

Affected Programs: BadgerCare Plus, Medicaid

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

Procedure Code Changes for Disposable Medical Supplies

Effective for dates of service (DOS) on and after January 1, 2012, ForwardHealth is updating disposable medical supplies coverage, policies, and limitations to reflect 2012 Healthcare Common Procedure Coding System procedure code changes.

In addition, ForwardHealth is updating existing codes and modifiers to reflect a recent product and price review; these changes will be effective for DOS on and after March 1, 2012.

Effective for dates of service (DOS) on and after January 1, 2012, ForwardHealth is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2012 Healthcare Common Procedure Coding System (HCPCS) procedure code changes.

In addition, ForwardHealth is updating existing codes and modifiers to reflect a recent product and price review, which should streamline business and reduce paperwork for providers; these changes are effective for DOS on and after March 1, 2012.

New HCPCS Procedure Codes

Effective for DOS on and after January 1, 2012, the following 2012 HCPCS procedure codes are reimbursable with a maximum allowable fee:

- A5056.
- A5057.

Providers are required to use the new procedure codes for new prior authorization (PA) requests with DOS on and after the effective date.

Refer to the Attachment of this *ForwardHealth Update* for more detailed information on the new procedure codes.

Noncovered HCPCS Procedure Codes

Effective for DOS on and after January 1, 2012, the following 2012 HCPCS procedure codes for DMS are not covered:

- A9272.
- K0744.
- K0745.
- K0746.

Other Procedure Code, Quantity, and Maximum Allowable Fee Changes

Effective for DOS on and after March 1, 2012, certain DMS procedure codes, quantity limits, and maximum allowable fees for DMS have been revised due to a product and price review completed by ForwardHealth. Refer to the Attachment for detailed information regarding these changes.

Prior Authorizations for Enddated Procedure Codes

Any PAs currently in effect with enddated procedure codes will need to be amended to include valid procedure codes if the existing PA has expiration dates on and after March 1, 2012.

Enddated procedure codes will remain effective for DOS before March 1, 2012. For claims related to PAs with DOS before the effective date, providers are required to use the enddated procedure codes.

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/.

P-1250

ATTACHMENT

Procedure Code Changes for Disposable Medical Supplies

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Enddated	3/1/12	A4213 ³	59	A4320 A4322						
Enddated	3/1/12	A4215 ³	59	T1999/U9						
Enddated	3/1/12	A4230 ³	22	S1016						
Enddated	3/1/12	A4231 ³	22	S1016						
Enddated	3/1/12	A4232 ³	22	T1999/U9						
Changed Quantity	3/1/12	A4377			Ostomy pouch, drainable, for use on faceplate, plastic, each			10/month		
Added	3/1/12	A4305		T1999/22	Disposable drug delivery system, flow rate of 50 ml or greater per hour	\$11.34		35/month total for A4305 & A4306	Yes	No
Added	3/1/12	A4306		T1999/22	Disposable drug delivery system, flow rate of less than 50 ml per hour	\$11.34		35/month total for A4305 & A4306	Yes	No
Changed Max Fee	3/1/12	A4320			Irrigation tray with bulb or piston syringe, any purpose	\$1.92				
Changed Max Fee	3/1/12	A4322			Irrigation syringe, bulb, or piston, each	\$2.02				
Changed Quantity	3/1/12	A4381			Ostomy pouch, urinary, for use on faceplate, plastic, each			10/month		
Changed Max Fee	3/1/12	A4405			Ostomy skin barrier, non-pectin based, paste, per ounce	\$3.52				
Changed Max Fee	3/1/12	A4406			Ostomy skin barrier, pectin based, paste, per ounce	\$3.52				
Changed Quantity	3/1/12	A4416			Ostomy pouch, closed, with barrier attached, with filter (1 piece), each			60/month		

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Changed Max Fee and Quantity	3/1/12	A4417			Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	\$3.86		60/month		
Changed Quantity	3/1/12	A4418			Ostomy pouch, closed; without barrier attached, with filter (1 piece), each			60/month		
Changed Quantity	3/1/12	A4419			Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each			60/month		
Changed Quantity	3/1/12	A4420			Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each			60/month		
Changed Quantity	3/1/12	A4423			Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each			60/month		
Changed Max Fee	3/1/12	A4424			Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	\$2.97				
Changed Max Fee	3/1/12	A4425			Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	\$2.79				
Changed Max Fee	3/1/12	A4426			Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	\$2.41				
Changed Max Fee	3/1/12	A4427			Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	\$2.48				
Changed Max Fee	3/1/12	A4433			Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	\$3.46				
Changed Max Fee	3/1/12	A4483			Moisture exchanger, disposable, for use with invasive mechanical ventilation	\$3.18				

