag, each
A4399	—	cone/catheter, including brush
A4402*	—	Lubricant, per ounce
A4404	—	Ostomy ring, each
A4405	—	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	—	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	—	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each
A4412	—	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4414	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, 4 x 4 inches or smaller, each

Procedure Code	Modifier	Description
A4415	—	Ostomy skin barrier, with flange (solid, flexible, or accordion), without built-in convexity, larger than 4 x 4 inches, each
A4416	—	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	—	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	—	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	—	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	—	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each
A4423	—	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	—	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	—	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	—	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	—	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	—	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	—	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	—	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	—	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	—	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	—	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	—	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
A4456	—	Adhesive remover, wipes, any type, each
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

Procedure Code	Modifier	Description
A4624	—	Tracheal suction catheter, any type, other than closed system, each
A4628	—	Oropharyngeal suction catheter, each
A5051	—	Ostomy pouch, closed; with barrier attached (1 piece), each
A5052	—	without barrier attached (1 piece), each
A5053	—	for use on faceplate, each
A5054	—	for use on barrier with flange (2 piece), each
A5055	—	Stoma cup
A5062	—	Ostomy pouch, drainable; without barrier attached (1 piece), each
A5062	22	Ostomy pouch, drainable with karaya-based barrier attached, without built-in convexity (1 piece), each
A5062	59	Ostomy pouch, drainable with standard wear barrier attached, without built-in convexity (1 piece), each
A5063	—	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each
A5071	—	Ostomy pouch, urinary; with barrier attached (1 piece), each
A5072	—	without barrier attached (1 piece), each
A5073	—	for use on barrier with flange (2 piece), each
A5081	—	Continent device; plug for continent stoma
A5082	—	catheter for continent stoma
A5083	—	Continent device, stoma absorptive cover for continent stoma
A5093	—	Ostomy accessory; convex insert
A5126	—	Adhesive or non-adhesive; disk or foam pad
A5131	—	Appliance cleaner, incontinence and ostomy appliances, per 16 oz
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, nondisposable, 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

Procedure Code	Modifier	Description
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
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

* This supply is included in the contract with J&B Medical Supply and members are required to work with J&B Medical Supply to obtain this item.

ATTACHMENT 2

Diabetic Supplies Covered Under the BadgerCare Plus Basic Plan

The following table lists diabetic supplies covered by the BadgerCare Plus Basic Plan. Diabetic supplies are reimbursable when they are submitted as National Drug Codes on the appropriate drug claim form. Diabetic supplies covered under the Basic Plan are subject to change.

Diabetic Supplies Covered Under the BadgerCare Plus Basic Plan
Batteries for blood glucose meters.
Blood glucose calibrator solutions and chips.
Blood glucose test strips.
Insulin syringes.
Lancets.
Lancet devices.
Pen needles.
Reagent strips.