

Update
November 2010

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Affected Programs: BadgerCare Plus, Medicaid

To: Federally Qualified Health Centers, Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Nursing Homes, Pharmacies, HMOs and Other Managed Care Programs

Coverage of Certain Asthma Supplies Under the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, and the BadgerCare Plus Basic Plan

Effective for dates of service on and after November 1, 2010, the following asthma supplies will be covered under the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, and the BadgerCare Plus Basic Plan:

- A4627 (Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler).
- S8101 (Holding chamber or spacer for use with an inhaler or nebulizer; with mask).

Coverage of Certain Asthma Supplies

Effective for dates of service on and after November 1, 2010, certain asthma supplies will be covered under the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, and the BadgerCare Plus Basic Plan as part of the disposable medical supply (DMS) benefit. The covered asthma supplies correspond with the following Healthcare Common Procedure Coding System procedure codes:

- A4627 (Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler).
- S8101 (Holding chamber or spacer for use with an inhaler or nebulizer; with mask).

The quantity limit for procedure code A4627 is one per three months. The quantity limit for procedure code S8101 is one per six months. Quantity limits may be exceeded only if the provider receives prior authorization (PA) for the services.

These asthma supplies are currently covered under Wisconsin Medicaid and the BadgerCare Plus Standard Plan.

Prior Authorization

Prior authorization policy and procedures for asthma supplies are the same under the Benchmark Plan and the Core Plan as they are under the Standard Plan.

Prior authorization requests will not be accepted by ForwardHealth for any DMS for members enrolled in the Basic Plan. Asthma supplies that exceed the quantity limits established under the Basic Plan are considered noncovered. If a member requests a noncovered service, the member is responsible for payment.

Reimbursement

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

Copayments

Benchmark Plan

The Benchmark Plan does not charge copayments for covered DMS.

Core Plan

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.

Basic Plan

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

If the reimbursement amount 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.

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/.

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