

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

2013 Procedure Code Changes for Disposable Medical Supplies

Effective for dates of service on and after January 1, 2013, ForwardHealth is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2013 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. This updating process has resulted in a new reimbursable HCPCS procedure code for DMS providers.

New HCPCS Procedure Code

Effective for dates of service (DOS) on and after January 1, 2013, ForwardHealth is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect 2013 Healthcare Common Procedure Coding System (HCPCS) procedure code changes. This updating process has resulted in a new reimbursable HCPCS procedure code, A4435 (Ostomy pouch, drainable, high output, with extended wear barrier [one-piece system], with or without filter, each) for use by DMS providers.

Refer to the Attachment of this *ForwardHealth Update* for detailed information on this new 2013 HCPCS procedure code.

The coverage change outlined in this *Update* applies to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and Medicaid.

Noncovered HCPCS Procedure Codes

Effective for DOS on and after January 1, 2013, the following 2013 HCPCS procedure codes for DMS are not covered:

- G0456.
- G0457.
- S9110.

Reimbursement

Providers should refer to the Attachment, the interactive maximum allowable fee schedule on the ForwardHealth Portal, and the DMS Index on the Portal for reimbursement information.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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 Change for Disposable Medical Supplies

Effective for Dates of Service on and After January 1, 2013

Status	Procedure Code	Description	Max Fee ¹	Copay	Maximum Quantity Per Month	In NH Rate ²	In HC Rate ³
Added	A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	\$5.46	.50	6	N	N

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 This column indicates whether the item is included in the nursing home rate.

³ This column indicates whether the item is included in the home care rate.