

Affected Programs: BadgerCare Plus Standard Plan, Medicaid

To: Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, HMOs and Other Managed Care Programs

New Monthly Maximum Quantity Limit and Coverage Criteria for Selected Incontinence Supplies

Effective for dates of service on and after August 1, 2013, ForwardHealth is changing the monthly maximum quantity limit and implementing new coverage criteria for selected incontinence supplies.

New Monthly Maximum Quantity Limit for Protective Underwear/Pull-ons

Effective for dates of service (DOS) on and after August 1, 2013, ForwardHealth is changing the monthly maximum quantity limit for selected protective underwear/pull-ons. ForwardHealth is changing the quantity limit from 300 per month to 150 per month for the following Healthcare Common Procedure Coding System procedure codes:

- T4525 (Adult sized disposable incontinence product, protective underwear/pull-on, small size, each).
- T4526 (Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each).
- T4527 (Adult sized disposable incontinence product, protective underwear/pull-on, large size, each).
- T4528 (Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each).
- T4531 (Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each).
- T4532 (Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each).
- T4534 (Youth sized disposable incontinence product, protective underwear/pull-on, each).

Incontinence and selected urological supplies, including the above protective underwear/pull-ons, are currently available through the J&B Medical Supply contract for members enrolled in Wisconsin Medicaid and the BadgerCare Plus Standard Plan.

Requests for Additional Products

Whether they are currently receiving protective underwear/pull-ons or requesting protective underwear/pull-ons for the first time, members who require more than 150 pairs of protective underwear/pull-ons per month may also receive up to 150 diapers per month for a total of 300 items (150 pairs of protective underwear/pull-ons plus 150 diapers). Members may receive the 150 pairs of protective underwear/pull-ons and the 150 diapers at the same time. If members require more than a combined 300 pairs of protective underwear/pull-ons and diapers per month, prior authorization may be requested for additional products.

New Coverage Criteria for Protective Underwear/Pull-ons

Members Requesting Protective Underwear/Pull-ons for the First Time

Effective for DOS on and after August 1, 2013, members requesting protective underwear/pull-ons for the first time will be required to complete an evaluation conducted by J&B Medical Supply. The evaluation will determine whether a member is eligible to receive protective underwear/pull-ons or diapers. In order to be eligible to receive protective underwear/pull-ons, members must either have the cognitive ability to independently care for their toileting needs or be actively participating and demonstrating definitive progress in a bowel or bladder program. J&B Medical Supply will periodically re-evaluate these members, including adults with a debilitating disease and children, to determine whether or not their needs have changed.

The protective underwear/pull-on evaluation is different from the member nursing assessment, which is conducted by J&B Medical Supply to determine what incontinence or urological supplies a new member needs.

Members Currently Receiving Protective Underwear/Pull-ons

Members currently receiving protective underwear/pull-ons will *not* be required to complete protective underwear/pull-on evaluations; however, they will be affected by the new quantity limit of 150 pairs of protective underwear/pull-ons per month. If a member needs diapers to supplement the 150 pairs of protective underwear/pull-ons, J&B Medical Supply will send the member sample products to help determine the diaper that best suits the member's needs.

Additional Information

For additional information about the J&B Medical Supply contract, refer to the Incontinence and Urological Supply Contract chapter of the Covered and Noncovered Services section of the Disposable Medical Supplies service area of the ForwardHealth Online Handbook.

Providers may contact J&B Medical Supply by calling (866) 674-5850 toll-free Monday through Friday from 7:00 a.m. until 5:00 p.m. Central Standard Time.

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 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/.

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