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Changed Max Fee	3/1/12	A4556			Electrodes (e.g., apnea monitor), per pair	\$4.05				
Enddated	3/1/12	A4580								
Changed Max Fee	3/1/12	A4615			Cannula, nasal	\$0.75				
Changed Max Fee	3/1/12	A4619			Face tent	\$1.27				
Changed Max Fee	3/1/12	A4620			Variable concentration mask	\$1.03				
Changed Quantity	3/1/12	A5051			Ostomy pouch, closed; with barrier attached (1 piece), each			60/month		
Changed Quantity	3/1/12	A5052			Ostomy pouch, closed; without barrier attached (1 piece), each			60/month		
Changed Quantity	3/1/12	A5053			Ostomy pouch, closed; for use on faceplate, each			60/month		
Changed Quantity	3/1/12	A5054			Ostomy pouch, closed; for use on barrier with flange (2 piece), each			60/month		
Added	1/1/12	A5056			Ostomy pouch, drainable, with extended wear barrier attached, with filter (1 piece), each	\$4.35	\$.50	6/month	No	No
Added	1/1/12	A5057			Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter (1 piece), each	\$8.38	\$.50	6/month	No	No
Changed Max Fee	3/1/12	A5083			Continent device, stoma absorptive cover for continent stoma	\$1.73				
Changed Quantity	3/1/12	A6196			Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing			35/month		
Changed Max Fee	3/1/12	A6198			Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	\$79.42				

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Changed Max Fee	3/1/12	A6217			Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.28				
Changed Max Fee	3/1/12	A6218			Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.47				
Changed Max Fee and Quantity	3/1/12	A6251			Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$0.58		35/month		
Changed Max Fee and Quantity	3/1/12	A6252			Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	\$0.65		35/month		
Changed Max Fee and Quantity	3/1/12	A6253			Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	\$0.84		35/month		
Changed Max Fee	3/1/12	A6254			Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$0.93				
Changed Max Fee	3/1/12	A6255			Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$1.35				
Changed Max Fee	3/1/12	A6256			Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	\$1.79				

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Enddated	3/1/12	A7013 ³	59		Filter, disposable, used with aerosol compressor or ultrasonic generator					
Changed Max Fee	3/1/12	A7018			Water, distilled, used with large volume nebulizer, 1000 ml	\$1.31				
Not Covered	1/1/12	A9272								
Not Covered	1/1/12	K0744								
Not Covered	1/1/12	K0745								
Not Covered	1/1/12	K0746								
Changed Max Fee	3/1/12	S1015			IV tubing extension set	\$2.85				
Added	3/1/12	S1016		A4230/22 and A4231/22	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g. paclitaxel	\$5.50		20/month total for T1999/U5 and S1016	No	No
Enddated	3/1/12	T1999 ³	22	A4305, A4306						
Changed Max Fee and Modifier	3/1/12	T1999	59	T1999/U3 ⁴ T1999/U6 ⁴ T1999/UB ⁴	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; IV injection site/injection cap/connector	\$1.69		12/month		
Changed Description and Max Fee	3/1/12	T1999 ⁵	U3		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; IV universal secure device	\$3.71		6/month		
Changed Description and Max Fee	3/1/12	T1999	U5		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; IV administration cassette, includes 50 and 100 cc and tubing	\$8.96		20/month total for T1999/U5 & S1016		

Status	Effective Date	Procedure Code	Modifier	Replaces or Is Replaced by Code(s)	Description	Max Fee ¹	Copay ²	Maximum Quantity Per Month	In NH Rate	In HC Rate
Changed Description and Max Fee	3/1/12	T1999 ⁵	U6		Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; Central line dressing change kit	\$5.60		6/month		
Enddated	3/1/12	T1999 ³	U7							
Enddated	3/1/12	T1999 ³	U8							
Changed Description	3/1/12	T1999	U9	A4232/22 A4215/59	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; IV catheter/infusion set	\$3.34		20/month		
Enddated	3/1/12	T1999 ³	UA							
Enddated	3/1/12	T1999 ³	UB							
Enddated	3/1/12	T1999 ³	UC							
Enddated	3/1/12	T1999 ³	UD							

¹ Maximum allowable fees are subject to change. For current reimbursement rates, refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

² The copayment amounts listed apply to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, and Wisconsin Medicaid. For members enrolled in the BadgerCare Plus Basic Plan, the copayment amount is up to \$10.00 per item, and for members enrolled in the BadgerCare Plus Benchmark Plan, the copayment amount is up to \$5.00 per item.

³ The Healthcare Common Procedure Coding System (HCPCS) procedure code indicated is enddated only when used in conjunction with the indicated modifier.

⁴ Previous descriptions for HCPCS procedure code T1999 used with modifiers U3, U6, and UB are enddated effective February 29, 2012. Refer to procedure codes T1999 with modifiers U3 and U6 for new descriptions, which are effective for dates of service on and after March 1, 2012.

⁵ The descriptions for procedure code T1999 with modifiers U3 and U6 have changed, effective for DOS on and after March 1, 2012.